Institute for Social Science Research
30 September 2025

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AUSTRALIA
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Evaluation of the Perinatal Mental Health and Wellbeing Initiatives: Integrated Findings Report

Prepared for the Department of Health, Disability and Ageing

Title:	Integrated Findings Report: Evaluation of the Perinatal Mental Health and Wellbeing Initiatives: The Perinatal Mental Health and Wellbeing Program and the National Perinatal Mental Health Check
Prepared for:	Department of Health, Disability and Ageing
Prepared by:	Institute for Social Science Research, The University of Queensland
Date:	30 September 2025

The Institute for Social Science Research at the University of Queensland (UQ) acknowledges the Traditional Owners and their custodianship of the lands on which UQ operates. We pay our respects to their Ancestors and their descendants, who continue cultural and spiritual connections to Country.

Acknowledgements

This work was commissioned by the Australian Government Department of Health, Disability and Ageing. We thank all members of the Department of Health, Disability and Ageing project team for their constructive feedback and helpful guidance.

We sincerely thank all participants who completed interviews for their time and for sharing valuable experiences and insights. We particularly thank jurisdictional representatives and the representatives of the PMHWP and the NPMHC funded organisations for their many inputs and acknowledge their work and commitment to achieving the best possible care for all families in the perinatal period.

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Acronyms and abbreviations

Acronym/ abbreviation	Definition
AIHW	Australian Institute of Health and Welfare
BCYR	Baby Coming You Ready?
CALD	Culturally and Linguistically Diverse
COPE	Centre of Perinatal Excellence
EPDS	Edinburgh Postnatal Depression Scale
FDSV	Family, domestic and sexual violence
HILDA	Household, Income and Labour Dynamics in Australia
iCOPE	COPE's digital perinatal mental health screening platform
ISSR	Institute for Social Science Research
KEQ	Key Evaluation Question
KMMS	Kimberley Mum's Mood Scale
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and other sexually or gender diverse identities
MHPOD	Mental Health Professional Online Development Program
NPMHC	National Perinatal Mental Health Check
PIRI	Parent-Infant Research Institute
PIPE-MC	Perinatal Inter-professional Psychosocial Education-for Maternity Clinicians
PMHp	Perinatal Mental Health pilot
PMHWP	Perinatal Mental Health and Wellbeing Program
PMHJD Working Party	Perinatal Mental Health Jurisdictional Data Working Party
QALY	Quality Adjusted Life Year

Glossary

Term	Definition as used in this report
Digital screening platform	A screening platform is a digital system that hosts multiple screening tools and integrates them into clinical workflows. iCOPE is an example of a digital screening platform.
Digital screening tool	A screening tool is a specific instrument or questionnaire used to assess mental health or other psychosocial risks during the perinatal period. Examples include the Edinburgh Postnatal Depression Scale (EPDS) and the Kimberley Mum's Mood Scale (KMMS). Screening tools can be paper-based or digital.
Integrated perinatal mental health system	The World Health Organization's 2022 Guide for the Integration of Perinatal Mental Health in Maternal and Child Health Services defines an integrated perinatal mental health system as an evidence-informed approach to delivering perinatal mental health care that is respectful, stigma-free, and responsive to social determinants of health. It includes promotion and prevention strategies, culturally appropriate care, trained and supervised workforce, clear referral pathways, and a stepped care model to match service intensity with individual needs.
Perinatal period	The period from pregnancy to the first year following birth.
Program-level evaluation	A way of assessing how well a program is working in terms of what it was meant to do, how it was implemented and the outcomes it achieved.
Stepped care	A four-step continuum of care that matches service intensity to a person's level of need. The aim is to ensure people receive the least intensive but most effective support for their needs. • Step 1: low-intensity universal prevention (e.g. population-wide digital tools) • Step 2: early intervention and targeted support (e.g. brief self-guided interventions, peer support) • Step 3: moderate-intensity services (e.g. structured professional support) • Step 4: high-intensity clinical services (e.g. psychiatric care).

Language statement

The language and terminology used in this report is intended to be inclusive, respectful and sensitive. We use the term ‘woman’ to refer to the person who is pregnant and gives birth and use the terms ‘mother’ and ‘father’. We acknowledge diverse gender identities, that not all who become pregnant and give birth will identify as a woman and that not all non-birthing parents identify as fathers. The terms ‘parent’ and ‘family’ are intended to include mothers, fathers, partners and significant others.

We have referred to people who identify as Aboriginal and Torres Strait Islander as First Nations people, in line with guidance from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

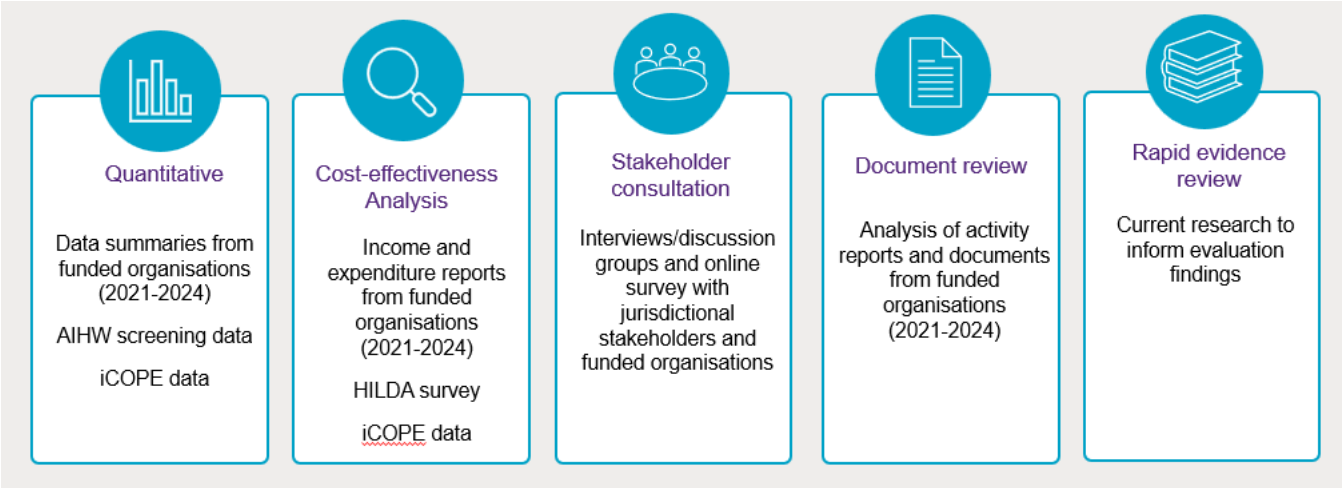
We refer to specific priority groups, including fathers, First Nations families, culturally and linguistically diverse families, LGBTQIA+ parents, parents living in regional and remote areas, young mothers and mothers living with a disability. We appreciate and acknowledge other areas of priority focus and the importance of best practice perinatal mental health care that responds to the needs of all parents and families.

Executive Summary

The Australian Government has invested in two complementary initiatives – the Perinatal Mental Health and Wellbeing Program (PMHWP) and the National Perinatal Mental Health Check (NPMHC) – to improve mental health outcomes for expectant and new parents. The PMHWP aims to enhance the support and services available to those experiencing, or at risk of, perinatal mental illness. The NPMHC aims to improve early detection and intervention through national digital screening, to increase screening rates and enable consistent data collection and reporting across antenatal and postnatal care settings.

Methods

A set of Key Evaluation Questions (KEQs), each with sub-questions, guided the evaluation. A mixed-methods approach was used to understand how the PMHWP and NPMHC have been implemented and their impact.



Data limitations and constraints

Limited availability of data, along with inconsistency in data collection, quality and reporting constrained the assessment of program activities and outcomes. Combining data from diverse sources helped address these limitations to build a comprehensive picture of how the PMHWP and NPMHC are working in practice.

Key findings

Appropriateness

- The PMHWP and NPMHC share common goals of raising awareness of perinatal mental health, prioritising prevention and early intervention, and improving access to inclusive, culturally appropriate support services. Both programs are grounded in a strong evidence base and align with national priorities and guidelines to support an evidence-informed approach to perinatal mental health care.
- Tailored approaches – such as co-design and providing screening and resources in multiple languages – have laid a foundation for improving culturally safe access to care for First Nations and CALD parents.
- Overall, stakeholders viewed the programs as appropriate and responsive to health system needs. While distinct, they are designed with the potential to operate in synergy within an integrated perinatal mental health system – where screening must be linked to accessible and appropriate stepped care[1] services.

PMHWP

- Funded 11 diverse projects to strengthen service delivery and workforce capacity across stepped care levels 1 to 3.
- Focus on system-wide improvements.
- Activities include universal prevention and support, service navigation, referral pathways and treatment options, workplace support, public awareness raising, and healthcare professional training, targeted initiatives for fathers, First Nations families, young mothers and perinatal loss.

NPMHC

- Aims to deliver a scalable solution to universal digital screening and national data reporting through:
  - Bilateral Schedules under the *National Mental Health and Suicide Prevention Agreement* that support coordinated implementation across jurisdictions
  - PMHp data reporting to the Australian Institute of Health and Welfare
  - iCOPE digital screening platform for healthcare professionals
  - Ready to COPE app/email perinatal mental health promotion series for parents

[1] Stepped care matches service intensity to a person's level of need, providing a four-step continuum of care from low-intensity universal prevention (e.g. population-wide digital tools), early intervention and targeted support (e.g. brief self-guided interventions, peer support), moderate-intensity services (e.g. structured professional support) to high-intensity clinical services (e.g. psychiatric care). The aim is to ensure people receive the least intensive but most effective support for their needs.

Efficiency/Cost-effectiveness

- Both programs prioritise collaboration and data-driven improvement through performance measures, with the NPMHC specifically aiming to support national level data collection and reporting to inform healthcare planning and policy. Strengthening these efforts could improve efficiency and cost-effectiveness by supporting cohesive planning, creating appropriate pathways to care, and targeted resource allocation.
- The PMHWP demonstrated good value for money, with most cost-effectiveness ratios falling below the $64,000 per Quality Adjusted Life Year (QALY) threshold commonly used in Australian health policy.
- Based on limited early evidence, the national expansion of digital screening has the potential to represent good value for money.

PMHWP	NPMHC
• Programs delivered a range of outputs such as helplines, online resources, apps, navigation tools to support and services and healthcare professional training resources. • Demonstrated good value for money.	• Enabled coordinated action between Commonwealth and jurisdictions. • Lack of unified, standardised data collection and reporting means national data is not yet available. • Uptake and integration of digital screening remains uneven across jurisdictions. • iCOPE digital platform has shown proof of concept for near real-time national data collection. • National expansion of digital screening may represent good value for money.

Impact

- The programs complement each other in their contributions:
  - PMHWP has expanded access to nationally available perinatal mental health services, supported by awareness campaigns and high-quality training for healthcare professionals.
  - NPMHC has improved access to screening and is focused on building infrastructure for long-term, data-driven improvements in screening systems and policy.
  - Together, program funding has helped maintain Australia's leadership in perinatal mental health.
- Both programs have extended the reach of screening and services to priority groups, including fathers, First Nations and Culturally and Linguistically Diverse (CALD) parents, and those in rural and remote areas.

- While program-level outcome data was unavailable, stakeholder feedback, satisfaction ratings, qualitative insights, and evaluation findings conducted by some organisations suggest a strong likelihood of positive mental health outcomes for parents who accessed PMHWP services. These findings highlight the importance of implementing appropriate measurement frameworks to assess impact.
- An analysis using Household, Income and Labour Dynamic in Australia (HILDA) longitudinal survey data identified statistically significant improvements in health-related quality of life and self-reported mental health following the implementation of PMHWP.
- The NPMHC has improved access to screening, raised community awareness, and laid the foundation for a national perinatal mental health dataset. However, inconsistent data collection and reporting across jurisdictions limit national comparability and hinder service planning.
- Enablers across both programs were the use of digital technologies to improve reach and accessibility. Shared barriers included inconsistent data collection practices, which limited the capacity to evaluate outcomes. Healthcare professionals also identified a need for further training in best practice perinatal mental health care.

PMHWP

- Expanded national access to perinatal mental health services for parents and supported high-quality training for healthcare professionals.
- Cross-sector collaboration, consumer co-design, and digital innovation supported the program.
- Short-term funding, competition for funding and inconsistent data collection practices impacted both the achievement and evaluation of intended outcomes.

NPMHC

- Laid the foundation for a national perinatal mental health dataset and improved access to digital screening.
- Program enablers included flexible funding via Bilateral Schedules, improved clinical practice, and streamlined data transfer from iCOPE to AIHW.
- Digital infrastructure limitations and administrative burden were key barriers.
- The iCOPE platform has been in use to varying degrees across six jurisdictions. The COPE #thetruth campaign and Ready to COPE resource have achieved strong engagement.

Sustainability

- Both programs demonstrated features that would be expected to support longer-term sustainability. Ongoing monitoring, evaluation, and policy integration will be important to maintain and scale potential benefits into the future.
- Currently there is no data collection system in place to track follow-up or outcomes across screening and service provision. Both programs, and future initiatives, require improved and standardise data collection approaches.
- For the PMHWP, future priorities include ensuring alignment of service availability with population needs, scaling support and service delivery, including universal mental health promotion, continuing to strengthen support for priority groups, and address workforce gaps to build system capacity.
- For the NPMHC, priorities include strengthening data systems – including digital infrastructure and cross-jurisdictional alignment of data variables – to support long-term monitoring, service planning, and policy development. A key focus in healthcare settings is on implementing the national guidelines including postnatal screening and screening for fathers and non-birthing partners.

PMHWP

- Built capacity by enhancing systems and processes, digital innovation, flexible service models, and collaborative partnerships.
- Improved access to culturally appropriate care for some groups, with strong commitment to consumer co-design.

NPMHC

- Stakeholder capacity to deliver digital perinatal mental health screening improved.
- Supported screening uptake in CALD communities; validation and implementation efforts are underway for First Nations families.
- Potential for improving referral pathways via integration of prompts within digital screening platforms.

Cohesion

- The PMHWP and the NPMHC are complementary initiatives that together support a cohesive, integrated system. PMHWP focuses on service delivery and workforce development, while NPMHC enables universal screening and data infrastructure. Their shared goals include raising awareness, prioritising early intervention, improving access, and promoting inclusivity for priority populations.
- Integration of digital tools, national data systems, and referral pathways is central to building a unified system. Together, these programs aim to offer a continuum of care from prevention and digital screening to early intervention and referral, ensuring that screening is supported by responsive services. Their integration enhances reach, equity, and impact.
- Effective follow-up after screening is essential. Opportunities exist to better connect digital screening platforms with funded services (e.g. PANDA, ForWhen) and to offer immediate access to evidence-based programs.
- Screening data can inform service planning, identify unmet needs, guide funding allocations, and support evaluation. Long-term tracking of patient journeys and linking data sources can enhance outcome measurement and resource allocation.
- Training is vital to equip healthcare professionals to respond to diverse needs, including trauma and family, domestic and sexual violence (FDSV). PMHWP-funded organisations and others (e.g. COPE) offer valuable training resources. A coordinated national training framework could improve consistency, accessibility, and workforce capacity.

Conclusion

The PMHWP and NPMHC are complementary, nationally scalable programs that together provide a strong foundation for an integrated, evidence-based perinatal mental health system. Their shared focus on prevention, early intervention, and priority populations has delivered early impact. With coordinated investment and ongoing action, these programs can be better aligned to enhance prevention and early intervention and address key gaps in perinatal mental health support and services across Australia.

Integrated Recommendations

Sustain efforts to strengthen an integrated perinatal mental health system

Recommendation	Responsible entity
1. Establish a National Perinatal Mental Health Leadership Network with non-partisan or neutral leadership, to form a unified national voice that incorporates ground-level experience, diverse perspectives and representation from all jurisdictions. The Department should conduct or commission a perinatal mental health priority setting exercise that involves service users, providers, policymakers and researchers to rank key areas for improvement based on evidence and stakeholder input. The findings would help to identify dedicated funding streams that address current and emerging community needs. Additional funding for perinatal mental health and perinatal loss could be provided to effective/cost-effective activities and still represent good value for money. The National Mental Health Commission (NMHC) may be well-placed to support this initiative by monitoring and reporting on perinatal mental health outcomes, contributing to continuous system improvement.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)** People with lived and living experience (Partner) Sector stakeholders (Partner) Perinatal mental health researchers (Partner) State and Territory Governments (Partner) National Mental Health Commission (Partner)

Continue investment in mechanisms to standardise and strengthen data collection and reporting

Recommendation	Responsible entity
2. For the PMHWP: The Department should co-develop with funded organisations, and implement, a uniform approach to data collection and reporting across all funded perinatal mental health initiatives.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)**

Recommendation	Responsible entity
This should be designed to enhance the consistency, completeness and usefulness of data for service planning, delivery and evaluation. Strengthening data systems will also support efforts to identify individuals and groups who are missing out on supports and services, and to understand the reasons why, to inform more equitable and effective services and supports. • Develop data collection templates suitable for all funded organisations to enable monitoring and evaluation at a program level. The template content should include key metrics such as: – additional demographic variables (e.g. gender, remoteness, non-birthing partners and socioeconomic indicators such as SEIFA quintiles) – numbers and proportions of total service engagement per state and priority group (e.g. CALD, Indigenous populations, remoteness, socioeconomic status) – perinatal period (preconception, antenatal and postnatal, perinatal loss) – specific numbers and indications of reach per activity in each of the funded organisations, to better understand the uptake of activities – online engagement metrics (e.g. social media posts and content), physical resources, website metrics, any other resources created and engagement – reported outcomes and demographics within specific timeframes, alongside sample and population numbers – commonly used, validated and culturally appropriate outcomes to help assess the impact of activities on parents' mental health and well-being and experiences of services – measures that go beyond individual mental health to address broader social wellbeing and capture the full scope of program activities – qualitative information to provide additional insights – data on the true costs incurred by funded organisations to deliver program activities, including hidden and indirect costs.	Department of Social Services (Partner) Funded organisations (Partner)

Recommendation	Responsible entity
3. For the NPMHC: Bilateral Schedules should be renegotiated with a clear governance framework to enable coordination, consensus and action on data priorities, processes, and reporting. Renegotiated schedules should set out: • defined roles and responsibilities that facilitate high-level policy decision-making aligned with national objectives • an implementation plan with earmarked funding for data reporting • regular reporting timelines to monitor progress against agreed and measurable outcomes.	**Commonwealth Government (Lead)** State and Territory Governments (Partner)
4. For the NPMHC: In partnership with jurisdictions, through the Perinatal Mental Health Jurisdictional Data (PMHJD) Working Party, the AIHW need to ensure a nationally consistent perinatal mental health screening database to allow timely evaluation and system improvements across jurisdictions. The database should have jurisdictional agreement on the scope, coverage, and specific data items to be collected and reported. Key inclusions should be: • standardised data requirements • definitions of variables to be included in the datasets (focused on the main variables that are consistent across jurisdictions) • metrics for monitoring screening trends across jurisdictions and services • inclusion of antenatal and postnatal screening data and referral pathways • fields to identify priority populations • agreed timelines for data provision that recognise the importance of near real-time reporting • capacity to assess mental health outcomes over time. For future planning and implementation, AIHW should consider incorporating additional outcome measures to monitor the broader impacts of the program over its life cycle. These could include measures such as self-reported general health, early childhood development, quality of life, and satisfaction with	**AIHW (Lead)** Department of Health, Disability and Ageing (Partner) State and Territory Governments (Partner)

Recommendation	Responsible entity
PMHWP/NPMHC services and service delivery. Outcome data should be collected not only for parents participating in this program, but also for comparable parents in other programs, to enable meaningful comparison and counterfactual analysis.	
5. For the NPMHC: Continue funding AIHW with strengthened governance frameworks that ensure timely provision of comprehensive and accessible datasets to support evidence-based decision-making, policy development, and research across jurisdictions and service settings.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)** AIHW (Partner)

Promote perinatal mental health awareness and access to support

Recommendation	Responsible entity
6. Maintain investment in community-wide awareness raising and universally available perinatal mental health services, information and resources. • All jurisdictions should ensure the availability of evidence-based digital perinatal mental health promotion tools, such as Ready to COPE, that provide information and early access to support for expectant and new parents. To maximise impact, it is important to: – ensure content is up to date, aligned with current perinatal mental health guidelines, and is inclusive and responsive to diverse needs and experiences, including perinatal loss – incorporate links to appropriate perinatal mental health helplines, support services, and digital programs – integrate digital support tools into routine screening processes to ensure universal access to timely information and support – monitor and evaluate reach and uptake. • Allocate funding to support service availability and responsiveness to address waitlists and extend the operating hours of helplines during weekends and evenings when traditional services are limited.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)** **State and Territory Governments (Lead)** Service providers of digital perinatal mental health promotion tools (Partner)

Recommendation	Responsible entity
• Expand the focus of perinatal mental health initiatives to include those that support the mental health and wellbeing of both parents and their infants, recognising the importance of early childhood development and mental health outcomes for children, and recognise family contexts, social determinants and strategies for prevention. • Continue funding initiatives that use technology to broaden the reach of perinatal mental health services and support, ensuring access across geographical areas.	
7. Include support for birth trauma and perinatal loss in any funded initiative to ensure sensitivity, responsiveness and appropriate referral pathways. Ensure a dedicated funding stream for perinatal loss support services, recognising that the experience of perinatal loss (including miscarriage, stillbirth, neonatal death) requires specialised and sensitive support that extends well beyond the scope of mental health. Where relevant, coordination with other departmental teams responsible for administering broader perinatal programs should be considered to ensure integrated and comprehensive support.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)**

Build and strengthen perinatal mental health workforce capability

Recommendation	Responsible entity
8. Prioritise investment in the development and training of a skilled and confident perinatal mental health workforce. • Specific attention should be given to current workforce shortages in smaller states and rural and remote areas. This should include targeted recruitment, incentives, and improved access to education and supervision all of which are priorities outlined in the National Mental Health Workforce Strategy 2022-2032.	**States and Territory Governments (Lead)** Department of Health, Disability and Ageing (Partner)

Recommendation	Responsible entity
• Recognise Lived Experience workers as an essential and valued part of the perinatal mental health workforce. Ongoing development and support of this workforce should align with the National Lived Experience (Peer) Workforce Development Guidelines developed by the National Mental Health Commission.	
9. Each jurisdiction should ensure healthcare professionals in perinatal care settings have access to training and professional development to support the provision of evidence-based perinatal mental health care and screening. A centralised one-stop resource hub for healthcare professionals could facilitate standardisation of practice and facilitate access to training by serving as a repository for existing training modules and resources. The Mental Health Professional Online Development Program (MHPOD) learning portal could offer a platform for this purpose.	**State and Territory Governments (Lead)** Perinatal care settings (Partner)
10. A Community of Practice should be established to facilitate shared learning and enhanced consistency in best practice perinatal mental health care across jurisdictions. An appropriate peak body, or collaboration between peak bodies, potentially led by an organisation such as the Centre of Perinatal Excellence that could draw on existing networks, clinical expertise, and jurisdictional engagement to play a key role in supporting a National Perinatal Mental Health Leadership Network to provide a structured forum for: • ensuring alignment between jurisdictional and national efforts to support cohesive and standardised care • sharing learning around practices to strengthen healthcare professionals' knowledge, confidence, and skills.	**Appropriate national peak body in perinatal mental health (Lead)** Department of Health, Disability and Ageing (Partner) States and Territory Governments (Partner)

Address knowledge gaps in perinatal mental health screening and outcomes

Recommendation	Responsible entity
11. Each jurisdiction should enact a commitment to improving screening rates by monitoring, reviewing and reporting on their own screening practices, referral pathways, and mental health outcomes to better understand and support continuous improvement in post-screening service use and outcomes. Due to jurisdictional variations in data reporting and governance, opportunities to monitor the impact of perinatal mental health screening vary. A state with strong data collection and reporting practices—such as QLD—may be well-placed to use administrative hospital data and data linkage to assess the impact of screening on mental health referrals, healthcare use and outcomes over the short-, medium-, and longer-term. This initial work could be the foundation for a broader, multi-jurisdictional evaluation to build national evidence.	**State and Territory Governments (Lead)**
12. The Commonwealth Government should consider a targeted call for research to better understand the relationship between perinatal mental health screening and longer-term outcomes for parents and families. This could be achieved by commissioning a longitudinal study to follow a cohort of parents to gain insights into their experiences, including screening outcomes, referral pathways, health service use, and mental health outcomes. There may be potential to leverage an existing cohort study by adding perinatal mental health-specific items or to use data linkage techniques to connect health service and outcome datasets.	**Commonwealth Government (Lead)** Research and evaluation partner (Partner)

PMHWP-specific recommendations

Recommendation	Responsible entity
1. Ensure all funded initiatives promote equitable access across geographical locations and population groups. • Prioritise sustained investment in efforts to increase service reach to fathers, First Nations communities, young parents, and CALD groups using genuine co-design approaches that go beyond language translation. • Fund the ground-up development of supports and services for priority groups that were less likely to be targeted through PMHWP activities, such as CALD groups, LGBTQIA+ communities and women with disabilities. Leverage the knowledge, resources and lessons learned from PMHWP to design solutions that address specific needs. • Equity and impact metrics should be included in funding agreements to assess appropriateness, reach and outcomes for priority populations.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)**
2. Consider, based on stakeholder consultation, allocating funding for provision of services for stepped care levels 2 and 3 supports and services. This would help address the needs of the 'missing middle' who require more intensive support than primary care but do not meet the criteria for specialist services.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)** State and Territory Governments (Partner)
3. Redesign future grants processes to embed collaboration, co-design and robust data collection mechanisms as core requirements. These should be linked to clearly defined key performance indicators (KPIs) to enable consistent and meaningful evaluation across initiatives. • Require grant applicants to form partnerships with other perinatal mental health organisations and/or relevant service providers. These partnerships should demonstrate their ability to leverage expertise and resources to achieve common goals and promote integrated models of care that provide wrap-around support for families.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)** Department of Social Services, Community Grants Hub (Partner)

Recommendation	Responsible entity
• Define and monitor clear, shared goals and metrics for collaboration such as referral pathways and collaborative activities. Consider requiring grant recipients to report on existing and new referral pathways to understand the strength and scope of collaboration across the perinatal mental health care continuum.	
4. Refine grant administration to promote coordination and reduce burden. • Optimise engagement between the Department and funded organisations through regular structured meetings that facilitate focused discussion. These meetings should have a strategic intent to support broader planning, foster collaboration across the sector and enhance integration and alignment of activities. • Implement a consistent process for regular provision of specific, constructive feedback to organisations on performance reports and action plans. This would ensure information and data is effectively used for planning and program enhancement. • Consider changes to funding that could include: – 5-year funding contracts for increased stability and longer-term planning – outcome-focused requirements to support uniform data collection and program evaluation – a shift to digitised reporting templates to streamline reporting and improve data quality and consistency – tailored reporting requirements that reflect the size and scope of each funded project.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)** Department of Social Services, Community Grants Hub (Partner) Funded organisations (Partner)

NPMHC-specific recommendations

Recommendation	Responsible entity
1. The Commonwealth Government should continue its commitment to integrating nationally consistent evidence-based screening protocols using system enablers. Priority actions should follow current perinatal mental health guidelines and focus on areas that remain inconsistently implemented: • provision of two antenatal and two postnatal screenings during the perinatal period • expansion of screening opportunities for fathers and non-birthing partners • increasing uptake of screening in private services and in settings beyond maternity services, such as primary care. Recommended actions and system enablers could include: • in renegotiated Bilateral Schedules, linking funding to clearly defined priority actions and outcomes aligned with evidence-based guideline recommendations • reviewing financial incentives for healthcare professionals to engage in screening, including review by the Medicare Benefits Schedule (MBS) Review Advisory Committee (MRAC) around Medicare rebate items • partnerships with peak professional bodies such as Royal Australian College of General Practitioners (RACGP), Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), and Australian College of Midwives (ACM) for professional development support and endorsement and promotion of screening protocols and training.	**Commonwealth Government (Lead)** State and Territory Governments (Partner) Medicare Benefits Schedule Review Advisory Committee (Partner) Peak professional bodies (Partner)

Recommendation	Responsible entity
2. Invest in future monitoring and evaluation of national perinatal mental health screening to assess mid-term and longer-term progress, building on the current evaluation findings as a baseline. • Consider exploring opportunities for the AIHW to link national perinatal mental health screening data collection with service use data (e.g. MBS, Pharmaceutical Benefits Scheme (PBS), jurisdiction-based hospital data) via the AIHW National Health Data Hub, to support future monitoring and evaluation efforts. • Ensure timely access to this data to facilitate data integration and availability.	**Commonwealth Government (Lead)** Research and evaluation partner (Partner) AIHW (Partner)
3. The Department of Health, Disability and Ageing should conduct a national review of current screening tools for First Nations parents. This should involve partnership with an Indigenous-led organisation such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and First Nations researchers, clinicians and community representatives from each state and territory. Key actions should include: • evaluating the various screening tools in terms of their validation and cultural safety • investment in place-based co-design of tools to suit local contexts • investment in the most appropriate tools for each jurisdiction and support for their use, including guidance and training for healthcare professionals.	**Commonwealth Government through the Department of Health, Disability and Ageing (Lead)** National Aboriginal Community Controlled Health Organisation (Partner) First Nations researchers, clinicians and community representatives from each state and territory (Partner)

Australian Government perinatal mental health initiatives

The Australian Government has made significant investments in perinatal mental health to support the wellbeing of parents, infants, and families. The Perinatal Mental Health and Wellbeing Program (PMHWP) and the National Perinatal Mental Health Check (NPMHC) were established with a shared commitment to improving mental health outcomes for expectant and new parents, while also enhancing community awareness and reducing stigma around perinatal mental illness.

PMHWP

The PMHWP aims to enhance the support and services available to expectant and new parents experiencing, or at risk of, perinatal mental illness. This includes families experiencing the distress of birth trauma, miscarriage, stillbirth, or infant loss. The program funds a range of initiatives focused on prevention and early intervention, national support services, workforce training and education, and public awareness.

Objectives

- deliver national perinatal mental health services, including prevention and early intervention initiatives, for expectant and new parents experiencing or at risk of perinatal mental illness
- deliver national support services for parents and families experiencing distress after birth trauma, miscarriage, stillbirth or infant death to prevent the development of mental illness
- deliver training and education initiatives aimed at the improvement of perinatal mental health and wellbeing service delivery
- deliver awareness, information and stigma reduction initiatives for perinatal mental health and wellbeing
- deliver and market services in a way that ensures inclusive, culturally appropriate and safe access for all people.

Intended outcomes

- improved national access to perinatal mental health and wellbeing support services
- improved health outcomes for expectant and new parents experiencing, or at risk of perinatal mental health issues
- improved evidence base for perinatal mental health treatment and support
- improved mental health outcomes for parents and families experiencing distress after birth trauma, miscarriage, stillbirth or infant death
- reduction in stigma related to perinatal mental health issues.

NPMHC

The NPMHC aims to improve early detection and intervention to better support the mental health and wellbeing of expectant and new parents at risk of perinatal mental illness. The program sets out to deliver an innovative national digital perinatal screening approach, to improve screening rates across Australian public maternity and family care settings (antenatal and postnatal), and to facilitate consistent collection and national reporting of screening data.

The NPMHC contributes to the Australian Government's implementation of mental health reforms and commitment to supporting Australians with, or at risk of, mental illness by improving service integration for a more effective and efficient mental health system. Perinatal mental health is an integral part of the National Mental Health and Suicide Prevention Agreement (National Agreement) where shared commitments between the Australian Government and state and territory governments have been set out. The National Agreement is supported by Bilateral Schedules that outline specific jointly agreed initiatives between the Commonwealth and each state and territory. Under this agreement, the Bilateral Schedules detail specific commitments and actions for each jurisdiction including those relevant to perinatal mental health screening, data capture and reporting.

Objectives

- improve access to culturally appropriate perinatal mental health screening for expecting and new parents, including fathers and second parents
- support existing state and territory perinatal screening processes to move to digital data collection and reporting
- establish national collection of perinatal mental health screening data to inform future improvements in uptake and referral
- increase public awareness and understanding of perinatal mental illness in the community
- improve access to information and support resources for expecting and new parents, including fathers and second parents.

Intended outcomes

- improvement of mental health outcomes for expecting and new parents, including fathers and second parents
- improvement of access to culturally appropriate screening for expecting and new parents, including Aboriginal and Torres Strait Islander parents, culturally and linguistically diverse parents and other priority populations
- national reporting on perinatal mental health screening to monitor uptake and inform improvements to delivery
- improved community awareness and stigma reduction for perinatal mental illness.

The evaluation

The Department of Health, Disability and Ageing (the Department) engaged The University of Queensland's Institute for Social Science Research (ISSR-UQ), including health economics experts from the Monash University Health Economics Group, to undertake an evaluation of the PMHWP and the NPMHC.

Commencing in February 2024, the evaluation was conducted in two stages, examining each initiative individually and in concert.

This Integrated Findings Report consolidates key findings and recommendations from Stage 1 (PMHWP) and Stage 2 (NPMHC), with a concluding analysis that considers the cohesion of the two initiatives and their joint role in strengthening Australia's perinatal mental health system.

A set of Key Evaluation Questions (KEQs), each with sub-questions, guided the evaluation. These were underpinned by a Program Logic that articulated the intended outcomes and mechanisms of the initiatives. The KEQs reflect criteria that define a comprehensive approach to evaluation:

- appropriateness
- efficiency / cost-effectiveness
- impact
- sustainability
- cohesion

The report is structured according to these domains and presents combined findings and insights across both stages. It includes recommendations for each stage as well as interconnected recommendations that aim to advance a cohesive approach to perinatal mental health policy, practice and system-wide integration.

This report presents only the high-level findings and conclusions. Detailed information on specific findings, the evaluation methods, and data limitations is provided in the full Stage 1 and Stage 2 reports.

Design and methods

The evaluation used a mixed-methods approach, employing a non-experimental design that combined available PMHWP and NPMHC program data with qualitative methods to assess the overall impact of the two initiatives. Non-experimental methods are generally better suited than experimental designs, such as randomised controlled trials, when the goal is to explore and contextualise program implementation in real world settings where controlled conditions are often time- and resource-intensive and may not be fit for purpose.

Qualitative and quantitative data sources included primary data (collected through stakeholder consultations), secondary data (such as activity reports and data collected by funded organisations), and findings from a rapid evidence review. Figure 1 shows the data sources included in the evaluation.

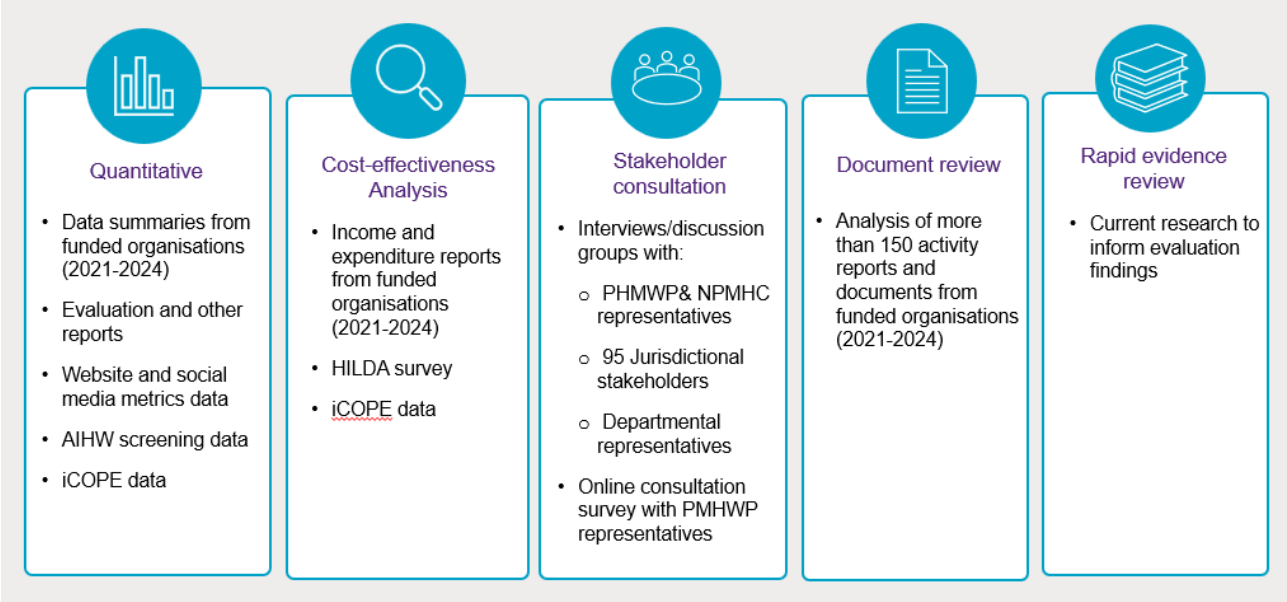


Figure 1: Data sources for the evaluation

Limitations affecting findings

The evaluation of both the PMHWP and NPMHC was limited by data availability and quality. Core limitations included data inconsistencies, incomplete datasets, differing reporting timeframes, and variability in implementation of program activities across organisations and jurisdictions. While multiple data sources, including extensive stakeholder feedback helped build a balanced and evidence-informed picture of implementation and emerging outcomes, these data challenges limited the extent to which program outcomes could be assessed.

PMHWP

- Variation in activities and settings made standardised program-level evaluation challenging. Key limitations included inconsistent data collection methods and measures, timeframes and reporting due to differing activities, audiences, objectives and data systems.
- Differences in program maturity and implementation timeframes across funded organisations meant that some reported pilot data, while others reported data from long-standing activities.
- It was often challenging to isolate activities directly funded by the PMHWP as some data includes broader organisational work. In these cases, data from activities not directly funded by the PMHWP were included when core to the organisation's overall efforts or linked to PMHWP activities.

NPMHC

- Much of the available data only extends to 2022, limiting the ability to fully assess outcomes of a program introduced in 2021.

- National coverage was limited: AIHW EPDS screening data was available for Queensland, Tasmania, the Australian Capital Territory (public and private services), and New South Wales (public services only), while iCOPE data was available for Victoria, Queensland, and South Australia.
- Key details, such as repeat screenings and data for non-birthing partners and postnatal screening were often missing from available datasets. Individual-level screening scores were not available.

Contextual note: Changes to PMHWP funding and iCOPE platform

Toward the end of the evaluation period, there were changes to PMHWP funding and the iCOPE digital screening platform.

The PMHWP initially funded eleven projects that supported care across multiple levels and contributed to system capacity building. In late 2024, national mental health reforms led to the consolidation of digital mental health services under the Digital Mental Health Program Redesign Measure. As part of this transition, five PMHWP-funded projects – delivered by the organisations Karitane, PIRI, PANDA, Red Nose and SMS4Dads – were extended to 30 June 2026 and transferred to the new program, with remaining projects extended to 30 June 2025. Although these developments occurred after the conclusion of data collection, the insights gained provide a valuable foundation for continued refinement of perinatal mental health initiatives in supporting the mental health and wellbeing of parents, infants and families.

For the NPMHC, this report includes findings from the evaluation of the iCOPE digital screening platform, with data available from 2018 to 2024. Changes in iCOPE delivery arrangements occurred towards the end of the evaluation period, potentially affecting implementation. As such, findings should be viewed as proof of concept, demonstrating the feasibility and potential value of digital screening in perinatal mental health.

Appropriateness

Evaluating the appropriateness domain explored the relevance and effectiveness of each program's design features, their alignment with current best practices, and the level of stakeholder support.

The PMHWP and NPMHC have shared objectives: increasing awareness of perinatal mental health, supporting prevention and early intervention, and improving access to inclusive and culturally appropriate support and services. Both initiatives are grounded in an evidence-based approach and are aligned with national priorities and guidelines.

Figure 2 illustrates the strategic focus of the two programs.

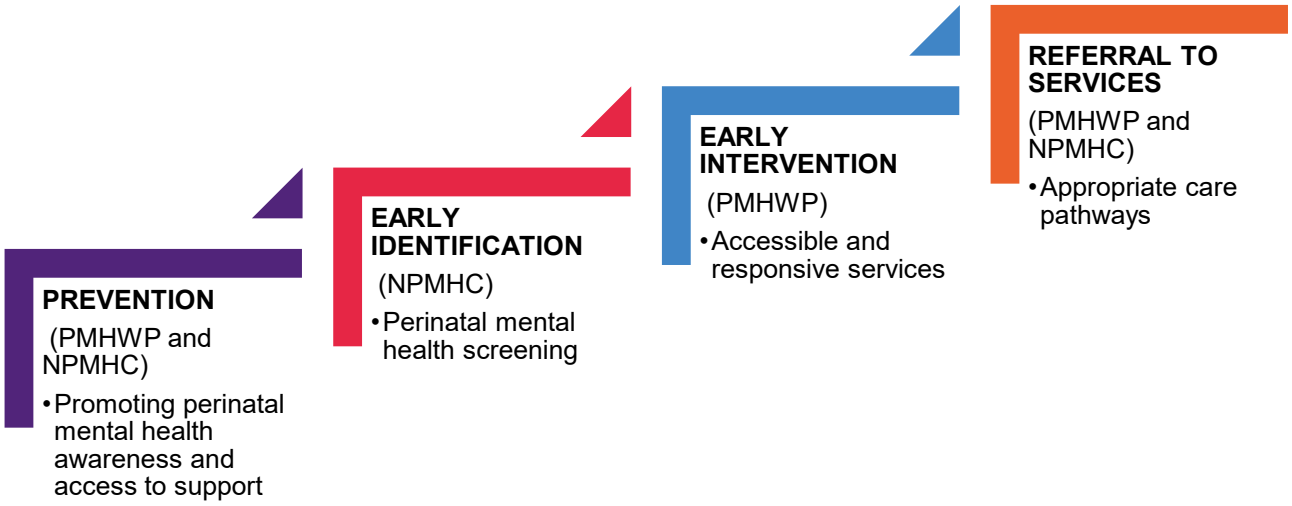


Figure 2: Alignment of PMHWP and NPMHC goals and priorities

Stakeholders generally regarded both programs as appropriate and responsive to the needs of the health system. While the initiatives focus on different aspects of perinatal mental health care, they are designed to complement each other within an integrated perinatal mental health system – where effective screening is linked to accessible and appropriate stepped care services.

PMHWP

- The PMHWP supported a stepped care model approach through 11 funded projects that contribute to an integrated perinatal mental health system[2]. These projects support service delivery at the program level by strengthening health system capacity and implementing interventions across stepped care levels 1 (universal information and self-managed interventions), 2 (low intensity interventions) and 3 (mild to moderate intensity services).

PMHWP funded projects

Perinatal Anxiety & Depression Australia: PANDA's National Perinatal Mental Health Helpline

Parent-Infant Research Institute: MumMoodBooster, Mum2BMoodBooster, MindMum App, MumSpace website

Red Nose: Services and resources for parents following perinatal loss

Centre of Perinatal Excellence (COPE): Mental health care in the perinatal period: Australian Clinical Practice Guideline

Gidget Foundation Australia: Perinatal Mental Health Week Alliance and Campaign

Karitane: ForWhen

Murdoch University – Ngangk Yira Institute for Change: Baby Coming You Ready?

Transitioning Well: The Parent Well

University of Newcastle: SMS4Dads, SMS4DeadlyDads

Western Sydney University: Perinatal Inter-professional Psychosocial Education-for maternity Clinicians (PIPE-MC)

Western Sydney University: Young Well Beings

- The PMHWP aligns with national and jurisdictional policies, strategic objectives and ongoing reforms. It promotes a 'no wrong door' approach', ensuring all parents can access appropriate support regardless of their entry point into the system.
- Stakeholders from funded organisations emphasised that the funding enabled them to implement activities that might not have been achieved otherwise, such as providing support to families during periods of high demand, expanding services across Australia, offering free access to care, and focusing on priority populations.
- Based on stakeholder feedback, the program also played a role in increasing public awareness of perinatal mental health and fostering both national and international partnerships.
- Jurisdictional stakeholders broadly supported PMHWP initiatives, recognising their potential to address key service gaps. There was strong interest in adopting some PMHWP activities – particularly those focused on priority groups and healthcare professional training – in jurisdictions where additional need was identified.

[2] The World Health Organization's 2022 *Guide for the Integration of Perinatal Mental Health in Maternal and Child Health Services* defines an integrated perinatal mental health system as an evidence-informed approach to delivering perinatal mental health care that is respectful, stigma-free, and responsive to social determinants of health. It includes promotion and prevention strategies, culturally appropriate care, trained and supervised workforce, clear referral pathways, and a stepped care model to match service intensity with individual needs.

- Stakeholders widely emphasised the importance of investment in locally tailored approaches, including co-design with communities and culturally responsive models, rather than simply replicating existing programs.
- Surveys completed by service users, both parents and healthcare professionals, indicated high satisfaction with PMHWP-funded initiatives, suggesting strong appropriateness of the services delivered. Satisfaction levels among service users ranged from 72–93%. Healthcare professionals reported very high satisfaction (92–100%) with the training and resources. However, the lack of standardised data collection limited assessment of these outcomes across projects.
- From stakeholder interviews, there was a consistent impression that consumers viewed perinatal mental health as fundamentally different from general mental health, seeking care and information that is specific to the unique challenges of pregnancy and early parenting. Generic mental health services often felt irrelevant or unhelpful, highlighting the need for tailored support, specialised clinicians, and targeted communication. As one stakeholder explained: *"It's a different world… they want specific, tailored information in the context of what they're going through."*

NPMHC

- Digital screening offers a cost-effective, time-effective and scalable approach that enhances accessibility and can empower parents to take an active role in their mental health care.[3]
- The NPMHC is designed to support universal digital perinatal mental health screening, along with consistent collection and national reporting of screening data. The initiative is well-aligned with Australia's National Perinatal Mental Health Guideline, which recommends universal mental health screening during the perinatal period.
- Overall, stakeholders expressed satisfaction with NPMHC initiatives. Feedback indicated support for the potential to improve the implementation of screening guidelines, increase screening coverage, and contribute to evidence-informed service planning. These findings suggest alignment with sector priorities based on the views of stakeholders across jurisdictions and settings.

Key features of the NPMHC

Bilateral Schedules under the National Agreement

The primary funding mechanism for states and territories to implement the NPMHC. The National Agreement sets the overarching framework, and the Bilateral Schedules provide tailored support for states and territories to invest in initiatives to strengthen digital screening, data collection and reporting.

Perinatal Mental Health pilot (PMHp)

Antenatal and postnatal screening data provided to the AIHW, via jurisdictional health departments and the iCOPE screening platform to support national reporting, prevalence monitoring, and identification of unmet needs.

iCOPE

A digital perinatal mental health screening platform made available to jurisdictions as an optional solution to support the transition to digital screening and data reporting.

Ready to COPE app/email series

Evidence-based mental health promotion information for parents during the perinatal period.

[3] Baumel, A. (2023). Digital Tools in the Service of Peer and Social Support for Perinatal Mental Health. Current Psychiatry Reports, 25(11), 741-746. https://doi.org/10.1007/s11920-023-01464-2

Clarke, J. R., Gibson, M., Savaglio, M., Navani, R., Mousa, M., & Boyle, J. A. (2024). Digital screening for mental health in pregnancy and postpartum: A systematic review. Archives of Women's Mental Health, 1-38.

Tzitiridou-Chatzopoulou, M., & Zournatzidou, G. (2024). Bibliometric Analysis on of the Impact of Screening to Minimize Maternal Mental Health on Neonatal Outcomes: A Systematic Review. Journal of Clinical Medicine, 13(19), 6013.

Willey, S.M., Blackmore, R.P., Gibson-Helm, M.E., Ali, R., Boyd, L.M., McBride, J., Boyle, J.A. (2020). If you don't ask … you don't tell": Refugee women's perspectives on perinatal mental health screening. Women and Birth. 33:e429–e437. https:// doi. org/ 10. 1016/j. wombi. 2019. 10. 003

Efficiency/cost-effectiveness

Assessment of the efficiency and cost-effectiveness considered the implementation progress of each initiative, use of data for continuous improvement and outcome measurement and whether the outcomes represent value for money.

Both programs demonstrate a focus on collaboration and data-driven improvement through performance measures, with the NPMHC having a specific objective to support collection and reporting of national-level data for healthcare planning and policy development. These efforts could support efficient and cost-effective delivery by encouraging cohesive planning and coordination, ensuring timely and appropriate care pathways, and guiding targeted resource allocation.

Early evidence suggests that both programs have the potential to deliver good value for money.

PMHWP

- PMHWP projects delivered universal information and support services, service navigation and referral pathways, treatment options, and targeted services for priority populations. Additional efforts focused on healthcare professional training, workplace initiatives for new and expectant parents, and public awareness. Project outputs included navigation tools, training resources, mobile apps, websites, and helplines, promoted via digital and traditional media.
- All funded organisations conducted routine monitoring and evaluation, using varied methods tailored to their specific activities and target audiences. These approaches assessed service quality, reach, and participant satisfaction.
- PMHWP funding enabled delivery of key initiatives, some fully funded, others supplemented by additional sources with PMHWP activities embedded within broader organisational activities and service models. This has the benefit of creating synergies but complicates cost attribution.
- All services were involved in the development of the national community awareness campaign and were profiled throughout the campaign in relation to their areas of specialisation (e.g. perinatal mental health, loss, birth trauma). This highlighted some of the sector-wide collaboration and coordination that occurred throughout PMHWP implementation.
- Economic evaluation showed good value for money, with most cost-effectiveness ratios below the $64,000 per QALY benchmark[4] – a threshold previously used to assess Australian mental health initiatives. Although broader societal impacts – such as reduced hospital admissions, increased use of community care and productivity losses – could not be quantified due to data limitations, existing research[5] suggests early perinatal mental health support can yield significant cost savings.

[4] Productivity Commission. (2020). Mental health (Report No. 95). Canberra, ACT: Productivity Commission. p. 174, Appendix 1.

[5] Chambers GM, Randall S, Hoang VP, Sullivan EA, Highet N, Croft M, Mihalopoulos C, Morgan VA, Reilly N, Austin MP. (2016). The National Perinatal Depression Initiative: An evaluation of access to general practitioners, psychologists and psychiatrists through the Medicare Benefits Schedule. Aust N Z J Psychiatry, 50(3):264-74.
Lee WS, Mihalopoulos C, Chatterton ML, Chambers GM, Highet N, Morgan VA, Sullivan EA, Austin MP. (2018). Policy impacts of the Australian National Perinatal Depression Initiative: Psychiatric admission in the first postnatal year. Administration and Policy in Mental Health.

NPMHC

- Through Bilateral Schedules under the National Agreement, the Commonwealth and jurisdictions have progressed coordinated action. Shared funding arrangements, joint accountability mechanisms, and collaborative planning have fostered goodwill and shared vision.
- While progress has been made in implementing digital screening, uptake and integration remains uneven across jurisdictions. This variation is largely due to challenges relating to infrastructure, governance arrangements, and system readiness.
- National screening data remains limited. The most recent data available from AIHW was from 2022, with no data available for partners or postnatal screening. This is a critical gap. More timely and comprehensive data is needed for effective health planning, policy development, and future evaluation.
- Challenges related to data governance, infrastructure and logistics continue to impede national data collection. Achieving standardised, comparable data across jurisdictions remains a priority. The Perinatal Mental Health Jurisdictional Data (PMHJD) Working Party provides an important mechanism for progress. All states and territories are engaged in efforts to implement the PMHp and steps made to improving consistency of data collection and resolving logistical and other barriers need to continue.
- The iCOPE platform has shown proof of concept for the potential of near real-time national data collection to support the PMHp. This highlights the feasibility of scalable digital platforms to enable timely and consistent screening data across services and jurisdictions.

> *"Being able to extract real time data from any health record system is very difficult to achieve…We have that process up and running seamlessly now on demand and we're doing that monthly. We're able to download the data that we have access to, and we have an automated pipeline that takes that all the way through to the service level reporting."*
>
> **NPMHC organisation representative**

- The iCOPE platform, which was made available as an optional solution through funding by the Department, was in use to varying degrees in six jurisdictions (NT, QLD, SA, TAS, VIC, WA).
- Ready to COPE is being delivered via app and email modalities, with parent sign-up integrated with iCOPE screening. This can help timely access to information and support and extend the reach of perinatal mental health initiatives. This integration demonstrates the clear potential for digital screening to strengthen support and early intervention pathways in a way that is acceptable to parents.
- Early evidence suggests that national expansion of digital screening may represent good value for money, particularly given its capacity to generate near real-time, actionable data. However, data limitations, such as lack of standardised national screening data, postnatal data, and referral tracking hinder full evaluation of the NPMHC's efficiency and value for money. Continued investment is needed to strengthen data systems and support long-term monitoring and policy development.

Impact

The impact domain assessed the progress of the PMHWP and the NPMHC towards achieving their intended short-, medium-, and long-term outcomes and the key factors influencing outcomes.

The PMHWP has expanded access to nationally available services, supported by public awareness initiatives and high-quality training for healthcare professionals. The NPMHC has strengthened access to screening and is focused on establishing infrastructure to support long-term, data-informed improvements in screening practices and policy.

The initiatives have extended the reach of screening and services to priority groups, including fathers, First Nations and CALD families, and those living in rural and remote communities.

Although program-level outcome data was not available, stakeholder feedback, satisfaction ratings, qualitative evidence, and evaluations conducted by some organisations suggest that PMHWP services are likely contributing to improved mental health outcomes for parents. These insights underscore the need for robust measurement frameworks to assess impact.

A difference-in-difference analysis[6] using HILDA longitudinal survey data revealed statistically significant gains in health-related quality of life and self-reported mental health following implementation of the PMHWP.

The NPMHC has enhanced access to screening, increased public awareness, and initiated the development of a national perinatal mental health dataset. However, variations in data collection and reporting across jurisdictions limit national comparability and pose challenges for service planning.

Digital technologies have been key enablers in improving reach and accessibility across both programs. Shared barriers included inconsistent data collection practices, which constrain outcome evaluation, and a recognised need among healthcare professionals for further training in best practice perinatal mental health care.

PMHWP

- The PMHWP has made notable progress toward its intended outcomes. It has expanded national access to perinatal mental health services, reaching all states and territories with service uptake broadly reflecting the perinatal population distribution. The Perinatal Mental Health Week awareness campaign, led by Gidget Foundation Australia since 2020, has created around 4,100 digital graphic assets in collaboration with 56 partner organisations across the sector, including PMHWP-funded organisations. The campaign has been supported by widespread media coverage and digital outreach to raise awareness of perinatal mental health. PMHWP initiatives have also strengthened health system capacity by providing healthcare professionals with training and resources that have received high satisfaction ratings.

> *"We are talking about perinatal mental health and its impacts ... and that is a very good thing!"*
>
> **PMHWP organisation stakeholder**

[6] A statistical method to compare changes over time to estimate the impact of the introduction of a program

- PMHWP funded activities have begun achieving national access across stepped care levels (Figure 3). Participation largely aligns with population distribution, with the majority of parents and family members accessing services in NSW (32%) and VIC (26%), with limited access in SA, ACT, TAS, and NT. There is scope to increase access to funded services in jurisdictions to address specific service gaps.

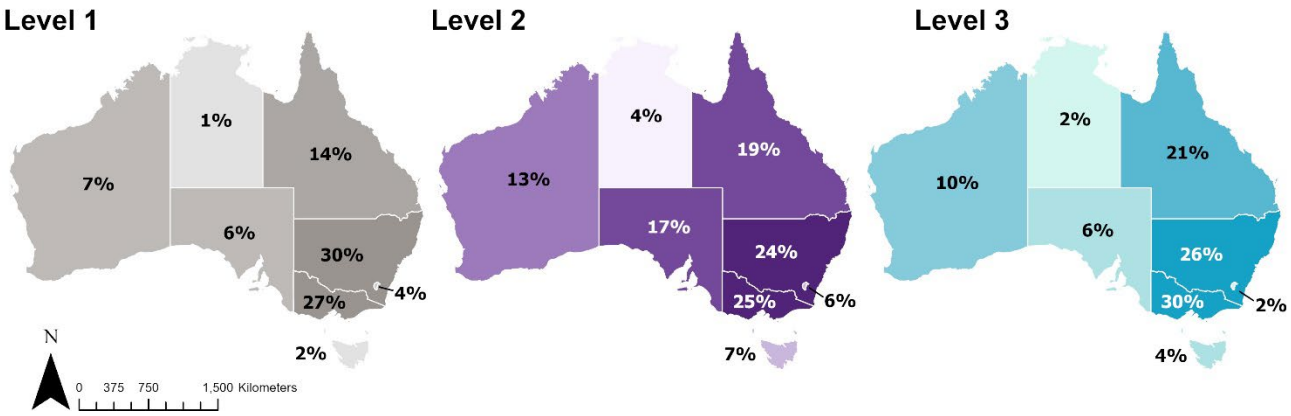


Figure 3: Coverage of PMHWP activities according to stepped care levels

- Reach to priority groups varied across the funded programs, with participation in programs not specifically designed for these groups ranging from 1% to 11% for fathers, 4 to 18% for First Nations parents, 5% to 33% for CALD parents, and 7% to 31% for those in rural and remote areas. This variation is promising and reflects the importance of continuing targeted engagement. The programs supported parents across both antenatal (22% to 60%) and postnatal stages (11% to 77%).

- Program-level data was not available to assess the intended outcome of improved mental health for expectant and new parents experiencing, or at risk of, perinatal mental health issues. As noted throughout this report, the absence of a standardised approach to data collection and reporting across funded organisations is a critical gap in program delivery. However, there were promising indicators. While most organisations did not collect mental health outcome data, those that did observed significant psychological distress at intake and improvements post-engagement.
- The program has contributed to the national evidence base, with at least 34 peer-reviewed publications and 10 in-house service evaluations completed, and additional outputs in progress at the time of the evaluation.
- Key enablers of the PMHWP were cross-sector collaboration, consumer co-design, and digital technologies that improved reach and accessibility. Barriers such as short-term funding, competition for funding, and inconsistent data collection practices limited future planning, collaboration, and the ability to evaluate outcomes across the program.

NPMHC

- The NPMHC has made progress in achieving its outcomes by improving access to screening, data availability, and community awareness of perinatal mental health issues, though challenges persist.
- The program has laid the groundwork for a national perinatal mental health dataset, though inconsistent data collection and reporting practices across jurisdictions have limited progress. Although the recommended EPDS screening tool is used in all jurisdictions, variations in how data is recorded and reported hinder national comparability.
- Available AIHW data (up to 2022) showed high antenatal screening rates between 2020 and 2022 in public maternity services in NSW (93%) and in public and private maternity services in QLD (75%), TAS (58%) and the ACT (52%). Screening in private services was lower than in public services across all states that provided data (Figure 4). Although these data do not reflect current screening rates due to the delay in making collected data available, they mark important progress towards establishing a comprehensive national resource.
- Significant EPDS data gaps remained in postnatal screening, partner data, and referral tracking, limiting the evidence base for service planning and policy development.
- Available data from QLD, TAS and ACT (between 2020-2022) showed that women born overseas and those aged 35+ were significantly less likely to have screening data compared to Australian-born women and those aged under 24 years. Mothers in regional and remote areas had significantly higher screening rates than those in major cities While these findings may not reflect current screening practices or trends, they highlight the importance of data collection and timely reporting to ensure equitable access to screening. Aggregated data limited further analysis; for example, higher coverage in priority groups may reflect greater use of public services. Access to individual-level data or less aggregated data would help to clarify screening patterns and identify groups at greater risk of depression.

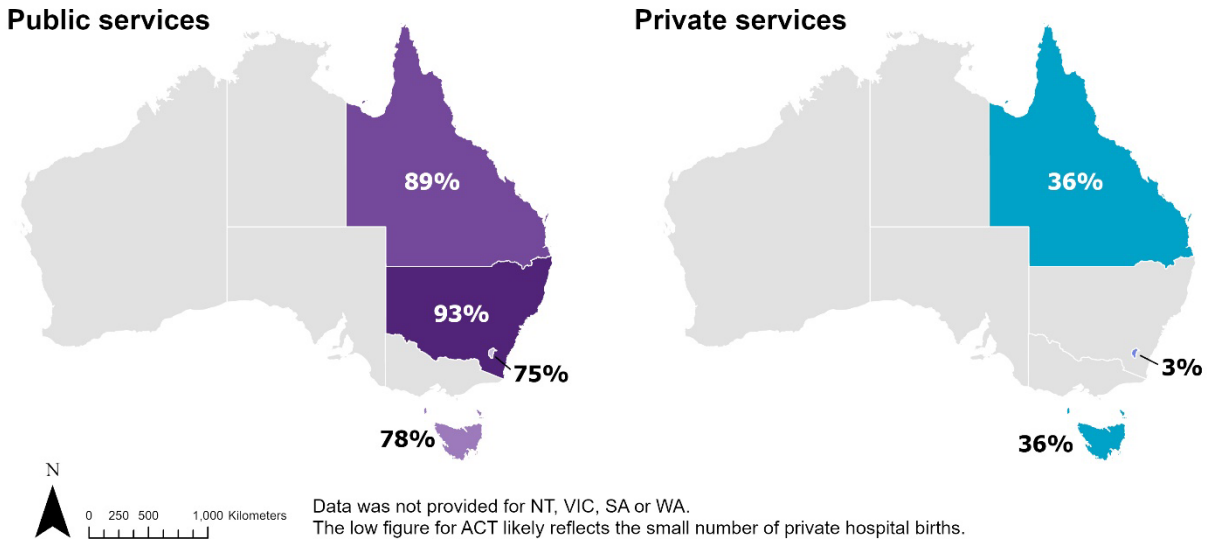


Figure 4: Percentage of women with EPDS screening data by sector and jurisdiction

- The iCOPE platform has been in use to varying degrees across six jurisdictions, with uptake more common in public and antenatal settings. Screenings in languages other than English had increased from 2018 to 2024, with 25 languages currently available.
- The COPE #thetruth campaign and Ready to COPE resource have achieved wide reach and strong engagement. with more than 1.5 million campaign views and more than 75,000 app/email subscribers. Many parents rated Ready to COPE was as helpful in providing emotional support and reducing feelings of isolation. This underlines the interest in, and need for, perinatal mental health support of this type. There are opportunities to better support parents with additional or unique needs in future app development through tailored content or features.
- Key enablers for NPMHC outcomes included flexible funding via Bilateral Schedules to support local approaches to universal screening and data collection, smooth data transfer from iCOPE to AIHW, improved clinical practice through digital screening, and the availability of Ready to COPE for parents.
- Digital infrastructure challenges and administrative burden continue to pose barriers to full implementation and impact of the PMHp. Specific issues involved integrating digital platforms into existing IT systems, concerns around data governance and sovereignty, and the need for secure data sharing agreements.
- Some clinicians raised concerns about the suitability of digital screening for some populations and the complexities of managing psychosocial risks identified during screening.

Sustainability

The sustainability domain focused on long-term viability and system-level impacts of the PMHWP and NPMHC. It examined how program funding has strengthened organisational and stakeholder capacity, particularly in delivering perinatal mental health support and consistent digital screening, data collection and reporting. The evaluation also considered the evolution of governance, policies, and processes to improve culturally safe and inclusive access – especially for First Nations and CALD parents.

For the programs to be sustainable, data collection to ensure allocation of resources in a way that meets population needs is essential. Consistent outcome data reporting and dedicated funding for evaluation is important to improve quality and service responsiveness.

Currently there is no data collection system in place to track follow-up or outcomes across screening or service provision. Continued investment is needed across both programs to standardise data collection approaches.

The commitment to tailored approaches, including co-design and providing screening and resources in multiple languages, has laid a strong foundation for continued improvements in culturally safe access to care for First Nations and CALD parents.

For the PMHWP, investment is needed to ensure service availability is aligned with population need, support universal perinatal mental health promotion, scale service delivery, strengthen support for priority groups, and address workforce gaps through capacity building.

For the NPMHC, the priority is to strengthen data systems, including digital infrastructure and cross-jurisdictional alignment of data variables, to support long-term monitoring, service planning, and policy development. In healthcare settings, implementing national guidelines – including postnatal screening and screening for fathers and non-birthing partners – remains a central focus.

PMHWP

- PMHWP funding had boosted organisational capacity to deliver perinatal mental health support, with funded organisations describing examples of enhanced systems and processes, digital innovation, flexible service models, and strengthened governance. Collaborative partnerships were developed, enabling shared learning, improved referral pathways, and integration of perinatal loss perspectives into broader service delivery.

> *"As a result of the additional funding for PMHWP, we have been able to leverage the perinatal mental health partnerships to improve collaborative care within the perinatal mental health landscape, focusing on improving systems and processes to support warm handovers, shared messaging, and continuity of care."*
>
> **PMHWP organisation stakeholder**

- Funded organisations made concerted efforts to understand and address the needs of diverse groups and enhance their access to culturally appropriate perinatal mental health care. Three organisations adopted targeted approaches for priority groups, including fathers, First Nations families, and young mothers. Others extended their reach to rural and remote communities, CALD populations, and parents who experienced perinatal loss, with varied engagement across stepped care levels. All organisations showed a strong commitment to consumer co-design, actively involving people with lived experience and peer workforces in service development. Continued investment in co-design, along with attention to other underrepresented groups such as families with disabilities and LGBTQIA+ parents, is crucial to ensure services remain inclusive, responsive, and culturally safe.
- Future delivery of the program could benefit from stronger collaboration frameworks through neutral leadership and embedding of collaboration requirements into the design of funding models and agreements.
- Stakeholders raised concerns about the ongoing availability of services for parents with moderate-intensity mental health care needs. While the PMHWP supports an integrated stepped care model, levels 2 and 3 were considered by some to be underdeveloped, leaving a 'missing middle' who requiring more intensive support than primary care but do not meet criteria for specialist services.
- Similarly, concerns were raised about access to services for individuals with severe and complex mental health conditions, such as perinatal psychosis, particularly in some regions remain limited. While outside the scope of this evaluation, addressing these gaps requires system-level responses.
- Persistent challenges such as workforce shortages, fragmented services, and limited family-centred models require targeted funding to build capacity, integrate infant mental health, birth trauma and perinatal loss, and ensure genuine co-design with communities.

NPMHC

- NPMHC funding has strengthened stakeholder capacity to deliver digital perinatal mental health screening, particularly in antenatal settings. Findings from a survey of healthcare professionals who used the iCOPE platform provided indicative evidence of the potential and acceptability of digital screening platforms. However, a more coordinated national approach is needed to ensure consistent screening, data collection and reporting practices across both antenatal and postnatal periods.
- Efforts to improve culturally appropriate screening are underway, with iCOPE's inclusion of tools in different languages increasing uptake among CALD mothers. Some jurisdictions have begun validating and implementing culturally appropriate screening tools for First Nations women, but broader embedding of inclusive approaches is still needed. For CALD families, culturally tailored approaches beyond translation including audio and visual formats, are essential to enhance accessibility.
- Current maternity care models limit systematic screening of fathers and non-birthing partners. While tools like iCOPE exist, new engagement strategies outside traditional maternity settings are needed. Routine screening and data reporting for these groups should be embedded in health services. While post-screening data about parent referral or mental health outcomes is currently unavailable, integrated prompts within digital platforms show promise for improving referral pathways. Ensuring timely follow-up care and tracking outcomes remains critical to strengthening service impact.
- Future funding should prioritise standardising data collection and linkage, strengthening culturally appropriate and postnatal screening approaches, and investing in workforce training, particularly in relation to responding to psychosocial issues raised during screening, including risk of self-harm and FDSV disclosures. Future national efforts should also address key knowledge gaps about outcomes

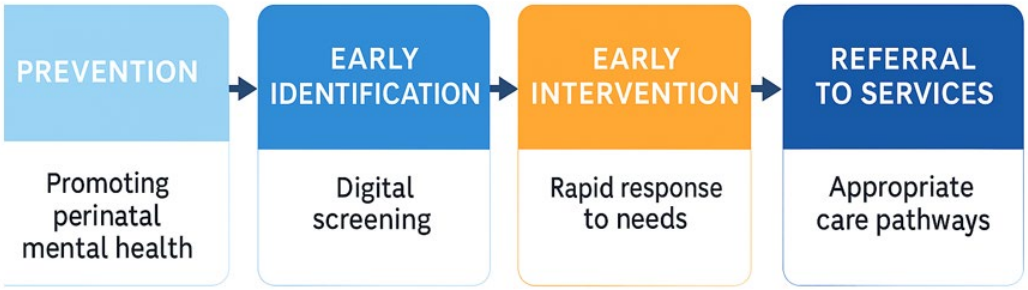
of screening by evaluating referral pathways and assessing the impacts of screening on clinical outcomes and program effectiveness.

Cohesion

Towards a cohesive perinatal mental health system

Complementary contributions of PMHWP and NPMHC

- The PMHWP and NPMHC are distinct but complementary initiatives that contribute to an integrated perinatal mental health system – PMHWP through service delivery and workforce capacity building, and NPMHC through universal screening and data infrastructure. Their shared goals and intended outcomes – raising public awareness and understanding of perinatal mental health concerns, prioritising prevention and early intervention, improving access to screening, information, and support services for expectant and new parents, and promoting inclusivity through targeted initiatives for priority groups – are strongly aligned.
- Together they are designed to offer a continuum of care—from prevention through to early detection via digital screening, early intervention and referral to appropriate services. This alignment supports a comprehensive and integrated approach to perinatal mental health, recognising that screening must be underpinned by accessible, responsive services. Conversely, service availability without systematic and effective identification limits reach, equity, and impact.



- When implemented together, the PMHWP and NPMHC represent a strategic and coordinated approach to perinatal mental health care. By integrating screening, service delivery, data collection, and culturally responsive practices, these programs contribute to the development of an integrated perinatal mental health system (Figure 5).

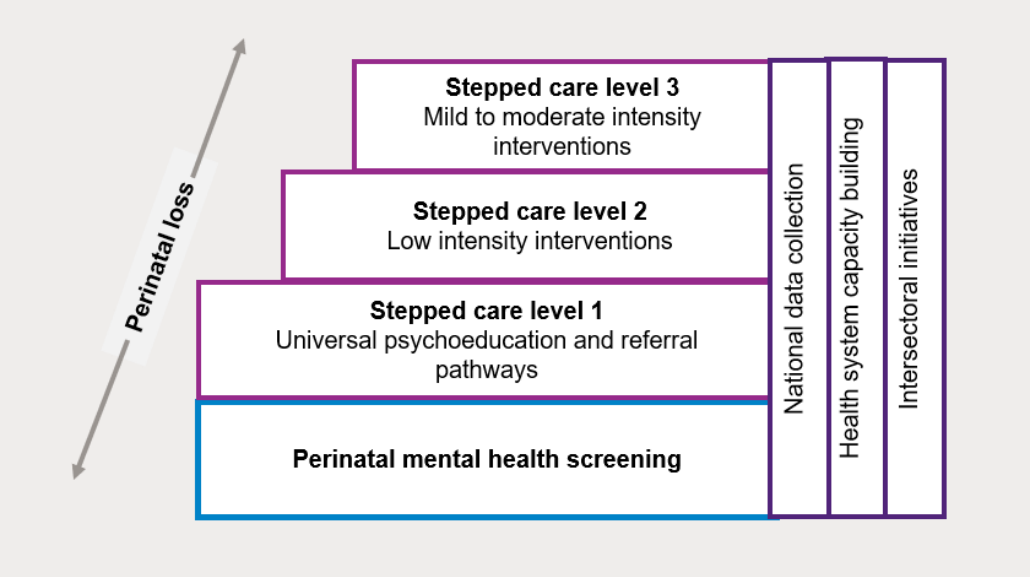


Figure 5: PMHWP and NPMHC within an integrated perinatal mental health care system

- This approach is underpinned by a shared commitment to data-driven decision-making and collaborative governance between the Commonwealth and state and territory governments, enabled by the Bilateral Schedules. The integration of digital screening tools, national data systems, and coordinated referral pathways is central to this vision.

> *"This program is about not just improving screening, but... getting data and evidence to actually be able to get a national picture of what is happening and recognising the gaps..."*
>
> **Commonwealth representative**

Strengthen integration of screening, referral and treatment pathways

- While screening is a critical first step in identifying perinatal mental health concerns, effective follow-up is essential to ensure appropriate care – this is a fundamental principle of any screening process. There is a need to bridge the current gap between screening and referral. Technology can facilitate secure, streamlined, and timely referrals, reducing the burden on parents to find support and to repeatedly recount their experiences.
- There are clear opportunities to strengthen integration between funded services and digital screening initiatives. For example, funded organisations like PANDA and ForWhen have developed strong referral and navigation systems. This infrastructure and expertise could play a central role in bridging the current gap between screening and appropriate care, acting as a single point of contact for parents and addressing clinician concerns about follow-up.

> "There is no point in screening if you don't have services to refer to"
>
> **Jurisdictional stakeholder**

- There are also opportunities to integrate screening pathways with treatment by automatically offering nationally available programs – such as PIRI's MumMoodBooster and the more recently government-funded DadBooster – to parents who meet thresholds for concern. This could provide immediate access to evidence-based online support as a primary intervention, a bridge while on waitlists, or a standalone treatment.

Embedding integration at the point of contracting

- There were missed opportunities to embed integration mechanisms between the PMHWP and NPMHC during the contracting phase. These lessons could inform future program delivery and outcomes. For example, digital screening platforms could link directly to referral pathways by offering opt-in prompts or access to helplines such as PANDA when a high-risk score is recorded.
- Lack of integration has resulted in underutilisation of digital tools in referrals, which could otherwise support early intervention and continuity of care. Embedding integration requirements into future Commonwealth perinatal mental health screening grant processes and contracts would help align digital tools and services from the outset.

Opportunity for screening data to inform service planning and future funding

- National reporting on screening to inform improvements to service delivery was an NPMHC objective not yet achieved. Screening data can inform planning across the perinatal and infant mental health continuum by identifying who benefits most from different services, enabling tailored service planning. It can identify areas of clinical risk or unmet need, inform funding allocations based on postcode, service type or clinical criteria, and promote equity by aligning resources with demand. Screening data linked to health service use also supports cost-effectiveness analyses of interventions to guide evidence-based resource allocation. At the organisational level, PMHWP-funded organisations could use digital screening tools to assess outcomes and drive continuous improvement.
- To support continuous improvement and accountability, there is an opportunity over the longer term to track patient journeys over time across PMHWP-funded services using screening data. This could include screening scores, GP referrals, service access, and treatment outcomes. This will support long-term planning through outcome measurement over time. There is also potential to link AIHW data to broader service use data such as MBS/PBS rebates and jurisdiction-based hospital data to evaluate service effectiveness and cost-effectiveness.

Coordinating healthcare training to enhance system integration

- Ongoing training combined with system- and organisational-level support is essential to equip healthcare professionals with the skills and confidence to support parents with diverse and complex needs, particularly in areas such as FDSV and trauma disclosure. Workforce shortages and resourcing were identified as major barriers to service access and provision in some jurisdictions.
- Clinician engagement is essential to ensure implementation approaches are appropriate for their settings and populations and that clear and suitable protocols are in place for responding to psychosocial risks.
- PMHWP-funded organisations such as PIPE-MC, BCYR and Red Nose provide healthcare professional training, education and consultation to support them in perinatal mental health care. While not funded under PMHWP, COPE has also developed free Continuing Professional Development (CPD)-accredited short courses on identified areas of need such as trauma disclosure and supporting parents on service waitlists. Future program design would benefit from recognition and integration of training and education resources to enhance their reach and uptake, avoid duplication, and ensure a more consistent and accessible approach to workforce development.
- These courses and other training opportunities could be expanded to reach a broader workforce. This presents an opportunity to strengthen cohesion by developing a more coordinated training framework

that aligns with national guidelines and accessible across jurisdictions and service settings. Recommended strategies include access to training resources via a centralised portal, and developing tailored training streams for different roles, aspects of care, or populations – while maintaining consistent foundational content.

Conclusion

Perinatal mental health requires specialised approaches that are distinct from broader mental health programs and that recognise the unique experiences and challenges of pregnancy and early parenting.

The PMHWP and NPMHC are complementary, nationally scalable programs whose strategic goals together form a strong foundation for an integrated, evidence-based perinatal mental health system in Australia. Their shared focus on prevention, early intervention, national reporting, and support for priority populations has shown promising early results.

To build on this momentum and fully realise their potential, these programs need ongoing coordination, investment, and alignment. There are opportunities to strengthen the connection between them to improve access to timely and appropriate care for parents.

Access to high-quality data is vital for monitoring progress and evaluating impact to ensure future efforts are evidence-informed and responsive to community needs.