Pregnancy to Parenthood
Parent & Infant Mental Health Service

lotterywest

bankwest

Curtin University



BANKWEST CURTIN ECONOMICS CENTRE
AND PREGNANCY TO PARENTHOOD

Executive Summary

Pregnancy to Parenthood: Changing Life Trajectories for Vulnerable Families

April 2026

Key findings

Section 1: Who We Serve (Reaching Those Who Need It Most)

TOTAL FAMILIES SUPPORTED



284

Families Supported
(P2P Foundational Program: 163; ABC Program: 100; CPP: 21).

SOCIO-ECONOMIC DISADVANTAGE



42%

of clients live in the most disadvantaged areas
(IRSD deciles 1–5).

TRAUMA HISTORY



40%

of clients reported experiencing 4 or more Adverse Childhood Experiences (ACEs).

CULTURAL DIVERSITY (CALD)



1 in 3

clients identify as Culturally and Linguistically Diverse (CALD).

FRONTLINE MATERNAL AND CHILD HEALTH CARE



>30%

More than one-third of clients were referred by nursing and midwifery services, reflecting strong links with frontline maternal and child health care.

Section 2: Clinical Success (Proven Results for Families)

DEPRESSION RECOVERY (EPDS)



52%

of mothers in the clinical group achieved full clinical recovery, with 57% showing reliable improvement.

ANXIETY IMPROVEMENT (PASS)



42%

of mothers in the clinical group achieved full clinical recovery, with two-thirds of mothers showing reliable improvement.

PREVENTION DIVIDEND



96.3%

of families with lower-level distress were prevented from clinical deterioration.

Section 2: Clinical Success (Proven Results for Families)

TARGETED IMPACT FOR HIGH-NEEDS FAMILIES



The most significant clinical gains were observed among families experiencing "double disadvantage"—the intersection of mental health distress and socio-economic hardship.

Section 3: Economic Value (The Recovery Dividend)

BENEFIT-COST RATIO (BCR)



$1 » $2.40

2.41 (For every $1 invested, P2P returns $2.41 in socio-economic value).

ECONOMIC BENEFIT PER CLIENT



$26,570

Total lifetime value created per family.

TAX BENEFIT TO GOVERNMENT



$24,905

in increased tax revenue and reduced transfers per recovered client over 10 years.

HEALTH SYSTEM SAVINGS



$1,630

in annual GP visit savings and $1,166 in hospital visit savings for each mother who recovers from depression.

Why This Matters?

The Pregnancy to Parenthood (P2P) socio-economic evaluation demonstrates significant improvements in maternal mental health, parenting confidence, and parent–infant relationships, alongside strong value for money and clear evidence of unmet demand. For policymakers and community leaders, this provides compelling evidence that investment in early intervention for vulnerable families delivers measurable returns—both in improved outcomes and long-term economic value.

Who We Serve: Reaching Those Who Need It Most

P2P serves families facing significant mental health challenges during one of life's most critical transitions. Our clients reflect the diversity and vulnerability of our community:

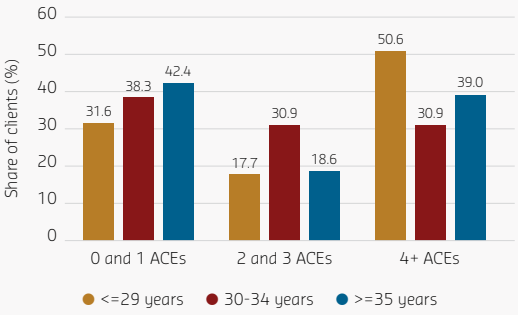
Vulnerable Populations: Over 40% of women supported by P2P come from lower socio-economic backgrounds, with 41% living in more disadvantaged areas. Clients in these areas often experience greater improvements, highlighting the critical role of P2P's fee-free service in reaching vulnerable communities.

Cultural Diversity: Nearly one in three clients (29%) identify as Culturally and Linguistically Diverse, demonstrating the program's accessibility across diverse communities.

Trauma and Adversity: Nearly 40% of clients reported experiencing four or more adverse childhood experiences, indicating high levels of vulnerability and trauma. Young women under 29 with four or more ACEs represent the largest share of clients across all age and ACE groupings—a group at particularly high risk without early intervention.

Family Composition: Most clients are women in their early 30s, with the majority (71%) being mothers attending with one infant. More than one-third of clients were referred by nursing and midwifery services, reflecting strong links with frontline maternal and child health care.

Number of Adverse Childhood Experiences (ACEs) by age group



What We Deliver: Proven Results for Families

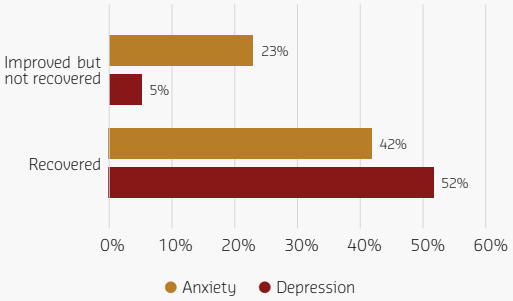
In 2025, P2P delivered 2,132 sessions to 163 families through the P2P Foundational Program, 659 sessions to 100 families through the Attachment & Biobehavioral Catch-up (ABC) Program, and 187 sessions to 21 families through the Child-Parent Psychotherapy (CPP) Program. The outcomes are clear:

Clinically Significant Recovery from Depression and Anxiety: Over half of mothers who entered with clinical depression achieved full clinical recovery, while nearly two-thirds of those with clinical anxiety showed statistically significant improvement. By moving families out of these "clinical danger zones," P2P delivers a high-impact recovery dividend, fundamentally reducing long-term reliance on GP services and health care.

Stronger Families: Nearly one in four parents (24.6 per cent) showed a statistically reliable increase in their reported certainty about their child's mental states. This may reflect greater confidence in considering their child's feelings, thoughts and intentions. However, certainty does not necessarily indicate accuracy, and healthy reflective functioning also involves recognising that another person's internal experience cannot be known with complete certainty. Smaller proportions of parents showed reliable improvements in pre-mentalising and interest and curiosity. Taken together, these findings indicate positive changes in dimensions associated with reflective parenting, although they should be interpreted cautiously given the small sample and self-report nature of the measure.

Targeted Impact for High-Needs Families: The most significant clinical gains were observed among families experiencing "double disadvantage"—the intersection of mental health distress and socio-economic hardship. P2P ensures that investment is directed where the marginal return is highest, successfully reaching populations often excluded from traditional private care.

Changes in outcomes for clients diagnosed as clinically anxious or depressed



Every dollar invested in P2P generates nearly three dollars in measurable economic benefits.

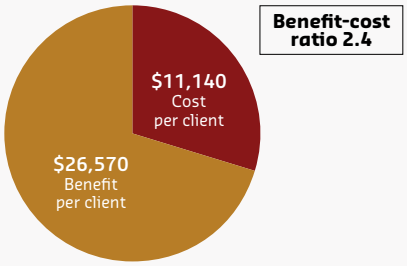
In an era of constrained budgets and competing priorities, P2P demonstrates exceptional value for public investment:

Strong Return on Investment: Every dollar invested in P2P generates nearly three dollars in measurable economic benefits. The estimated benefit per client ranges from $27,000 to $32,000, while the cost is about $11,200, resulting in benefit-cost ratios of 2.4 to 2.9.

Preventing Costly Interventions: By addressing mental health challenges early, P2P reduces reliance on high-cost tertiary and statutory systems, including acute health services and child protection.

Statewide Opportunity: Scaling the P2P model of care across Western Australia could yield substantial social and economic benefits, estimated at around $52 million annually for the state.

Cost effective analysis





Call for action and policy priorities

P2P is a high-impact, evidence-informed model that reaches families with complex needs, improves outcomes for infants and caregivers, and delivers strong economic returns, warranting sustained investment and scale.

Sustain and expand funding for the P2P model of care: The model's efficacy and high return on investment justify expanding it to address the current shortfall in specialist perinatal infant mental health capacity across WA.

Prioritise access for high-needs families: Investment should be targeted toward families experiencing "double disadvantage"—the intersection of clinical mental health distress and socio-economic hardship or trauma history.

Reduce practical barriers to engagement: To reach the most isolated families, policy should support flexible delivery modes, including outreach and telehealth, to overcome barriers such as limited transport access, geographic distance, and competing demands in early parenthood.

Strengthen workforce and service integration: The specialised nature of perinatal infant mental health requires a highly trained workforce. State policy should support competency development through structured training, including reflective supervision, to sustain this specialist care model.

Establish a long-term data development strategy: To fully capture the "prevention dividend", future policy should support longitudinal tracking of children whose families participated in P2P, providing a data-driven roadmap for early intervention investment.

Invest in strengthening targeted referral pathways with GPs, antenatal, and child health services to improve early identification and access for families experiencing vulnerability, ensuring services reach those they are designed to support.

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