

Te Pūrongo ā-Tau Annual Report

2020-2021

Formerly known as the Perinatal Mental Health New Zealand Trust

www.pada.nz



E tūtaki ana ngā kapua o te rangi, kei runga,

kei runga te Mangoroa e kõpae pū ana.

The clouds in the sky close over,

but above them spreads the milky way

Did you know?

New Zealand has around 60,000 births a year

40-60% of those are unplanned

40% of those experiencing postnatal distress will have experienced antenatal distress

That's 7000 mums, 3000 dads and 12,000 children affected in some way

750 perinatal related mortalities, approximately 20,000 miscarriages and 14,000 terminations



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Left: PADA staff members Stefanie Dixon, Treena Cooper and Denise Graham. Right: PADA Kaumātua Jo Rama.





Bice Awan, Secretary, Te Whanganui-a-Tara

As Skylight founder/CE and past Mental Health Commissioner, I was touched by the need for services to support those where being pregnant and facing parenthood can be difficult. Perinatal mental health was of particular interest to me as it appeared there was no consistency of services.

As a national body, PADA can work with leaders to make a difference to the quality of lives for infants, parents, family/whanau and all those connected with them. I bring this expertise, together with executive leadership and governance experience to PADA to work with the passionate and capable team.



Carrie Cornsweet Barber, Waikato

I was working as a child clinical psychologist when, after two miscarriages, I was 26 weeks into my third pregnancy and finally feeling comfortable, like this one much be ok... then I started having contractions, and ended up in the hospital, and then on bed rest at home (out in the country, alone) for two months.

It all turned out ok - my son decided to stay in there as long as possible and eventually had to be extracted by caesearean, but it was the first step on my path toward an interest in helping other women cope with stress and distress during pregnancy and in early parenting. I now train aspiring psychologists and work on developing tools to help new parents cope with the challenges they face.



Clare Barnett, Waikato

Tēnā koutou katoa Ko Kapukataumahaka te Māunga Ko Mata-Au te Awa

Ko Waterman te Waka,

KoTerpstra tōku tupuna Tatimana, ko Moorhouse tōku tupuna Ingarihi

Ko Otepoti te kainga tuatahi engari nō Kirikiriroa ahau inianei..

Ko Clare Barnett tōku ingoa.

Nō reira, tēnā koutou, tēnā koutou, tēnā koutou katoa.

My passion for maternal and family mental well being started with the story of how the rhesus factor affected my mother's birthing history, and my own birth. This thread continued in my nursing where I first noticed the stigma of mental health compared with how we talk about physical health. Working as a midwife also gave me greater insight into how maternal well being affects family and baby well being, and the vital role we all play in supporting women and families as they navigate pregnancy, birthing and parenting. I now weave these understandings into my role as a counsellor, specialising in supporting women and families through perinatal distress, and in my education support of student midwives at WINTEC.

I am delighted to be on the PADA Board. I have previously been involved in PADA education and advisory support and totally believe in the strategic importance of the work PADA does within Aotearoa/New Zealand. I am in awe of what this organisation has managed to achieve in such a short time, with a typical Kiwi 'can do' attitude on limited resources. PADA's strong leadership team, ability to gather expertise in the area of perinatal mental health, and commitment to debunk mental health stigma's and to break-through information and resource barriers is the reason I choose to give my time and energy to the work they do.

PADA's mission is to eliminate the stigma around perinatal mental health in New Zealand by championing awareness and facilitating best practice in perinatal mental health



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Leigh Bredenkamp, Chair, Te Whanganui-a-Tara



I welcome the opportunity to further promote the mental health of women and men during the pivotal time when whānau welcome a new baby into their lives. Through PADA, I continue to work to strengthen the awareness of mental health issues which can affect whānau when they are expecting a new baby or when they have young children. I believe the health and wellbeing of whanau of all cultures, ethnicities, religions and compositions is crucial for society to thrive. And for whānau to thrive, communities need to be educated, supported and well resourced. I would like to see mental illness normalised so that everyone can feel free to ask for - and receive - help in a timely and non-judgmental way. I have worked in the field

of communications for over thirty years, initially as a journalist, then editor and then as a communications advisor. Currently I am editor of Accent on Shakespeare magazine and am the Communications Advisor to the Midwifery Council.



Rona Carroll, Te Whanganui-a-Tara

I am a youth health GP working at Student Health at Victoria University, Wellington. My special interests in this role are mental health, sexual health and transgender healthcare. I am also a parent of three children and have spent many years supporting parents with breastfeeding.

The more breastfeeding support I did, the more I saw the close interaction with mental health, and these interests combined to lead me down the path of learning more about maternal and infant mental health. I completed a postgraduate certificate in perinatal mental health and trained as a circle of security facilitator.

I see a need for more education and understanding about perinatal mental health in health professionals and I am proud to be part of PADA who are continuously striving to achieve this.



Joanne Rama, Treasurer, Tāmaki Makaurau

Ko Joanne Rama taku ingoa Ko Pirongia taku Maunga Ko waipapa taku awa Ko kahotea taku marae Ko Ngati Hinetu taku hapu Ko Ngati Apakura taku iwi Nga mihi mahana ki a koutou

I am the partner of John, mother to 11, godmother of 2, and Nanny Jo to 13 mokopuna. I am a daughter, sister, aunty, and cousin to many. I graduated as a registered nurse in 1990, and as a midwife in 1992. I was one of the first LMC Māori Midwives to practice in South Auckland and spent 18 years providing care for Māori whānau, during this time I was a founding member of Putea o Pua trust that created what is now know as Turuki Health Care in Mangere. I was Hapūtanga Kaiārahi for Ngati Whatua ki Orakei 2014- 2020 and I also helped establish Nga Maia which is the National Māori midwives organisation.

My passion was and still is to restore traditional Māori birth knowledge and wisdom to whānau. My other passion is Maternal Mental Health. I have lived experience with perinatal depression as do my daughters and nieces. I also work as a alcohol and drug professional at the social detox at The Auckland City Mission, I contract to ADHB to provide community, pregnancy and parenting programmes. I am excited about supporting PADA to continue shining the light on the dark little corner of Maternal Mental Health through the creation and provision of our Hine Tu Hine Ora program. I am the current Kaumātua and Cultural Advisor to PADA.



Brendon Smith, Tāmaki Makaurau

As a new Dad, working full time, Brendon was struggling while trying to help his wife and two young babies. He sank into depression soon after taking over as 'at-home dad' and reached out for help. There wasn't much. Having been to antenatal classes, he'd heard the term postnatal depression, but didn't understand it. He didn't like going to work and didn't want to see friends.

Brendon began recovering when he found a Father and Child magazine and soon become a support worker for other dads. He runs a DadzKare support group in Auckland and helped develop the Why Dads? resource for new or expecting couples. He is now CEO of Kidz Need Dadz NZ.



Mai i te Toihau / Chairperson's Introduction

Tēnā Koutou Katoa. Kia Kotahi Kī. We invite you to celebrate with us another successful - if somewhat unusual - year with the Board and Staff of Perinatal Anxiety and Depression Aotearoa – PADA.

We have enjoyed a welcome period of Board stability for the past two years - Bice Awan, Clare Barnett, Carrie Cornsweet Barber, Leigh Bredenkamp, Rona Carroll, Joanne Rama and Brendon Smith continue to serve as PADA Board members.

Dr Rona Carroll stepped down from the Board at our previous AGM, and has helped us to establish a Clinical Advisory Group. Joanne resigned from board 14/2/21 to become the first PADA Kaumātua. The skills and connections of our Board members provide an impressive depth of clinical experience upon which to draw. It is heartening to see a number of plans that we have been working on finally come to fruition.

We reappointed the following people to leadership roles:

Chairperson - Leigh Bredenkamp Deputy Chair - Carrie Cornsweet Barber Treasurer - Joanne Rama Secretary - Bice Awan

Strategic leadership days

The Board has held two strategic planning sessions during this financial year - the first at Ōrākei Marae on 14 November 2020, and then in Wellington on the 14th and 15th of February 2021.

We re-evaluated our mission and vision statements and worked on our strategic goals in line with our Te Tiriti obligations. The appointment of Joanne Rama as our first Kaumātua was a welcome milestone, and a clear way to demonstrate our clear commitment to becoming a truly Te Tiriti honouring organisation.

As a Board, we are working hard to continue our own governance development and have put effort into updating and working through various policy documents to ensure we are both compliant and professionally accountable at all levels.

Members of the Board donate their time as their positions are all voluntary. Whilst this does take many hundreds of hours each year, it is a cause about which we all care deeply and believe that the investment in whānau health is worth it and will pay dividends many times over.

We were sad to say farewell to Dr Rona Carroll who resigned from the Board at the 2020 AGM. Rona joined the Board in 2018 and has added immense value as a GP with a particular interest in perinatal mental health, young parents and issues affecting the rainbow and transgender communities. Rona will continue to support PADA by being a member of the Clinical Advisory Team.





Developing our Te Tiriti honouring capability

The Board chose to focus on developing our Te Tiriti o Waitangi commitments over 2021 and into 2022. Members of the Board and Staff attended a two day Beyond Diversity workshops run by the Courageous Conversation South Pacific Institute. These workshops presented attendees with valuable insights on how to recognise and address issues of institutional racism and the impact of colonialism on Tangata Whenua.

We were honoured to host the first Māori Maternal Mental Health Hui in November 2020. Attendees travelled from around Aotearoa to hear impressive presenters like Dr Maria Baker, Prof Helen Moewaka-Barnes and Dr Hinemoa Elder. A highlight of the day was a presentation by Camille Harris and Waimarie Onekawa who starred in the TV series 'My Māori Midwife'.

PADA is committed to holding an annual hui to focus on mental heath issues affecting Māori during the perinatal period.



Resources used by Joanne Rama in the Hapū Wānanga, Whai Māia at Ngāti Whātua Ōrākei Marae.

Planning for the future

Funding and sustainability remain a focus for this Board as we look to develop income streams that will make PADA less dependent on grants and donations. There are many demands on the charity dollar, especially as the pandemic has created new challenges and we know that we cannot rely on this form of income indefinitely.

For this 2020-21 Financial year, PADA has moved up from a Tier 4 to a Tier 3 registered charity. This shows the growth and progress of PADA over the past ten years and means we now work using accrual accounting and have over \$125k but under \$2m of annual operating expenses. This has put an additional load on the staff to upskill and comply to new reporting and accountability requirements.

We have continued to actively build relationships with other individuals and organisations working in the perinatal mental health sector. Board members regularly attend key meetings with staff and advocate for PADA through their own contacts and networks.

The Board is indebted to the office team led by General Manager Treena Cooper. Especially in a time when the world is faced with managing a pandemic, our staff has proven flexible, resourceful and resilient. Within a week of being placed into lockdown in March 2020, the team had arranged the first PADA popup chat - a vital way for people in isolation to keep in contact and grow their knowledge and skills about a range of issues affecting whānau during the perinatal period. Read more about these on page 20 of this report.

We recognise this is a highly effective and dedicated team who are the beating heart of PADA. We owe so much to them for the energy, passion and commitment they show, as well as the support they give to the Board.

I would also like to acknowledge and thank my fellow Board members. During a year when we all faced additional pressures both professionally and personally, every person rose to the occasion and invested time and energy into PADA to ensure the organisation continued to meet the emerging needs of whānau during a pandemic. We have an amazing organisation and I consider myself fortunate to work as part of the PADA team.

Ngā manaakitanga, hei konā mai

Leigh Bredenkamp, Chairperson

PADA Board: Bice Awan, Carrie Cornsweet Barber, Clare Barnett, Rona Carroll, Joanne Rama and Brendon Smith



PADA Kaimahi / PADA Staff





Treena Cooper, General Manager

I first started at PADA in 2013 as the Administrator, and have been pleased to be promoted to Operations Manager in 2015 and General Manager in 2019. Before I worked at PADA I was a stay at home mum to two boys who are now growing teenagers, and prior to that, a Corporate travel consultant which gives me strong organisational and people skills.

In my role as General Manager I liaise with the board, oversee the staff and office operations, connect with stakeholders, and organise the PADA seminar series.

Stefanie Dixon, Communications Manager

Having been affected with PND after the births of my children, I volunteered for Little Shadow (formerly PND Wellington) in order to create online networks for mothers to connect with and support each other. I combine this experience along with my background in corporate, finance, fundraising, Playcentre Aotearoa and NGO work, with my passion to end stigma around maternal mental health. Perinatal distress affects the whole whānau and wider community, and I love working with the team at PADA to embrace the power of social media to connect, and equip healthcare providers to improve outcomes for lives of whānau affected throughout Aotearoa. Originally from the UK, I now live in Wellington with my kiwi husband and two primary school aged children.

Denise Graham, Fundraising Manager

I am responsible for coordinating PADA's fundraising activities with a focus on grants, events and sponsorship. I have a background in corporate and business management, finance and fundraising - these skills contribute to the amazing work that PADA does throughout Aotearoa. It's great to be part of a team who are committed to raising awareness and delivering quality services to new parents suffering anxiety and depression.

I have three children and lots of grandchildren who are an integral part of my life and every spare moment is spent with them. My husband and I own a bakery which also keeps us both very busy. I enjoy boating and fishing, cooking, gardening and writing stories.



Sharon Vaka, Finance Coordinator

My role as the Financial Co-ordinator is a part-time role of 5 hours per week. I am responsible for all things Financial. My background is in Hospitality Management which has taken me to many corners of the world. I now specialise in Accounts Management and Human Resources for a variety of small and medium businesses.

I am also mum to two precious primary school aged children. I am excited to transfer my skills to a PADA which is making a positive difference in the life of Kiwi families.

PADA's vision is to eliminate the stigma around perinatal mental health in New Zealand



Mai i te Tumuaki / General Manager Introduction



It has certainly been a very mixed year! With the Level 4 COVID lockdown happening 25 March 2020, this paid heed to the PADA seminars organised to be held in the coming weeks in Hamilton, Palmerston North, Porirua, Greymouth, Christchurch and Auckland (Hui).

These were able to be rebooked for later in the year which meant a busy end to 2020, and a busy start to 2021 with seminars held in Dunedin, Nelson and Napier, giving a total of 8 seminars and the very first Māori Perinatal Mental Health Hui.

Key Opportunities

The seminars were attended by nearly 400 healthcare providers across Aotearoa learning about different perinatal topics which means nearly 40,000 whānau will receive more effective screening, questions being asked confidently and referrals to suitable services.

Thankfully, PADA uses cloud-based applications so we could set ourselves up and work remotely from home.

During lockdown, anxiety and depression around birthing increased, so it was important to remain connected to the healthcare providers supporting parents during this very unsure time so we developed the online PADA Popup chat series. This is a series of 22 recorded live, 45 minute Zoom chats talking about different perinatal topics. These were attended live by over 700 people and the recordings viewed by close to 3000 people.

The Hui in Tāmaki Makaurau Auckland was the first ever Māori Perinatal Mental Health Hui and it was an honour

for this to be held at Ōrākei Marae. It was attended by 80 people with the focus on whakawhanaungatanga and supporting Māori whānau. It was an amazing day in a beautiful location.

Written resources focusing on Pregnancy in a Pandemic, Breastfeeding and Perinatal Distress, Perinatal OCD and Supporting Māori Whānau were released, along with a video piece focusing on Babyloss.

Unfortunately. our fundraising events during Perinatal Awareness Week were cancelled due to COVID and the inability to social distance safely. We are very grateful for donations from Zonta for our PADA Educator Project; Give a Little pages set up by PADA supporters for various events from Baby Showers to Yoga classes; ongoing support from The Good Registry; and the Kristin Taylor Memorial fund.

We remain thankful to the many grant funders who supported PADA during the year enabling us to hold our seminars and create our resources; and to the large number of volunteers who donate their time to enable us to strive towards our mission.

Our operations team

Treena Cooper leads the team as General Manager working 15 hours per week overseeing the office management and PADA team, organising the PADA seminar series, board liaison, connecting with stakeholders and advocacy work. Denise Graham, PADA Fundraising Manager works 15 hours per week sourcing and submitting grant



Thank you Mel

Mel Byrne resigned from PADA in August 2020 after five years of stellar work as the Communications Manager. We appreciated Mel's dedication and innovative approach to here role and thank her for everything she did for PADA.



applications, completing grant accountability reports, and organising fundraising events. Sharon Vaka, PADA Finance Manager works 5 hours per week paying invoices, processing receipts, payroll, grant tracking and financial reports.

We were very sad to say goodbye to our Communications Manager Melanie Byrne, after five years of working with PADA. This was a new position that Mel had to develop and create the role, which included taking PADA on to social media, an interactive website and a database to connect with our audience. In June, we welcomed her replacement, Stefanie Dixon to the Communications Manager position who added to the role her social media, database and graphic design experience, working 15 hours per week.

PADA has now been in the Johnsonville office for five years and we are grateful to the grant funding that contributes to office related overheads such as insurance, electricity, telephone/internet and a portion of the rent. Having the office enables our four staff to continue to work from one office, increasing productivity and efficiency, resulting in us helping more people who are experiencing perinatal mental illnesses.

Without an office space the staff would work from their individual homes but working in isolation from one another would decrease our productivity, efficiency and morale.

By having an office our organisation has developed a greater community presence and it now acts as a hub for meetings regarding perinatal mental health, encouraging collaboration between our organisation and others in the field.

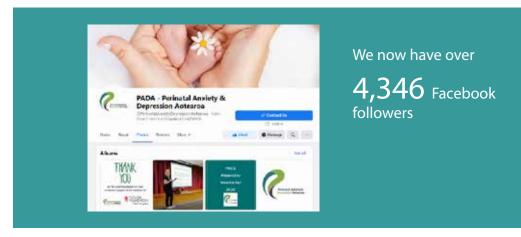
Seminar series

This financial year, our seminar schedule was disrupted due to the pandemic, but we managed to rechedule every event and many care providers were able to attend even in such turbulent times.

We organised seminars in Hamilton, Palmerston North, Porirua, Greymouth, Christchurch, Auckland, Dunedin, Nelson and Napier. Some of our seminars focusing on minority groups covering Māori and Pacific perinatal health, Grief and Loss, and the role of Fathers.

One of our aims with the seminars is to breakdown the stigma attached to people in these situations, leading to people experiencing less judgement and becoming more likely to reveal what they are really going through and seek appropriate help.

Nearly 400 care providers who are supporting multiple families affected by perinatal mental illness attended the seminars held by PADA around Aotearoa.





When participants leave each seminar, they are better informed and have strengthened their knowledge and skills to improve perinatal outcomes for their clients.

As a result of attending our seminars the care providers have more confidence in using screening tools (e.g. the Edinburgh Postnatal Depression Scale), leading to earlier referrals, a quicker recovery time for sufferers and better outcomes and less harm overall.

Evaluation forms from the seminars are overwhelmingly positive and show how important these sessions are to care providers.

PADA's profile was raised by being represented at the Mothers Matter breakfast at Parliament where Chloe Wright launched a video highlighting the high rates of maternal suicide in New Zealand. PADA recognises Perinatal Mental Health Awareness Week in the first week of May, close to Mother's Day. Unfortunately, this year due to COVID our events were cancelled.

The PADA board maintained consistency and is strongly represented by Dr Rona Carroll, Carrie Barber, Leigh Bredenkamp, Bice Awan, Brendon Smith, Joanne Rama and Clare Barnett. The PADA team is very appreciative of the time and expertise provided voluntarily by the board to achieve our mission and purpose.

PADA is proud of our website which is frequently updated with news and events relating to perinatal mental health and is now recognised as the go to place.

Social Media saw our Facebook followers increase to over 4,000, and we started actively using Twitter and created an Instagram account. Mel does a great job finding interesting and relevant information to post and share on these platforms. We have sent out a quarterly newsletter full of articles and information relating to perinatal mental health.

Our CRM database system, Fundraiser by Infosoft, is continually updated with new contact details from those who attend our seminars and events.

Treena Cooper, General Manager



Ten years ago, one woman, Rosie Smith, saw a gap and had a vision.

There was no national organisation for perinatal mental health in Aotearoa New Zealand. A brainstorming day was held in Te Whanganuia-Tara Wellington in June 2009.

This was attended by 30 representatives connected with perinatal distress issues from around Aotearoa New Zealand. A working group was formed and the Perinatal Mental Health NZ Trust was born on 3 Feb 2011.

Thank you to Rosie Smith, Susan Goldstiver, Harald Breiding-Buss, Donne McKelvey, Helen Ferguson, Denise Garcia for having the insight and ideas which enabled PMHNZ to become a registered Charity on 13 April 2011.

Thank you to all these amazing people who have donated their time over the past 10 years on the volunteer board: Rosie Smith, Denise Garcia, Laurette Longman, Kathryn Jenner, Justine Pack-England, Dr Kirsty Furness, Brendon Smith, Nimisha Waller, Jan Klausen, Kiri Hannifin, May Zhang, Bice Awan, Dr Carrie Barber, Leigh Bredenkamp, Joanne Rama, Clare Barnett, Dr Rona Carroll, Dr Mathanki Vivekandanda.

On 15 October 2015, PMHNZ rebranded to 'PADA – Perinatal Anxiety & Depression Aotearoa | Te mate Tuatea, me te mate Pōuri o Aotearoa' and shifted in to the office in Johnsonville, Wellington.

Thanks to the extraordinary staff who work tirelessly behind the scenes; Treena Cooper, Denise Graham, Stefanie Dixon, Sharon Vaka, Liora Noy. And past staff, Melanie Byrne, Olivia Neveu, Maka Bgoni, Lesley Withell, Gillian Ransom.

PADA has held 47 training seminars around Aotearoa New Zealand which is training over 2000 health care providers who are supporting parents during pregnancy, childbirth and early parenting.





2020-2021 Wānanga/Seminars



Taking off the Pressure, Supporting Mums with Breastfeeding and Postnatal Depression

Using e-CBT to connect Mums with evidencebased psychological interventions Anna Elders – Just a Thought

Perinatal Assessment and use of Edinburgh Postnatal Depression Score (EPDS)

Pregnant in a world of uncertainty: Supporting families through antenatal stress and distress Carrie Barber – University of Waikato



Pathways and Effective Screening

Kate Hicks – My Birth Story

A recipe for parenting: fostering resilience and enhancing connections with your child

Supporting Māori Whānau Joanne Henare – Whānau Ora Kaitautoko

PND Support Rose Allan & Fiona Kennedy – ACROSS Te Kotahitanga O Te

Perinatal Mental Health & Dads Luke Tiller – Kidz Need Dadz

Te Papa-i-Oea/Palmerston North 31 attendees







This seminar series, held throughout the country was again very successful. All seminars were well attended and feedback has been almost universally positive. All the seminars were different depending on the needs of that particular region. Participants who leave each seminar, have a better understanding of how perinatal mental health impacts on whanau and have strengthened their knowledge and skills to help improve outcomes for families in their region.



Impact of Maternal Trauma on Bonding Dr Sara Weeks *

Developing an LGQBTI Inclusive Practice Penny Wyatt & Fionnaigh McKenzie

Keeping the impact of infertility in mind Dr Brownyn Sweeney

Trauma-informed care of hospitalised infants, mothers and families: the role of Kangaroo Mother Care Dr Rebecca Bear Porirua – World Maternal Mental Health Day (Postponed from May) - October 2020 68 attendees





Māwhera/Greymouth – November 2020 37 attendees



Maternal Wellbeing/ Taking off the Pressure, Supporting Mums with Breastfeeding and Postnatal Depression Liora Noy – PADA Educator

West Coast Maternal Mental Health Pathway Vicki Piner – West Coast DHB

Development of an online AOD programme Peter Ashton & Robyn Atkinson – Rata Alcohol & Other Drugs Service

A Mum's Journey with PND Annie Wells

Brief Intervention Counselling Patricia Hsu – West Coast PHO





Supporting Clients during the Perinatal Period PIPS (Pregnancy Infancy Parenting Support) – Dahlia Xander Mother4 Mother Breastfeeding Support – Ruth O'Donovan Perinatal Wellbeing Canterbury – Erin Manning

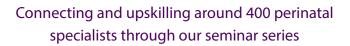
Maternal Wellbeing Liora Noy – PADA Educator

Growing Integrated Parents: Early Experiences, Parenting and Earned Security Jacqueline Harris & Kathryn Whitehead

PND & Dads Kidz Need Dadz – Brendon Smith

Afternoon session of screening techniques, ACT skills and roleplaying







Tāmaki Makaurau/Auckland – Māori Maternal Mental Health Hui November 2020

Dr Maria Baker Te Rau Ora

Dr Naomi Simmonds (by video)

Camille Harris & Waimarie Onekawa My Māori Midwife

Joanne Rama Matua Rautia/Tamariki Ora Team Whai Māia

Prof Helen Moewaka-Barnes

Mamatoa Sharing Stories of resilience

Chloe Wright When the DATA does not show the HURT

Dr Hinemoa Elder







Above: Attendees at the Māori Maternal Mental Health Hui at Ōrākei Marae in Tāmaki Makaurau.

Below left: Tāpuhi, Camille Harris and Waimarie Onekawa, as seen on the tv show 'My Māori Midwife', talked about how being tāpuhi Māori provides cultural practices to uphold the mana of the wahine and inclusivity of her whānau. By acknowledging how perinatal anxiety and depression presents differently in women from different cultures, they are seeing better results in Māori maternal wellness.

Blelow right: Dr Hinemoa Elder reasserted that wairua is key, calling our whakapapa to the birthing space is fundamental in the wellbeing of the whānau as a whole. Dr Elder compassionately spoke to the individuals in the room, calling them to take time and care for themselves, to nurture themselves in order to be able to support others outside of themselves.











Detection and Early Intervention for Perinatal Depression Emma Medeiros – Southern DHB

Perinatal OCD – a Peer Perspective Marion Maw & Angela Smart

The Breast Room[®] – our work with families Denise Ives – The Breast Room[®]

The Individual Experience | What do New Fathers Really Need? Heather McMonigle & Hamish Mepham – Catholic Social Services

Matrescence and Maternal Wellbeing Katy Jones – Plunket

Managing addictions during Pregnancy Maureen MacFarlane & Jocelyn Walker – AOD Southern DHB



Maternal Wellbeing: Taking off the Pressure Supporting Mums with Breastfeeding and Postnatal Depression Liora Noy – PADA Educator

Safeguarding children by attachment and child development knowledge and theory Willow Duffy – Safeguarding Children

Perinatal Support Nelson Harriet Denham

First 1000 days/Circle of Security Nicky Cooper – NMDHB Murchison











Kōkiri me hui / Advocacy and meetings

Maternal Wellbeing: Taking off the Pressure Supporting Mums with Breastfeeding and Postnatal Depression Liora Noy – PADA Educator

Safeguarding children by attachment and child development knowledge and theory Willow Duffy – Safeguarding Children

Perinatal Support Nelson Harriet Denham

First 1000 days/Circle of Security Nicky Cooper – NMDHB Murchison

- PADA staff and Board members are active throughout the year advocating for and raising awareness of issues affecting whānau experiencing mental distress during the perinatal period. Although COVID-19 has affected much work, some conferences and events attended by staff and Board on behalf of PADA include:
- November 2020 Denise Graham represented PADA at the Hutt Maternity Action Trust Forum to talk about advocacy and collaboration in the Hutt Valley region.
- February 2021 The PADA board came together in Wellington for a 2 day planning meeting to discuss the PADA Strategic Plan, to create a Māori Strategic Plan, and discuss setting up an Clinical Advisory Group.
- 22 March 2021 Treena Cooper and Liora Noy met with Paula Kimble at Te Hiringa Hauora/Health Promotion Agency to talk about how PADA can add value to the work they are doing in the First 1000 Days and Pasifika space.
- March 2021, Jo Rama, Leigh Bredenkamp, Treena Cooper, Stefanie Dixon and Denise Graham attended the Mothers Matter Breakfast at Parliament. Jo Rama was a speaker at this event.
- March 2021 Leigh Bredenkamp and Treena Cooper met with the Minister of Health the Hon Andrew Little and members of the Ministry of Health.
- March 2021 Leigh Bredenkamp and Treena Cooper met with the Associate Minister of Health the Hon Ayesha Verrall.
- March 2021 Leigh Bredenkamp and Treena Cooper met with Chlöe Swarbrick, Green Party.
- March 2021 Joanne Rama and Leigh Bredenkamp met with Tish Tahia at Nga Hau Mangere Birthing Centre.
- March 2021 Leigh Bredenkamp and Joanne Rama met with Huia Hanlen from the Brainwave Trust.



PADA at Parliament: Stefanie Dixon, PADA Kaumātua Jo Rama, Chloe Wright (Wright Family Foundation), Denise Graham, Leigh Bredenkamp and Treena Cooper.



Hine Tu Hine Ora



PADA was excited to announce our new workshop 'Hine Tu Hine Ora' – a six hour workshop that informs and inspires all those working with whānau Māori on providing culturally competent care.

Joanne Rama RN, RM is an enthusiastic educator who has created a workshop to enable providers to have brave and courageous conversations about culturally competent care.

Through funding from the Ministry of Women COVID-19 fund and the MSD - Community Capability & Resilience Fund, we were able to offer a contract to Joanne to facilitate Hine Tu

Hine Ora. So far over 60 healthcare providers have completed the training.

Joanne has been a nurse for over 30 years and has lived experience with perinatal mood disorder as do her daughters. She is passionate about reducing inequities and shining light on the issues whānau face when experiencing perinatal mood disorders.

New Zealand's rate of maternal suicide is seven times higher than that of the United Kingdom. Māori women experience an increased risk of suicide and are over-represented in the number of maternal suicides. Improving access to primary mental health services for all women with a focus on Māori women. (2019 Maternity report MOH)

Feedback from Hine Tu Hine Ora participants

"Jo is such a great communicator , warm engaging and provides lots of examples in her own practice and life which I have learnt from."

"I enjoyed how Jo shared stories of lived experiences to illustrate key points. She has such a wealth of knowledge and wisdom in applying it. I would love to have been in her wānanga ā kanohi, ā tinana."

"Jo is amazing. I'm very keen to experience tikanga Māori and understand the meaning of it. The way she did whanaungatanga at the beginning of every session, I like to learn more Maori tikanga in this practical ways. I realised that things I thought I knew could be different when you see them in practice."

"Nga mihi aroha ki a koe Joanne, you are an inspiration"





PADA Pouako / Educator supported by ZONTA



Through funding from Zonta, our PADA educator Liora Noy facilitated another round of training in July for new well-child Tamariki Ora and Plunket nurses, again with great feedback from the nurses and organizers. She was part of a zoom meet (as part of a steering committee) with academics at AUT who are developing a new maternal mental health paper and in touch with researchers at Massey who are doing a survey on MMH. And presented at the Parents Centre online workshops.

She managed trips after lockdown to Rotorua/Taupō in August; Oamaru and Timaru in October 2020; Great Barrier Island in November, Tauranga/Whakatane in November, and Warkworth in December 2020 for training organised by Parent Port North. NZLCA conference February 21, Gisborne in February, Victoria University Midwifery students; Little Shadow in Te Whanga-nui-a-Tara in March.

Treena attended the Zonta Yellow Rose fun run in Christchurch in October. It was an amazing Spring day with 100 people taking part running or walking 5 kms around Hagley Park.

Quotes about Liora's presentations

"Both amazing, informative sessions this morning, I wish I'd had these in my induction as a Plunket nurse before starting!"

"Has been so informative this morning lots to take in and new tools for my kete"

"Probably the biggest gap in my practice... so valuable today!"

"Take notice of how Liora has been not only building your skills for assessment but also your therapeutic role as nurses who can 'be with' a mother in her experience."



"I have had the pleasure to be able to delve into maternal mental health on Te Mara. It's fantastic and so professionally done. It's so interactive. Love it! I loved that PADA is involved and I really enjoyed the links to their videos on YouTube. Loved the small sound bites - brilliant idea! I feel like I have learnt a lot. I am so grateful for your passion and knowledge!" - Plunket staff member







PADA Popup Chats

PADA Popup Chats were an initiative introduced during COVID lockdown through April and May 2020 as a way to connect and support both care professionals and whānau during the pandemic. These were very successful, over 700 people viewed the popup chats live, with nearly 3,000 people watching the recordings made available on the PADA website.

PADA Popup #12 – Supporting a family with a diagnosis of

PADA Popup #2 – Positively Pregnant app with Dr Carrie	Down Syndrome				
Barber	PADA Popup #13 – Antenatal Anxiety				
PADA Popup #3 – Self Care & Resilience with Clare Barnett	PADA Popup #14 – HypnoMothering				
PADA Popup #4 – Dads and Perinatal Distress with Brendon Smith	PADA Popup #15 – Sleep during pregnancy with Leigh Signal, PhD, Sleep Wake				
PADA Popup #5 – Supporting Māori Whānau with Joanne	PADA Popup #16 – Childbirth After Thoughts				
Rama	PADA Popup # 17 – Adjustment to Parenting with Multiples				
PADA Popup #6 – Breastfeeding and Perinatal Distress with Liora Noy	PADA Popup #18 – Pregnancy Issues with Past termination experience				
PADA Popup #7 – Positive Psychology to support mothers flourish	PADA Popup #19 – Communication with Babies				
PADA Popup #8 – Engaging with families experiencing violence	PADA Popup # 20 – Perinatal OCD with Marion Maw from Fixate				
PADA Popup #9 – The role of the GP in Perinatal Mental Health	PADA Popup # 21 – Babyloss with Vicki Culling				
PADA Popup #10 – Pasifika Antenatal Initiative	PADA Popup #22 – Perinatal Bipolar with Sue Luty				

Down Syndrome

PADA Popup #11 – How Doulas Contribute Positively to Mothers and Family's Mental Health

PADA Popup # 1 – Pregnancy and Birth in a Pandemic





Whakawhetai / thanks to our funders and donors





Financial Statements

Perinatal Mental Health New Zealand

Trading as



Te mate Tuatea, me te mate Põuri o Aotearoa Perinatal Anxiety & Depression Aotearoa

Financial and Service Statements*

For the Year Ended 31 March 2021

Comprising

Statement of Funding Statement of Reserves Statement of Cash Flows Statement of Service Activity Entity Information Statement of Accounting Policies Notes Title for Charity Reporting Purposes Statement of Financial Performance Statement of Financial Position Statement of Cash Flows Statement of Service Performance Entity Information Statement of Accounting Policies Notes



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Statement of Funding			
For the period 1 April 2020 to 31 March 2021			
Funds Received			202
	1.0		\$N.
Donations, Fundraising and other similar rec	eipts		
Donations		\$	33,652
Grants	(Note 6)	\$	137,943
Fundraising		\$	683
Sponsorship		\$	870
Fees, subscriptions & other receipts (including	ng donations) from members		
Membership Fees		\$	1,635
Receipts from providing goods or services			
Seminars		\$	20,927
Book and Resources Sales		\$	3,784
Interest, dividends and other Investment Red	ceipts		
Interests Received		5	1,962
Total Funds Received		\$	201,456
Funds Applied			
Expenses related to public fundraising			
Fundraising Expenses		\$	646
Volunteer and employee related payments			
Contractor Expenses		\$	4,696
Board Travel and Training		\$	4,352
Wages, Salaries and ACC		Ś	85,632
Employee Expenses		Ś	21,711
Expenses related to providing goods or service	ces		7750.73
Cost of Goods Sold		\$	884
Marketing		\$	11,688
Seminars and Events		\$	27,821
Books and Resources		s	354
Rent		s	11,644
Public Liability Insurance		\$ \$	1,775
Professional Fees		ŝ	724
Operational Expenses		s	18,380
Other payments		\$	10,560
Depreciation	(Note 7a)	s	3.835
Total Funds Applied	(note va)	5	
		>	194,141
Net Reserves Accumulated/(Applied)		\$	7,316





As At 31 March 2021			
			202:
ASSETS			\$N
Current Assets			
Cash at Bank		\$	296,474
Cash at Hand		s s s	80
Prepayments		\$	2,963
Accounts Receivable		\$	3,482
Inventory on Hand		\$	5,516
Total Current Assets		\$	308,516
Non-Current Assets			
Fixed Assets	(Note 7a)	\$	6,973
Total Non-Current Assets		\$	6,973
TOTAL ASSETS		\$	315,488
LIABILITIES			
Accounts Payable		\$	8,022
Seminars Fees paid in Advance			7,931
GST		\$ \$ \$	5,879
Unexpended Grants	(Note 6)	\$	123,604
Holiday Pay Owed to Staff		\$	7,550
TOTAL LIABILITIES		\$	152,986
NET ASSETS		\$	162,502
RESERVES			
Opening Accumulated Funds		\$	155,186
Funds Accumulated During Year		\$	7,316
TOTAL RESERVES		\$	162,502





Statement of Cash Flows		
For the period 1 April 2020 to 31 March 2021		
		2021
Operating Cash Received		\$N2
Donations, fundraising and other similar receipts	\$	216,198
Fees, subscriptions and other receipts from members	\$	1,635
Receipts from providing goods or services	\$	28,101
Interest, dividends and other investment receipts	\$	1,962
Total Operating Cash Received	\$	247,896
Dperating Cash Applied		
Payments to suppliers and employees	(\$	182,082
Donations or grants paid	\$	
Total Operating Cash Applied	(\$	182,082
Operating Cash Flow	\$	65,814
nvesting/Financing Cash Received		
Receipts from the sale of property, plant and equipment	\$	*2
Proceeds from loans borrowed from other parties	\$	-
Fotal Investing/Financing Cash Received	\$	-
nvesting/Financing Cash Applied		
Payments to acquire property, plant and equipment	(\$	155
Repayment of loans borrowed from other parties	\$	
Total Investing/Financing Cash Applied	(\$	155
nvesting/Financing Cash Flow	(\$	155
GST Movement	(\$	2,768
Net Cash Flow	\$	62,891
Add Opening Cash Balance	\$	233,663
Closing Cash Balance	\$	296,554
Represented by:		
Cheque Account	\$	160,973
Westpac Online Saver	\$	7
Westpac Term Deposit	\$	56,062
Westpac Online Bonus Saver	\$	79,432
Cash On Hand	\$	80
Total	\$	296,554





Statement of Service Activity

Mandatory disclosures according to s.4 of PBE SFR-A (NFP)

Outcomes 2021 Written resources focusing on Pregnancy in a Pandemic, Breastfeeding and Perinatal Distress, Perinatal OCD and Supporting Māori Whānau are released, along with video pieces focusing on Babyloss.

Outputs 2021

The organisation held 9 seminars during the financial year with a total of 392 participants.



Entity Information

Mandatory disclosures according to s.3 of PBE SFR-A (NFP)

Type of Organisation

Perinatal Mental Health New Zealand is a Charitable Trust incorporated under the Charitable Trusts Act 1957.

Purpose of Organisation

To improve outcomes for families and whanau affected by mental illness related to pregnancy, childbirth and early parenthood.

Organisation Structure

The organisation is governed by a Board of Trustees, supported by paid staff to manage the dayto-day operations of the organisation.

Main Sources of Funds

The Main Sources of funds for the organisation are grants from philanthropic and government funders, donations from the general public, income from service charges.

Main Methods of Fundraising

The organisation regularly applies to philanthropic or government funders for grants and donations. The organisation raises service fees.

The organisation holds fundraising events for members and the general public.

Volunteers and in-kind Donations

The organisation receives occasional donations of goods or services but is not reliant on those for its day-to-day operations.



Statement of Accounting Policies

1 Basis of Preparation

Perinatal Mental Health New Zealand is eligible and has elected to apply accounting standard PBE SFR-A(NFP) because it is not publicly accountable, is not large, and has annual expenditure of less than \$2,000,000.

Transactions are reported on an accrual basis where expenditure is matched to the income funding it. The Financial Statements contained within this report have been prepared on the assumption that the organisation will continue operating for at least 12 months after Balance Date.

2 Taxation

As a Registered Charity the organisation is exempt from Income Tax.

The organisation is registered for GST, and all figures are shown exclusive of GST with the exception of Payables and Receivables disclosed in the Statement of Reserves.

3 Fixed Assets

Items of Property, Plant and Equipment are shown at Cost less accumulated depreciation. Depreciation is applied equally over the expected useful life of the asset.

Computers	SL 20%
Banners	SL 20%
Film for Change	SL 20%
Video	SL 20%
Other Office Equipment	SL 20%
3*iMac (Donated)	SL 20%
No Depreciation for website.	

4 Grants

Unexpended portions of grants with restrictions on how they can be used, and which must be repaid if not used, are recognised as liabilities. Only the expended part of grants is recognised as Funds Received.

5 Changes in Accounting Policies

The cash-based financial statements supplied in previous years have been discontinued. The organisation has adopted the accrual-based Tier 3 PBE SFR-A (NFP) financial reporting standard beginning in the 2021 financial year.



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Notes to the Accounts

6 Grants Received and Expended

Perinatal Mental Health New Zealand has received and expended the following grants, with thanks:

a. Grants which must be returned if unused

	begin	spent as at ining of year	Received		Applied		Unspent as at end of year	
Christine Taylor	\$	261	\$		\$	•	\$	261
Mental Health Foundation	\$	5,635	\$	14,000	\$	4,563	\$	15,072
COGS 2020	\$	8,786	\$	18,236	\$	16,435	\$	10,587
Pub Charity	\$	828	\$		\$	828	\$	
Health Promotion Agency	\$	18,017	\$		\$	17,174	\$	843
The Southern Trust	\$	52	\$	1	\$	52	\$	
Newman's Own Foundation	\$	432	\$		\$	40	\$	392
Winton and Margaret Bear Trust	\$	2,447	\$		\$	2,337	\$	110
West Coast Community Trust	\$	1,073	\$	5	\$	1,073	\$	
John llott Trust	\$	2,000	\$		\$	2,000	s	-
Wellington Community Trust	\$	1,073	\$	-	\$	1,073	\$	
Duncalfe Family Bequest	\$	111	\$	-	\$	-	\$	111
Lottery Grant	\$	39,839	\$	80,000	\$	35,911	\$	83,928
The Community Trust	\$		\$	1,800	\$	1,772	\$	28
Hutt Mana Charitable Trust	\$		\$	5,000	\$	3,988	\$	1,013
MSD-Covid Grant	\$	-	\$	5,000	Ś	5,000	Ś	-
Sargood Bequest	\$	-	\$	4,938	\$	2,982	\$	1,956
Rata Foundation 2021	\$	÷.	\$	4,986	\$	4,986	Ś	
Ministry for Women	\$		\$	10,000	\$	6,500	\$	3,500
Pelorus Trust	\$		\$	8,194	\$	4,689	\$	3,505
The Lion Foundation	\$	1.00	\$	4,462	\$	4,462	\$	
Public Trust	\$		\$	5,000	\$	5,000	\$	
Wright Family Foundation	\$		\$	4,916	\$	4,916	\$	1274
The Trust Community Foundation	\$	s*	\$	8,283	\$	8,283	\$	





Totals	\$ 80,554	\$ 180,993	\$ 137,942	\$ 123,604
Otago Community Trust	\$ -	\$ 1,188	\$ 1,188	\$ (*)
Ilott Trust	\$ •	\$ 2,000	\$ 2,000	\$
The Southern Trust 2021	\$ -	\$ 2,990	\$ 691	\$ 2,299

7 Fixed Assets

a. Depreciable Assets

Asset Class	Book Value 2020 Additions Depreciation		Class Book Value 2020		Additions		Depreciation		Book Value 2021	
Computers	\$	1,631	\$		\$	893	\$	739		
Banners	\$	668	\$	155	\$	334	\$	489		
Film for Change	\$	1,000	\$		\$	500	\$	500		
Video	\$	4,680	\$		\$	1,170	\$	3,510		
Other Office Equipment	\$	873	\$		\$	338	\$	535		
3*iMac (Donated)	\$	1,800	\$	8	\$	600	\$	1,200		
Total	\$	10,652	\$	155	\$	3,835	\$	6,973		

8 Contingent Liabilities, Commitments and Guarantees

There have been no contingent liabilities or commitments or guarantees as at the end of the financial year.

9 Related Parties

There have been no related party transactions during the financial year.

10 Events after Balance Date

There have been no reportable events after Balance Date.

11 Movements in Reserves

	2021
Opening Balance	\$ 155,186
Funds Accumulated During Year	\$ 7,316
Closing Balance	\$ 162,501

12 Transitionary Arrangement

The organisation has made use of a transitionary arrangement allowed for in paragraph BC20 of the accounting standard PBE SFR-A (NFP) as a first time applier of this standard. As a result, prior period comparative figures have been omitted in these Financial and Services Statements unless they were previously available. Last year's financial statements are attached.







3 Carlyle Street PO Box 13 625 Christchurch Ph (03) 365 2278 info@commaccounting.co.nz

AUDITOR'S REPORT

Opinion

I have audited the financial statements of **Perinatal Mental Health New Zealand t/a PADA**, a Charitable Trust and registered Charity, for the year ending 31 March 2021. These statements include the Statement of Funding, Statement of Reserves, Statement of Cash Flows and the Notes.

In my opinion the financial statements provide a true and fair view of the financial activities of Perinatal Mental Health New Zealand for the year ended 31 March 2021 and their financial position at that date according to the reporting requirements for registered charities.

Note that the report also includes non-financial information, on which I express no opinion.

Basis for Opinion

I have taken guidance from New Zealand auditing standards ISA(NZ) in performing this audit in as much as they are applicable to small not-for-profit entities, and also considering the readability of this report for non-accountants.

An audit involves collecting and examining evidence about the numbers and other information presented in the financial statements. The auditor is striving for a very high degree of accuracy and therefore assurance. This also means that the information given in the statements must be *complete*, with no significant omissions that may mislead the reader of the Statements.

Audit procedures for an entity such as this may involve:

- Gathering evidence that both income and expenses include all transactions that relate to the reporting period (not just those paid within that period). Such evidence may include the organisation's internal processes and analysis of the organisation's transaction patterns.
- Gathering evidence that the presentation of the organisation's assets and liabilities is complete and that the numbers are stated in accordance with acceptable accounting practice.
- Verifying compliance with accounting standard PBE SFR-A (NFP), which is mandatory for this
 entity.
- Examining the assumption that the organisation remains in operation for at least 12 months after the end of this reporting year.
- Gathering evidence about activities or changes to the organisation that may impact a reader's opinion about their future financial activities and that would be reportable in the Notes, such as legal commitments, events that have disrupted the entity after Balance Date, or Related Party transactions.
- Examining whether the organisation has control over other entities that would require their financial information to be consolidated.





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Community Capacity Accounting has compiled the financial statements for this organisation. Threats to reviewer independence have been addressed predominantly through internal separation of duties in accordance with PES 1.

I have received sufficient and appropriate evidence to form an audit opinion. Other than in my capacity as auditor I have no relationship with or financial interest in the Trust.

Responsibilities

It is the responsibility of the organisation's Board of Trustees to ensure that financial statements are prepared, that give a true and fair view in accordance with the legal requirements. Ensuring that appropriate processes and procedures are in place to prevent misstatements from occurring through error or fraud are also their responsibility.

My responsibility as an auditor is to seek credible evidence with regards to the numbers and related information contained in the financial statements, and to provide an opinion about the results of my audit. Professional ethics require me to approach an audit with a sceptical mind.

My audit was completed on 5 November 2021 and my opinion is expressed as at that date.

Harald Breiding-Buss, MSc, NZDipBus Community Capacity Accounting harald@commaccounting.co.nz





The PADA team at Ōrākei Marae in Tāmaki Makaurau. (L-R) Board member Clare Barnett, Communications Manager Stefanie Dixon, General Manager Treena Cooper, Board Member Joanne Rama, Board Member Bice Awan, Fundraising Manager Denise Graham, Board Member Brendon Smith, Board Chair Leigh Bredenkamp, PADA Educator Liora Noy, Board Member Rona Carroll.

(Arohanui to our PADA staff who were missed, not pictured: Board member Carrie Barber, Finance Manager Sharon Vaka.)





Zonta Yellow Rose fun run. Treena Cooper attended the Zonta Yellow Rose fun run in Christchurch in October. It was an amazing Spring day with 100 people taking part running or walking 5 kms around Hagley Park.



Liora Noy at the Zonta breakfas with Lynette King.







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