

# Australian Association of Psychologists incorporated (AAPi)



Australian Government: The Early Years Strategy

## Introduction

The Australian Association of Psychologists incorporated (AAPI) thanks the Australian Government for the opportunity to provide information and recommendations on the Early Years Strategy.

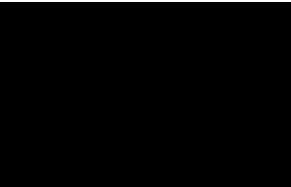
The Australian Association of Psychologists Inc (AAPI) is a proud member partner of The National Infant Child Disaster Mental Health Advisory Committee. As a member organization, we wish to endorse their submission.

Given the increased vulnerability of children to psychological impact from exposure to natural disasters, we would urge the Australian Government to take measures immediately that increase the accessibility of mental health services for families and children that are impacted by natural disaster. The last 5 years in Australia have involved significant natural disasters from bushfire to flooding and the COVID-19 pandemic. The AAPI member survey in 2021 indicated a 77% increase in demand for services and this was increased again another 63.5% in the 2022 survey. What psychologists are seeing in their practices is supported worldwide in studies of post-pandemic and post-disaster mental health and distress (Newnham, et al., 2022). We would expect this increased demand to continue at least for the next several years, if not longer due to the impact the pandemic has had on the Australian community. This distress has been further impacted by the multiple other natural disasters that we have seen in the past few years. “The evident chronicity of mental health concerns in the years following disaster for a sizeable proportion of adults and children highlights the substantial mental healthcare need currently unmet by mainstream services (Newnham, et al., 2022).”

The Governments previous initiative for mental health support through the Mental Health Services for Bushfire Response allowed Medicare rebates for up to 10 individual mental health services in a calendar year without requiring a diagnosed mental health condition, GP mental health treatment plan or referral. It would be appropriate to reinstate these items those that are exposed to natural disaster in Australia, given the success of the scheme in providing early intervention psychological supports to those who were affected by the 2019-2020 bushfires. These item numbers allowed for those who were affected to access support easily and at a low cost, removing known barriers to care. The provision of supports early is a significant protective factor that will ease the burden on children, families and affected communities, allowing them to return to optimum functioning more easily.

We thank our members who have provided feedback regarding their areas of special skill or interest and all those who have aided with this submission. AAPI represents psychologists traversing a wide range of areas of practice around the country. Using these insights, we would urge the Australian Government to strongly consider our recommendations as well as the recommendations proposed by The National Infant Child Disaster Mental Health Advisory Committee.

Sincerely,



Chief Services Officer  
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## References

Newnham, E. A., Mergelsberg, E. L., Chen, Y., Kim, Y., Gibbs, L., Dzidic, P. L., . . . Learning, J. (2022). Long term mental health trajectories after disasters and pandemics: A multilingual systematic review of prevalence, risk and protective factors. *Clinical Psychology Review, 97*.

## Australian Government: The Early Years Strategy

Closing date for submissions: 30 April 2023

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### **A disaster mental health perspective for infants, children and their caregivers and caretakers.**

This submission is presented on behalf of The Australian Child and Adolescent Trauma, Loss and Grief Network of the Australian National University, Emerging Minds and The National Infant Child Disaster Mental Health Advisory Committee.

This submission has been developed in consultation with the following organisations and individuals:

██████████ Australian Child and Adolescent Trauma, Loss and Grief Network; Australian National University

██████████ Emerging Minds

### **About NICDAC**

The National Infant and Child Disaster Mental Health Committee (NICDAC) formed in 2021 as a collective of people who work in infant and child mental health, disaster and emergency management and policy, practice and research. Membership includes a wealth of expertise and commitment to raising the knowledge, practice and awareness of the specific needs of infants, children and their families before, during and after disasters.

NICDAC was convened by the Australian Child and Adolescent Trauma, Loss and Grief Network based at Australian National University and Emerging Minds. It is facilitated through the National Workforce Centre for Child Mental Health, funded by the Department of Health and Aged Care.

### **Questions**

#### **Question 1: Do you have any comments on the proposed structure of the Strategy?**

- The field of infant and child mental health, particularly in the context of disasters, lacks research-based evidence, so it is recommended to incorporate practice-based and qualitative evidence as part of the definition of evidence.
- Collaboration with children, parents, and families can lead to creative and adaptive approaches that reduce risk and strengthen resilience, resulting in compounding benefits for future generations. Investing in families with lived experience through co-design can uncover

innovative ways for the health and social service sectors to support children and families in complex situations.

- A commitment to providing funding to further gain evidence as to what outcomes are desired and achieved would enable the building of informed systems and interventions for the child and the provision of enabling supports for families and the infant/child workforce.

## Question 2: What vision should our nation have for Australia's youngest children?

- The first five years of life should be invested in at all levels of society because we can promote the best possible start for our citizens.
- The vision of infants and children whose core needs of attachment, safety, security, access to food, shelter, play and learning is one that we support.
- In the field of disaster mental health, acknowledging the increasing frequency of disasters from natural hazards and those created by people means that we have a responsibility to plan for and implement infant and child specific interventions that reduce the likelihood of adverse impacts on their development.
- In many research papers, the opening sentence is 'children are uniquely vulnerable to the impacts of disasters', this invites the exploration of the 'why' behind this statement. Current national, state and territory documents that influence the emergency management and disaster resilience context have little content that focuses on the unique physical, psychological and developmental needs in the disaster context of infants and children.<sup>1</sup> It is obvious that infant and child psychological and physiological development and their reliance on adults for safety (physical and psychological) do make our young vulnerable in disasters.
- Following a disaster, a child's family has the most powerful and enduring influence over their development, physical and mental health, and wellbeing. However, during recovery from a disaster, parents face their own difficulties, making it challenging to draw on their capabilities to support themselves and others, including their children. Research shows that couples who have experienced natural disasters have a greater likelihood of experiencing family illness, divorce, family violence, and substance misuse. Without appropriate support, this can impact the parenting role and the parent-child relationship, which, in turn, can affect the overall mental health, development, and wellbeing of children.
- Social support systems are critical to counteract family stress and promote positive mental health and wellbeing. With practical strategies and support, families can manage these difficult times with strength and resilience. Family-focused support can also help children and parents grow and learn from these experiences to face future challenges in the current climate of disasters. It can be challenging for parents and families to determine how much their children and family, as a whole, have been affected by the disaster and what to do about it.
- Professionals and services have a key role to play in helping families to strengthen their capacities, foster resilience, and address vulnerabilities during difficult times, which can support children's mental health and wellbeing even if the family is facing challenges following a disaster. Research shows that, even during times of intense difficulty, with the right support, adults who are managing their own recovery can parent well, and the impact on children can be minimised.

**Therefore, our vision for Australia's youngest children is that:**

- The needs of infants, children and families are specifically included in policy and operational guidelines for preparedness, response and recovery in disasters – before, during and after at a local, state/territory and national level.



- Responding to the needs of families as a whole by building their capabilities to foster resilience and address vulnerabilities during disaster recovery is an area that professionals and services have an opportunity to provide support.
- Ensuring disaster experiences are incorporated into national routine wellbeing and development monitoring checks from birth to school, such as the School Entry Health Assessment and Child and Maternal Health Checks; with promising examples of this already implemented in Australia.<sup>2</sup>
- Develop and implement universal and specialised infant and child disaster workforce capabilities for the networks of service providers involved in disaster preparedness and response.

### Question 3: What mix of outcomes are most important to guide the strategy?

- Recognition that Disaster Mental and Physical Health is highly relevant for our youngest Australians
- Infant and child rights to be represented in all disaster and emergency management policy and practices and in psychosocial and therapeutic interventions.
- That the safety (psychological and physical) of infants and children in disasters is a fundamental priority and right.<sup>3</sup>
- Applying a socio-ecological model in emergency management has the potential to better match the needs of infants, children, families and communities and improve safeguarding in a disaster. This would also promote a joined-up and health-informed approach to caring for and supporting infants and children and those that care for them.
- Basic needs of infants, children and families be planned and prepared for in all local government emergency management plans including infant feeding needs, and child/family safe places

### Question 4: What specific areas/policy priorities should be included in the Strategy and why?

- National Emergency Management Agencies have an infant and child-specific department that develop, implement, train and evaluates outcomes of infant and child disaster planning, response and recovery in the interests of our youngest Australians.
- Disaster Mental Health policies and frameworks include infants, children and families in the core of all policy and guidelines (rather than as addendums).
- Developing infant and child-informed disaster management policies.
- Policies that identify that infant and child safety and wellbeing is the role of all agencies engaged in disasters.
- Disaster Mental Health policies that are developmentally informed and incorporate stepped and phased care for infants and children and their families.

### Question 5: What could the Commonwealth do to improve outcomes for children – particularly those that are born or raised in more vulnerable and/or disadvantaged circumstances?

- Disaster Relief Funding cycles that match the need.

- Disasters provide opportunity for positive change given their disruptive nature, can we build back better?
- Developmentally informed disaster mental health and wellbeing workforce.
- Tracking exposure to disasters and mass casualty events in infants and children, and their caregivers.
- Providing tiered and phased intervention for infants, children, parents and their families.
- Provide nutritional and developmentally appropriate meals and childcare/playgroups run by disaster trauma-informed child practitioners for disaster-affected families in the first 6 months.
- Fund and support the coordination and implementation of specialist child trauma responses delivered through national, state and territory workforce and translational research initiatives for periods that allow time to develop momentum and inform future disaster responses.

**Question 6: What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?**

- Establish and fund for a minimum of 5 years a child disaster centre of excellence that sits within a broader disaster mental health institute
- Call upon groups such as NICDAC for input in developing policies and practices (continuum) based on knowledge and practice

**Question 7: What principles should be included in the strategy?**

- Children have a right to be seen and heard in policy and practice.
- Strengthening the socio-ecological environment in which a child grows and develop is an investment in our future.
- Emergency management policy and practice must embed and address the needs and rights of children to be safe, informed, cared for, heard and included.
- Child mental health is fundamental to the health of our nation.

**Question 8: Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of this strategy?**

- Gaps in infant and child disaster mental health research.
- Gaps in policy that is inclusive of the rights and needs of children in disasters.
- The National Disaster Mental Health Framework must include infants and children as core considerations and not as adjuncts to adult centric policy development.