

# Emotional and mental wellbeing for LGBTIQ+ expecting and new parents



All expecting and new parents deserve inclusive, appropriate support for their wellbeing. In this fact sheet, LGBTIQ+ (lesbian, gay, bi+/pan, trans or gender diverse, intersex, queer and/or asexual+) PANDA volunteers share their experiences of perinatal mental distress, help-seeking and recovery. We also discuss common symptoms and risk factors, and share tips on how to access support.

Expecting a baby or becoming a parent is a huge life change. It can bring both excitement and challenges. For one in five birth parents and one in ten non-birth parents<sup>1</sup>, the ups and downs will turn into something more serious. With so much change, it can be tricky to recognise if you need more support.

*It's the hardest job in the world and it does take adjustment. Don't feel ashamed or blame yourself for how you feel. Don't try to do it alone. Seek out services, even just a call to a counsellor.* – Belinda

Perinatal mental distress and illness can occur any time, from planning to conceive, through to 12 months after birth. The symptoms are diverse; they can be mild, moderate or severe, and can change quickly. The most common diagnoses are anxiety and depression. Depressive symptoms include feeling low, fatigue, and withdrawing from loved ones; anxious symptoms include persistent worry, irritability and difficulty sleeping, unrelated to baby's sleep.

Perinatal mental distress and illness are common and treatable. They can happen to anyone. The sooner you can get the right support for yourself and your family, the more likely you are to experience a quick recovery.

## What puts you at risk?

*My partner had to return to work [and] I was left at home on my own, trying to heal physically and having to look after this little baby even though I had no idea what to do. It all came crashing down and I realised I was nowhere near being OK. I just felt really flat, and also this incredible sense of isolation.* – Jenna

Many of the risk factors can affect anyone. On the PANDA Helpline, callers often share experiences including fertility issues, losing a baby or pregnancy, a difficult pregnancy, a traumatic birth, feeding or settling difficulties, prior mental health issues or trauma, difficult or absent family relationships, financial stress, isolation or family violence.

As an LGBTIQ+ expecting or new parent, you may face added risks, such as the challenge of accessing inclusive care from fertility, antenatal or birth services.

*The hardest part for my partner has always been the use of the term 'dads' when referring to non-birth parents. She found it so ingrained in the medical system and it made her feel less relevant and less important. [It] prevented her from reaching out.* – Michelle

LGBTIQ+ people often have to advocate for their needs to care providers who have limited knowledge about LGBTIQ+ parent families, or about safe, appropriate care for trans, gender diverse and/or intersex clients. It's exhausting, and it can stop people voicing their needs, or even accessing care.

*Having children means you are perpetually coming out: to child care, to GPs, to school mums. It was uncomfortable always making decisions about whether to 'come out' or let it slide. Being a new mum is exhausting enough, add postnatal depression and sometimes claiming my identity felt too much.* – Jenna

'Minority stress' is a term for the mental health impacts of exclusion, discrimination, mistreatment and stigma. It can arise from direct personal experiences, and from broader social stigma.

<sup>1</sup> One in ten is the figure for dads; LGBTIQ+ perinatal mental illness is under-researched and prevalence may be higher. LGBTIQ+ parents, families and terms for parenting roles are diverse; 'non-birth parent' is an imperfect umbrella term we use here to include expecting and new LGBTIQ+ parents who are not gestating or birthing their baby, so have different risk factors for perinatal mental distress and illness.

For example, during the 2017 marriage equality postal survey, the mental health of many LGBTIQ+ people suffered. This continues with ongoing 'debates' about religious discrimination and trans identity. Minority stress contributes to mental distress, and stops people getting help: research shows LGBTIQ+ people often hesitate to access mainstream services during a crisis, due to fear of discrimination<sup>2</sup>.

## Getting help if you need it

*Claire came out [as trans] when Ettie was about five months old. It was such a relief, but it was a big few months. Exhaustion, isolation and confusion started to take hold of me, and I had come to be aware of some unresolved trauma that was really kicking me around. I lay in bed feeling so, so sad – day, after day after day.*  
– Catherine

It's important to be aware of the risks and potential symptoms, and to seek help if you're worried about yourself or loved one. There are many pathways to getting help. Good places to start include your antenatal/birth care providers, your Child and Family Health/MCH Nurse or your GP. A GP who is experienced in mental health can play an essential role in diagnosis and treatment planning, including referral to specialist services for counselling. Support groups or community playgroups can be a great way to break down the isolation many parents feel. You can also contact a specialist perinatal mental health service like PANDA.

It's important to find and advocate for care that feels safe, inclusive and supportive to you.

## Finding safe, inclusive care

As much as possible, look for care providers who can provide inclusive care. LGBTIQ+ health services and peer support services like QLife can help you find inclusive GPs and other services.

Community-run LGBTIQ+ parent support and play groups can also be a great source of information and support; find them via social media.

2. Waling, A et al  
*Understanding LGBTIQ+ Lives in Crisis 2019.*

In the perinatal period, people often need to access more health services than before parenthood. Many health services are working towards better LGBTIQ+ inclusion. Yet the experiences of LGBTIQ+ parents who contributed to this fact sheet, and of some PANDA Helpline callers, show that you may well need to educate at least some of your care providers about your family's needs. It can help build support for yourself to do this:

*It's okay to challenge health care providers about their assumptions; it's okay if sometimes you feel too exhausted. Talk to your friends about what you're experiencing; join LGBTIQ+ friendly parenting groups. Even if you're not really a group person, you might be surprised at how helpful [it is meeting] other people with similar experiences. Speaking up about my identity was empowering, and helped me to feel at least some sense of control while in maternal health care spaces.* – Alice

*It's important to create "allies" for our families, which can be a process on its own. This can make it much easier to face prejudice or judgment, if we know there are other spaces where we are seen and valued and cared for as LGBTIQ parents.* – Vessal

## How PANDA can help

PANDA has LGBTIQ+ staff and volunteers throughout our organisation. Inclusion is a core skill for our Helpline counsellors. You can call the Helpline about yourself or someone you know. No diagnosis is needed. Our counsellors will listen and help you take the first steps towards recovery. This may include helping you locate LGBTIQ+ specialist/inclusive services, or supporting you to advocate for your needs in mainstream services. The Helpline is free and includes follow-up calls to see how you and your family are going.

Visit [panda.org.au](http://panda.org.au) for more information, including our Mental Health Checklist, which you can use to explore potential symptoms affecting you or a loved one. The Checklist will help you get support, including the option of requesting a call from our counsellors.

*I am grateful for my struggle with postnatal depression and the journey that I've been on. It has made me more understanding, given me a reminder to slow down, to breathe – and made my love and bond with my child and my partner so much more profound."* – Catherine



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PANDA acknowledges the traditional owners of the lands where we work and pays respects to Elders past, present and future. We value diversity and are committed to providing a safe, culturally responsive and inclusive service for all people, regardless of their ethnicity, faith, ability, sexuality, sex or gender identity or family make-up.

