



Anxiety in the Perinatal Period: A Peer Work Perspective

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPNs aim is to promote and celebrate interdisciplinary collaborative mental health care.

Robyn Stanislavski (00:20):

Welcome to Mental Health in Practice, a podcast from the Mental Health Professionals Network. In this episode, we are focusing on peer work in perinatal period with a focus on perinatal anxiety. We'll be exploring the value of peer work during a time of increased vulnerability and how peer roles intersect with other disciplines in everyday perinatal mental health care. I'm your host, Robyn Stanislavski, peer practitioner and performance improvement analyst at PANDA. PANDA is perinatal anxiety in depression, Australia, the not-for-profit health line, founded by lived experience that provides support to those navigating the perinatal period. A bit about me, I came to this work because of my lived experience in my perinatal periods. I started as a volunteer peer support provider on the helpline, and I've moved through the organisation in various peer roles and I'm now in this analyst role. I'm also PANDA's intentional peer support organisational trainer. My practice foundation is in the lived experience and peer practice space. I'm joined today by Katie Rogerson, who works with me at PANDA and is currently a clinical practitioner within our intensive care and counselling team. Katie's foundations are also based in peer practice, having also started as a volunteer on the PANDA helpline. Katie has since extended her formal training in both the lived experience and clinical counselling spaces having obtained a master's in counselling. Welcome, Katie.

Katie Rogerson (01:38):

Hi Robyn.

Robyn Stanislavski (01:39):



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Katie, you work closely with people experiencing mental health challenges during their perinatal period, and as part of a multidisciplinary team, you see firsthand how different types of support come together in practice. It's also a time when recognising the need for support can be difficult for both individuals and for those around them. Many of our callers have never experienced mental health challenge, and so when it begins during this time, it can be really confusing. This makes connecting and supporting so important and understanding the individual, what they're going through and what might be helpful for them. With that in mind, I'd like to start with a simple but important question. Why are we talking about peer practice now?

Katie Rogerson (02:16):

Thanks, Robyn. I think it's a really important question right now because the demand on our mental health sector is greater than ever before. We know we can't meet the demand of our callers at PANDA, and also other services are having a similar experience, so services are overwhelmed and we can't get enough practitioners ready to meet the demand. So lived experience has emerged as an evidence-based model of care and it offers both an alternative and complimentary model of care for people seeking support. So we're seeing now many services embed lived experience at all levels from policy to service delivery. And I think this is highlighting its value as a mental health support. And I think we're at a crucial time in the lived experience space where lived experience practice is being not only recognised but formalised and the evidence is there that it's effective and alongside clinical care we can meet the needs of more people. And I think that's the most important part that we can offer support to whoever needs it in the time that they're seeking it.

Robyn Stanislavski (03:18):

Yeah, absolutely. I really liked how you said it's complimentary. It's not an either or. It's the 'and', so people can benefit from both clinical support and peer practice support or either if they choose and that it's all about understanding the person and how they would like to have their support needs met

Katie Rogerson (03:38):

And being able to give that person autonomy in that decision. So there isn't just one pathway to care. There's options, and I think that's what peer is about is meeting someone where they're at and giving them the control over what works best for them. And yeah, at PANDA we have both of those things. So we're both, I think, very proud that we give that person seeking support the option, whereas not all services can do that.

Robyn Stanislavski (04:06):

So we've worked together at PANDA for a few years now and we talked to a lot of people about their experience of anxiety on the helpline. This is also well aligned with my, well both of our lived experiences. So let's talk about how perinatal anxiety can show up and where does peer support make the most difference early on?

Katie Rogerson (04:24):



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Yeah, absolutely. I think one of the things we both see on the helpline is that perinatal anxiety often doesn't look the way we expect it to. So a lot of callers don't come in saying, hi, I'm anxious. They talk about other things like constant worry, racing thoughts, feeling on edge, not being able to relax. So for some people it can be intrusive thoughts for others, it's hyper vigilance or it's perfectionism or feeling like they can't switch off even when the baby's sleeping. But I think because so much of this gets normalised in the perinatal period, just as part of being a new parent, really people don't recognise it as anxiety. And I think from that they don't feel justified and reaching out. And I think also there's a lot of guilt and shame.

Robyn Stanislavski (05:08):

Yeah, absolutely. I mean that's completely my experience. My anxiety showed up to those around me who I hadn't disclosed to as control. Some of it was that you're talking about the normal adjustment to parenting in terms of trying to figure out how to be a parent and that real mama bear kind of protective instinct of this is my responsibility and I need to take care of this child, so I have to do all of the things.

(05:35):

But I think for me, that anxiety just kind of took it up to another level and I implemented my own structure. I minuted feeding and sleeping and literally every single thing that was happening throughout the day, and I actually think I have that diary somewhere. I'll probably dig it out one day and have a look at it. And I do remember keeping it as a reminder, but not to berate myself, that has kind of happened to me, but more of to see how far I've come and so that I can look back at that time and just remind myself of, oh yeah, that's right. That's what it was really like. And when I speak to people and I hear their stories and I just think like, oh yeah, wow, I remember that feeling. Like my feeling is not the exact same thing that you are going through now because we're all unique of course. But just that connection through that, I really hear you. I hear what you're saying and I know what that feeling is like. And I think that that's so powerful. So when we consider our experiences and the collective experience of people that we support, where does peer support fit in?

Katie Rogerson (06:34):

I think where it fits in is that early on it can make a real difference. So exactly what you just said, Robyn, having someone say, oh my God, I felt like that. I experienced that. I know what you're going through. That instant relief when someone says that to you, just that acknowledgement is just so powerful in itself without any other sort of treatment. It's just like, okay, I'm not alone. I'm not weird. This is happening to other people too. So peer really helps naming that what's happening. It reduces the shame purely through naming it and it also normalises some of this stuff to the point of it's normal to feel these things. Yes, we can do things to support you.

Robyn Stanislavski (07:12):

No, you're right. But I really do think there is a distinction between common and normal.

(07:18):

Common. It doesn't mean it's normal and that when things do get beyond maybe the day-to-day and they are kind of taking over your and impacting life a little bit and actually impacting how you are



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functioning day to day, that's the moment where it's like, oh, actually, I don't think I should be sitting with this alone. I think I need to share it with someone. And whether it's your partner or a professional or however you attempt to seek that support. But then I hear what you're saying in terms of the shame because I really felt that too. I didn't feel like I deserved the support. And so it was really, really hard for me to actually reach out. And even through the screening tools that happen at those various junctures of your perinatal period, I'm an educated woman and I can read the form and I know what the answer is that I'm supposed to tick in order to avoid detection. I'm not saying that that was helpful, but I'm saying that I could do that. I mean that's not particularly helpful, which I now see in hindsight. So for me, it's more about getting people to reach out early and to really answer those screening questions as honestly as possible because yes, it's really confronting to think that this might be happening or that you've not had this before and it's something new, but there is help out there and you can get better. You will get better.

Katie Rogerson (08:44):

And I think that's where those peer conversations come in. I think if someone was listening to that, what you were saying, they'd be like, oh, maybe I've done a bit of that. And maybe the better approach is to be more open and to actually not feel shame about these things and just talk about it. Other people are doing that. It's not just me. So I think it empowers people. I think if anything, to be able to have those conversations once they have them with someone who's been through it.

Robyn Stanislavski (09:08):

That's right. That's a missing piece for me and I guess that's really led me into my work is that I didn't have that opportunity to speak to someone who had been through what I've been through. Obviously I do now, but it's amazing to be on the other side to be able to provide that for people as well that may not have ever spoken to anyone else who have gone through something that they have

Katie Rogerson (09:26):

On that. I think it's also too about the hope of that, that someone has been through it and they've been able to get through it. So those early conversations really offer that shared experience, but also there's hope that this won't be forever. Yeah, I think it's about creating safety for people to keep talking and seek further support and simply just really feeling less alone.

Robyn Stanislavski (09:49):

Let's talk about collaborative care between peer and other disciplines. What's unique about PANDA is that we were born from a lived experience base. Panda started in the eighties as a peer organisation that grew to include a clinical team, and we now have a multidisciplinary team full of many different practice types, counsellors, social workers, psychologists, mental health nurses who all work alongside our PR practitioners and our PR support volunteers. How do you see peer work sitting alongside clinical care and other supports in practice?

Katie Rogerson (10:21):



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Yeah, so I think different services or different disciplines often come at perinatal distress from different angles. So a lot of clinical or health professional roles, just say you maternal child health nurse are understandably focused on that immediate symptom reduction. They're assessing risks, they're stabilising people, they're helping them sleep, function, just generally feel safer as quick as possible. And of course that's crucial work, but at the same time, I think many parents are still trying to make sense of what's happening to them and whether it's normal, shameful or a sign that they're failing, they're getting this wrong. So I think peer work tends to sit more in that meaning making space so early on, helping people feel understood, less alone, being able to talk honestly before they're ready, before they're ready or really able to move into structured treatment. So what you mentioned earlier, avoiding that sort of conversation around needing help because it's confronting.

(11:14):

There's confronting conversations around you've got this and this is how we're going to treat it. A lot of people aren't ready for that. So that peer conversation can really be the start of that sort of thinking of this is okay, I can do that treatment, but I can also feel supported and I'm not alone first. So yeah, I think peer is emerging in all mental health spaces, particularly in the perinatal space. But I do think sometimes it can be misunderstood and it can be seen as an informal type of support rather than recognised as a skilled role with clear boundaries and purpose. I think when it works well, peer support, it's not one or the other clinical care, but it's the thing that I think people engage with and then they form a trust, I think with support maybe easier or quicker than clinical care maybe because it's not as confronting. It's just this shared connection, this mutual support I suppose.

Robyn Stanislavski (12:08):

Yeah, absolutely. I think peer practice is unique for several reasons, and one is because we mentioned many people have not experienced mental health challenge until this time in their life, and so they might not actually have language around it. They might just know I'm not feeling well or I don't seem like myself, or maybe their partner's saying, you don't seem to be yourself, or whatever that is. And so maybe they reach out to an organisation like PANDA on the phone and they speak to someone, but they don't really know what's going on for them. They're just sharing their experience and then someone goes, oh yes, I hear what you're saying. And I know that feeling as well. And for me, when I sought support, it was named as anxiety. And you have to be very gentle with those conversations because they're not easy to have and they're not easy to hear. Of course, we are not diagnosing people, but we are just suggesting that for us that that was the name that we were given or the name that we found in our self deep diving late at night on the phone or scrolling, whatever. But to be able to give people language around what it is they're experiencing I think is extremely powerful. Could I ask you an additional question around peer practice role as a connector between services and how a peer practitioner might be able to support someone who is already connected with other services?

Katie Rogerson (13:36):

I think it's just complimentary like we talked about earlier. So I think both of those supports are necessary and have value, but I think what a beautiful holistic model of care is that you can get a clinical type of carer of real sort of expertise in what helps with things like anxiety, but you can also sit with someone and just have a really honest conversation about, oh God, I feel like this. And share those



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moments of real vulnerability without having to be treated I suppose. I mean treatment is important, but I think it's not the whole part of the puzzle. Someone needs to hold that space, I think and just listen and say, yeah, I get it. This is hard. I was only talking to a caller yesterday actually on the helpline, and we were talking about her getting help and she was saying she'd started with a psychologist and it wasn't really gelling, and she just randomly said, oh, what really helps me is talking to someone who has had a similar experience.

(14:33):

And I was like, oh, here we go. PANDA has those people, they're called lived experience workers. And I just felt so proud and happy to be able to say, would you like someone with lived experience to call you? And she was like, is that a thing? And I'm like, yes, that's a thing. So I think people intrinsically want that. They don't know what it is, but that's what they're often looking for in clinical care as well. They're looking for that understanding that time. And to be fair, clinicians don't often have a lot of time to do both of those roles. So it's not possible, but I think that's the beauty of this dual model of care. Time is spent with that person understanding it, hearing it, and connecting with it. But also there's time where PANDA, we can also offer those clinical expertise as well. I think too, people when they feel heard and held, they're much more likely to stay connected and get the support they need. And I think that then sort of spurs them on to continue with clinical care or...

Robyn Stanislavski (15:30):

Wow. Katie, that's so interesting to hear you say that landed with you in terms of that person asking for that lived experience and for you as a counselling practitioner to be able to say, oh, actually I might not be the best person for you, but I listening to what you're saying and I'm hearing what you're saying and I'm hearing you say that you really want to speak to somebody who has a similar experience to me and for you to be able to connect them with a person who can do that safely. That's amazing.

(16:00):

And I think my emphasis there was on safely because peer practice is not just people talking to other people that have had the same thing. We are professionals. We have training in how to safely share our stories, how to maintain our individual boundaries so that we share the elements of our story that we want to share at any given moment. And we are the owners of our story and we actually get to gift that to someone at some times, but we can also hold that for ourselves. And maybe for one caller, I share a little piece of my story, but then maybe for another caller I share a different piece of my story. But that's part of my professional practice development is to understand which parts of my story can I share at any given time and what will benefit them about them. Correct. It's not about me.

(16:49):

It's not about me healing, although I will say that I have healed a lot through this job that I do, but that's not the intention of my role. Intention is to support others. So it's really about will this person benefit from hearing me tell them about what I've been through? If the answer's yes, then I share. And if the answer's no, then I hold. And if something happens inside me that I need to work through, then I'll go and seek my personal supervision outside of that conversation with another professional. But that's the difference between peer and just having a conversation with your mate, right? Because maybe your mate had really bad perinatal journey, but they're not trained in how to safely share,



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**Katie Rogerson (17:34):**

But peers are. And I think that's a really good point, Robyn, because I think that is misunderstood in the sector a lot. That lived experience is just about having a conversation. But yeah, that's changing and it's changing through intentional peer support training that you are now offering to PANDA as well, which is great. But I think that formalisation of the practice has been so helpful to lived experience and working alongside lived experience too. So I'm really excited for lived experience and where it's going to go because the evidence is there that it works.

Robyn Stanislavski (18:08):

Absolutely. And connecting back to our question that we started at, which is collaboration between peer and other disciplines, I think it just demonstrates that peer is a legitimate practice and it deserves a space in the mental health team. And we welcome discussions from clinicians of all practices to speak to us and to find out the value that we have so that they can include us as part of their care teams. I'm interested, Katie, to hear from you about looking to the future of peer work. Where are we kind of heading for peer? And also do you have any information about where people can get help?

Katie Rogerson (18:46):

So I think peer work in perinatal mental health is likely to become more embedded in services, perinatal services and more intentional. So this means sort of I suppose, clearer pathways between peer counselling or other clinical support, more recognition, more training. I know at PANDA we're rolling out the intentional peer support in our organisation to upskill all our peer workers, which is fantastic.

Robyn Stanislavski (19:12):

And if I might just speak to that, if for those that don't know, the intentional peer support is a foundational model that is being used in the peer space, which works with the core tenets of intentional peer support, being connection, worldview, mutuality, and moving towards in terms of how we work with people and the steps are sort of in that order. So without connection, it's very difficult to have a perspective to understand someone's worldview. And without those two items, it's really difficult to level the playing field and have that mutuality about your discussion. And then the final step of moving towards is after you've connected and you have understood someone's position and you are sharing that mutual space, it's about where do you want to go, what are you moving towards? So that's the IPS model. So if anyone is interested to find out about it.

Katie Rogerson (20:10):

Yeah, ideally support becomes less about a single service model and more about continuum, where you can start with a conversation, you can go to get clinical care, you can get lived experience support, you can go back and forth. There's sort of no, only one way I suppose of going about it. So I think for peer, the future really is about making it easier to access, becoming normalised within service, particularly around entry points of service. Maybe that's the first person you speak to instead of a clinician. You just have that of connection first and then you can decide where you want to go. And that sort of goes back to that peer support thing of meeting people where they're at. Let's have that conversation first. What do you need? Not just going into a service, having a one size fits all model and the service user, the



consumer person, human has to adapt to that where it might not be the best. And that creates all sorts of barriers to help and ongoing support. And I think that really early intervention of meeting someone where they're at is really powerful because it can change their whole pathway to support and how much that is effective. So yeah, I think it should be part of that early intervention. And I think when peer work is well supported and really clearly integrated into services, it just strengthens that whole system of support and for service users that's going to have a positive impact on their journey of support.

Robyn Stanislavski (21:45):

We were mentioning earlier about anxiety, and I sort of shared my example, and we've talked a lot about professionals, and I think we've given professionals a lot to consider, but if maybe parents or maybe support people are listening to this and they're thinking, oh, actually I think maybe I might be having those feelings, or if they might be able to see it in a partner or a friend or something like that, what would you suggest or where would you suggest that they go?

Katie Rogerson (22:11):

Yep, PANDA has an amazing website with lots of resources on it. We have lots of lived experience stories on our website. That can be a really great starting point of just going to the website, reading other parents' stories and going, that kind of sounds like what I'm going through, or that real moment of connection can be just starting there. Really also for practitioners, we have the learning hub that has many courses on perinatal health and they're all free. Yeah, an amazing resource if you want to upskill in any sort of specific part of the perinatal journey. And we do have a new course actually that was co-designed and it's coming out soon, but that is on perinatal anxiety, so look out for that too if that's a particular interest for you. But we do have lots of different topics as well. And also we have the helpline. So as a health professional, you can call and get, we have a secondary consult service and you can call and just say, Hey, I'm just seeing someone, this is what's happening. What do you think? What else is there? That can be a really amazing help.

Robyn Stanislavski (23:16):

Just let me confirm. So you're saying that the helpline is open for people during their perinatal period, so parents support people and it's also open and available for practitioners to seek information.

Katie Rogerson (23:28):

So we do have both of those options. There's lots of, I suppose, other organisations embedding peer really well in their services. So the Butterfly Foundation, Eating Disorders, Victoria, in terms of eating disorders, we have Alcohol and drug services have been doing it for years and years. Actually the first sort of peer support model really.

Robyn Stanislavski (23:50):

Yeah, AA.

Katie Rogerson (23:51):



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Yeah. So I think just maybe if you are looking at services and what people need, think about peer, keep it in mind or ask people, does it help to hear from someone? It can just be a simple question. It's not a confronting question. Does it help to hear from someone who's been through something similar? I can probably guarantee most people would say "yeah". So I think just ask the question. And obviously PANDA is there as a support, and there's also Pink Elephant who specialise in bereavement and loss supports.

Robyn Stanislavski (24:22):

I'm really enjoying this conversation, Katie, but conscious that time is ticking. So before we wrap up, I just want to pause and reflect for a moment. Thinking about everything that we've discussed, what's changed or become clearer and how you now approach this work in your practice?

Katie Rogerson (24:38):

Just talking today, I think it really clarified for me how important that collaboration is between all multidisciplinary teams. Shared language I think is also really important. If using similar language, then it's only going to strengthen that collaboration. And particularly for the person seeking support, it's not confusing. There's that shared language there. I think when each practitioner understands each other's roles and respects, lived experience has expertise, I think that's what provides a really robust support for someone. And I think the person seeking support can feel that in sense of there's not that difference in a way that feels unhelpful. There's obviously differences, but there's a difference to that feeling complimentary or unhelpful. So more of that collaboration and respect between practitioners being curious, being open to each other's practice and expertise. We all bring something special and unique to support. So I think for me, I'm more intentional about bridging those two worlds together and really hold that in my own practice that for the person seeking support, I always mentioned lived experience.

(25:53):

That was my core foundation and entry into mental health. And I will forever be passionate about it. It's always on my mind to mention it, but also too in my workplace or with other organisations that might be dominant in clinical models of care, to bring it into those conversations, to always bring it up, to really have that respect for it. And I think that will bring others curiosity to it. It will normalise it as part of care, and I think that will strengthen peer support. Yeah. Robyn, is there something that's come up for you from this conversation?

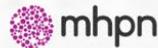
Robyn Stanislavski (26:27):

Yeah, I think I have to agree with you in terms of the collaborative aspect that we are really hoping to reach with our colleagues that we work with in different disciplines, and also the element that peer can be so powerful for the person who's actually having the experience and it can connect them to services. So I really like what you're saying. It's not a either or. It's not a us or them. It's like we are another type of mental health professional and we add value to this space. So please include us and seek out information if you want to find more or talk to your peer practitioners or talk to other organisations that have peer practitioners and find out information from them.

(27:09):



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Thanks so much for having this conversation with me, Katie. I know we are both just so passionate about peer practice as a discipline and it's intention of ensuring people are supported.

(27:19):

The helpline is very lucky to have you as a practitioner. There's so many parts of this that we could have talked about in so many directions, but I'm thankful to have had this opportunity to speak about peer and its value as part of a holistic model of care. One that acknowledges and truly values the university of life as well as actual university and learn spaces. For me, this has really renewed my thinking on how and why we all do this work and how important it is to keep speaking up and advocating for integration and change. And thanks to you all. Thanks for listening to Mental Health In Practice, a podcast from the Mental Health Professionals Network. If you'd like to learn more about today's guests or access related resources, visit this episode's landing page. We'd also love your feedback. You'll find a short survey on the landing page to share what was useful and what you'd like to hear more of. Thank you for your commitment to multidisciplinary care and lifelong learning.

Host (28:14):

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