

17289 - New submission from Early Years Strategy - Public Submissions

1. Do you have any comments on the proposed structure of the Strategy?

The aspirational statement around infant mental health and well-being particularly is that we should strive for optimising infant mental health and happiness in the short term in these early years by providing specialised infant and early years mental health treatment. In the long term such support during this critical period of rapid brain and physical development and early experiences also benefits in prevention of later complex mental health issues, physical health issues and academic failure. An infant or young child who has good mental health can form secure protective relationships, experience positive emotions and regulate them and learn well. Principles of supporting infant mental health care in the early years includes also treating the mental health of parents beginning in pregnancy, supporting positive caregiving relationships and contextualising developmental experiences and acknowledging that management of infant mental health should occur in the context of community and cultural practices of any infant or young child and their family.

Policy priorities include providing a continuum of clinical service to these families from promotion to prevention through to best practice and evidence-based interventions. Early and timely intervention in risk factors during the first 1000 days including psycho-social adversity particularly poverty, prematurity and medical illness, parental mental health and drug and alcohol issues and domestic violence and abuse confer better mental health outcomes in the short and long term. Early intervention is a key priority given the rapid critical brain development of over 1 million synapses per second of infants which lays down neural pathways which shape emotional and behavioural in a lifelong way.

Evidence based mental health interventions such as child parent psychotherapy, ABC, family based and co-parenting strategies, trauma based cognitive behavioural therapy and prematurity specific wellbeing interventions such as Maternal Infant Transaction program should be prioritised in funding and implementation. Inter-sectorial collaboration in clinical service delivery should be a goal. Establishment of the evidence base of infant mental health interventions in the setting of psycho-social adversity should be prioritised. Universal parenting strategy programs (such as Circle of Security), information guiding promotion of mental health and wellbeing and consideration of secondary consultation models from infant mental health and infant mental health screening to child health and community health services should be considered. Paediatric hospital-based interventions to target prematurity, complex trauma and medical illness as risk factors for mental health and developmental issues should be prioritised.

3. What vision should the nation have for Australia's youngest children?

All infants and young children should have their rights to safety and protection, health and wellbeing and supportive caregiving and family relationships upheld. Access to comprehensive infant mental health treatment and preventative strategies for infants and their families in both regional and rural areas should be available. Education from infant mental health and infant psychiatry experts to create well informed systems of care around the infant and the family particularly about mental health and wellbeing promotion and prevention in childcare, educational, community health and

maternal health setting should be available. Government policy should reflect advocacy for vulnerable infants and children and families such as those in protective care, having psycho-social adversity and those with a history of intergenerational trauma or current complex trauma.

4. What mix of outcomes are the most important to include in the Strategy?

In terms of mental health and well-being important outcomes to be considered include in the short term global and social and emotional development, attuned and caring caregiving relationship quality, parenting confidence and knowledge of developmentally attuned strategies (eg serve and return), parenting stress levels, secure attachment, good physical health and parental mental health and alcohol and substance use. Rates of infant mental health disorders, post-traumatic stress disorder and social and emotional delay are important to see reduction around. Safety around child abuse and neglect and injury are important consideration. Long term outcomes including mental health and wellbeing on the children and families, physical health, drug and alcohol use, educational attainment, family functioning and care and protection are important. Secondary outcomes in terms of increased detection rate on infant mental health and parental mental health issues and access to early intervention and evidence based and best practice infant mental health services is important. In vulnerable groups of infants and young children in care access to trauma informed services and care is an important outcome to monitor

Social emotional developmental, infant mental health detection, attachment and relationship-based tools used varied depending on age of the infant or young child. Tools such as Child Behaviour Checklist for toddlers, Brief Paediatric Symptoms checklist (infant and child), CARE index, baby alarm distress scale, HONSCI, Edinburgh Postpartum Depression Scale, PHQ, Parenting Stress Index, Domestic Violence detection tools, Postpartum bonding questionnaire are all suitable tools to look at effectiveness of interventions. HEADS ED under 6 is a useful tool to detect infant mental health problems and contextualising psychosocial issues for maternal health nurses and primary care.

5. What specific areas/policy priorities should be included in the Strategy and why?

- Infant mental health/ infant psychiatry and early intervention around social emotional developmental delay. This is due to the economic benefits and prevention of later educational failure, mental health complexity and more complex and costly mental and physical health interventions.
- Infant mental health intervention for those infants and families with prematurity, medical illness and disability and developmental issues. Rates of infant mental health presentations are over 20% in these groups and parental mental health issues occur at up to 8 times that of already significant background postpartum depression and anxiety and post-traumatic stress disorder. Evidence based infant mental health prevention and early intervention specialist programs confer secure attachment, better global developmental outcomes and improved educational outcomes in intervention groups.
- Disadvantaged infants and young children and their families should have access to specialised infant mental health services to target inter-generational and complex trauma and to support family and parent functioning through psycho-social adversity. Provision of specialised mental health services/ infant psychiatry including individual and mother infant and family co-parenting therapy is needed.

6. What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?

- Government policy to address known psycho-social determinants of poorer mental health and well-being should be prioritised to support parenting and family functioning

This includes but is not limited to policies which support stable housing, address poverty, ensure adequate and good quality nutrition, policy addressing domestic and intrafamilial violence. A policy aspiration should be to aim for infant and child abuse, neglect and physical violence to be eradicated.

- Development and further research into evidence based infant mental health programs to target vulnerable and disadvantaged infants and young children such as trauma informed care around neglect, child parent psychotherapy, foster carer/ grandparent parenting interventions, ABC, interventions targeted to parents of infants with prematurity or complex medical issues and disability
- Better cross sectorial collaboration between child protection and early years mental health and paediatric services
- Establishment nationally of First 1000 days clinics to target from paediatric and mental health/ infant psychiatry perspective psycho-social determinants of later mental health and physical issues. These services should begin in pregnancy to address drug and alcohol issues in pregnancy, detect parental mental health issues early, provide preventative programs such as PREPP to enhance parenting skills and then support infants and young children with vulnerabilities such as prematurity through early identification of infant mental health issues and early intervention.

7. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

- The integration of early childhood mental health services with later mental health services across Child and Adolescent MHS to provide continuum of care for families
- Paediatric and infant mental health/ infant psychiatry in specialised early intervention clinics collaborating together given bio- psycho-social determinants of illness
- Policy advocacy and opinion from infant mental health experts/ infant psychiatry to inform processes and policy in child protection, early childhood education, family and domestic violence, disability service provision
- CALD and Indigenous representation in service co-design of early childhood services for health and mental health to ensure sensitive, effective and appropriate care including trauma informed care is provided
- Integration of perspectives of carers and those with lived experience in service design and delivery in infant and early years mental health services (eg Taskforce process Mental Health Commission WA CAMHS reform)
- Establishment of cross-sectorial learning activities to enhance collaboration between disciplines and enhance skills of clinicians working with young children and families
- Establishment of complex care panels across clinical services including mental health/ paediatrics/ disability services and NDIS to consider treatment priorities and patient and family service needs across sectors in complex cases.
- Perinatal and infant mental health services providing a continuum of service from pregnancy through to 4 years for young children

- Comprehensive infant mental health service provision funded with adequate psychiatry, nursing, outreach capacity, rural service capacity and comprehensive allied health including social work to address and refer through clinical pathways to address psycho-social determinants of health and well-being
- Service models to support primary health care and community providers including child health nurses and maternal health nurses. This would include primary and secondary consultation models from infant mental health services/ infant psychiatry to support infant mental health and parental mental health screening, referral to specialist infant mental health services for early intervention through parenting and family therapy strategies.
- Establishment of cross sectorial early childhood forums/ Institute nationally with representation from public and private sectors to encourage investment and policy discussion in early childhood which supports health and well-being. A best practice example of this is the Tulane Institute of Infant and Early Childhood Mental Health

8. What principles should be included in the Strategy?

- Early intervention is needed during a period of critical brain development
- Early intervention leads to less resource and economic cost of service provision beyond current treatment benefits
- Psycho-social adversity should directly be targeted for intervention given the high risk it confers for later mental health, educational failure and physical health and risk.
- Health and well-being interventions should be evidence based or based on best practice models with specialised infant psychiatry and paediatric knowledge informing mental health service and physical health service delivery. Co-design with mental health consumers and disability advocates and with CALD and Indigenous cultural competency and considerations is needed.
- Any infant or young child should be considered in the context of the family and community in which they are raised, and parental mental health and cultural practices should be important considerations in care
- Rural and regional infants and families should be provided with equity in access to early years mental health and paediatric services
- Trauma informed care principles should guide support services for infants and families in disadvantaged circumstances. Research priority to look at effective delivery of evidenced based interventions to this patient group.

9. Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

- The Strategy is a welcome, well considered and comprehensive approach to improving health and wellbeing in the early years
- Universal and targeted screening of infant mental health screening requires establishment, and an up-to-date national survey of infant and early childhood mental health issue is needed to establish
- Service mapping to establish tiers of clinical service provision available to families and gaps nationally is an important part of this process. A national service directory for families and professionals will help with cross sector referral and patient centred service provision.