<u>**17280 - New submission from Early Years Strategy - Public Submissions**</u>

Response to the Early Years strategy Discussion Paper

Introduction

Women and Newborn Health Service (WNHS) in Western Australia (WA) is a level 6 maternity and women's health hospital. It also has a large Neonatal Intensive Care Unit and special nursery, governed by Child and Adolescent Health Service. The WNHS perinatal and women's mental health service consists of three parts.

1. Mother Baby Unit – is an 8 bed authorised mental health unit catering for mothers with babies under the age of 12 months, or pre-mobile. Occasionally, women may be admitted during the antenatal period.
2. Psychological Medicine – is a multidisciplinary department with a consultation-liaison service to the hospital and an ambulatory service for women who have been referred to the general hospital. The service receives over 2500 referrals a year, of which the vast proportion are perinatal mental health referrals.
3. State-wide Perinatal and Infant Mental Health Program (SPIMHP) – is a small team committed to education and training, health promotion, research and coordination of services for perinatal and infant mental health (PIMH) for the state of WA.

This submission is based on the collective experience of those working at WNHS in PIMH across the service as well as the WA *Perinatal and Infant Mental Health Model of Care: A Framework 2016*, coordinated by SPIMHP. This submission has also been informed by the *National Women's Health Strategy 2020-2030* and the WA *Sustainable Health Review 2019*.

In considering aspirational PIMH care, it is important to consider evidence-based best practice and service delivery across the perinatal and infant/child continuum of care. All services need to consider each member of the family unit and are respectful of the parents and caregiver's own knowledge and cultural understanding of their babies, children and family.

The WA *Sustainable Health Review 2019* supports the focus on integration across government, non-government and private sector service providers, and an emphasis on the importance of continuity of care, and equitable access to services, with collaborative decision-making and respectful relationships between consumers and health professionals.

The WA *Perinatal and Infant Mental Health Model of Care: a Framework 2016* produced a series of recommendations which remain relevant and map appropriately into the Early Years strategy structure and questions.

Recommendation 1: Consideration of the whole family

Recommendation 2: Meeting the needs of vulnerable groups

Specifically recognise the needs of vulnerable groups in service planning and provision of perinatal and infant/child mental health services.

Recommendation 3: Health promotion, illness prevention and early intervention

Develop a comprehensive approach to perinatal and infant/child mental health promotion, illness prevention, detection, and early intervention.

Recommendation 4: Treatment and management

Treatment and management for perinatal and infant/child mental health problems to be based on best practice principles: including clear referral pathways, stepped care, and ongoing access to support services.

Recommendation 5: Planning, integration and coordination of services

Perinatal and infant/child services work together to establish referral, care and treatment pathways across agencies and the continuum of care to ensure a family's experience of services is seamless, equitable and inclusive.

Recommendation 6: Supporting the workforce

Consolidate perinatal and infant/child mental health service provision through the development of a dedicated and competent workforce.

Recommendation 7: Supporting research and the development of a local evidence base

To aid the expansion of the local evidence base, encourage and support research as an integral part of clinical programs and service development.

Proposed Structure of Early Years Strategy

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

Throughout the discussion paper, there is an emphasis on the strategy being child and family centred, with the focus commencing in the antenatal period to the first five years of life. Recognising the impact of maternal, paternal, family health and wellbeing (social, emotional and spiritual) on the developing fetus and infant/child, the document structure needs to consider the family unit as being central to the structure of the Strategy.

Vision

2. What vision should our nation have for Australia's youngest children?

For infants/young children to grow and thrive, the relationship between the parents/caregivers and their children is of primary importance. The human baby is one of the most defenceless of all offspring in the animal world. The role of the parent is intense and long term. In creating a positive future there must be investment in the most important part of our social capital – our children. The best way to invest in our children is via support of those who will become parents. The health of an individual and their families is a function of their individual and collective characteristics and the external environment in which they live. A focus on a healthy community is vital to support parents and their relationships with their children.

Outcomes

3. What mix of outcomes are the most important to include in the strategy?

Outcomes need to be linked to change in health and wellbeing, rather than focus on the number of services or new initiatives.

Expanding access to health care and decreasing utilisation of unnecessary services are not the same as producing documented effects on health. Although access and delivery of appropriate services are clearly important goals, direct measures of health status are needed to assess physical and mental well-being, identify problems that require intervention, and quantify the effects of services received. This is particularly important in mental health where there are more than 190 NGO organisations in WA working in the space without clear indication of improved health metrics.

There should not be a focus on *delivery of health-related services,* which is often supported by data on cost savings from other areas of health. The WA *Sustainable Health Review 2019* has already established the lack of progress that has been made from allowing the 'number of services or occasions of service' to be used as a measure of success. The need for greater attention to direct measures of *health outcomes* (e.g., Infant attachment disorder) as well as *indicators of health risk* (e.g. screening metrics) is clear.

There should be outcome considerations for all phases across the continuum of health, including promotional activities, universal and targeted prevention through to intervention and treatment for the pre-pregnancy, pregnancy, birth, postnatal, infant and early childhood periods.

Policy priorities

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

Perinatal and infant mental health are inextricably linked. There is a baby in the mother's mind from the very beginning – from the point of preconception counselling, fertility treatment and all the way through pregnancy, and we now know that nearly all aspects of early development and later health are affected by interactions among experiences, genes, age, and the environments in which young children and their families live. These interactions influence every biological system in the body, with especially powerful effects in the earliest years which can translate to a health and wellbeing trajectory for the rest of that child's life.

The National Strategy for Women's Health 2020-2030 outlines areas of promotion, early intervention and treatment for reproductive health care for women, including perinatal mental health care, which includes attention to the social determinants of mental health and wellbeing – poverty, chronic medical conditions, substance abuse, trauma and family domestic violence. Without ensuring the social emotional wellbeing and safety of women, it is unlikely that interventions for infants and children will attain the desired goals.

Care of the mother is integral to the wellbeing of the infant but access to universal parenting strategy programs (such as Circle of Security), information guiding promotion of mental health and wellbeing and more focus on screening for infant mental health and parent-infant relationship difficulties by maternal/child health and community health services should be considered. Paediatric/maternity hospital-based interventions to target prematurity, complex trauma and medical illness as risk factors for parental mental health and developmental issues should be prioritised and led by psychiatric and mental health services.

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

The Commonwealth could lead the integration of all services for families particularly those focussed on the psychosocial supports for the most vulnerable. The Commonwealth could assist in developing ways of sharing of information between these services to allow better coordination of this support for these families.

Funding for complex case teams would be beneficial to allow locally based clinicians/workers to work with these families to provide comprehensive, coordinated care from pregnancy through to the early years of parenting. Too often local systems work against the clinician/worker as care needs to tranverse services and funding bodies with no service prepared to hold the role as case manager. These teams would ideally be led by infant mental health clinicians with close collaboration with other local services. Psychiatry is an important discipline to involve at all levels. Psychiatrists are medically trained and have a broad understanding of obstetrics and paediatrics and have often worked across all parts of the health system during their training, including rural and remote, private sector, primary care and occasionally NGO.

In particular, it is essential that Aboriginal and Torres Strait Islander communities are central to identifying, developing and implementing solutions to close the gap on health and wellbeing with appropriate culturally safe support from agencies.

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

The health and wellbeing of infants/young children needs to be considered on a continuum from pre-pregnancy to early childhood. Policies need to follow the development of the infant/young child and avoid fragmentation due to life stage or stage of development of the family. Women's health care, reproductive health care and maternity care need to be included in all policies.

The Commonwealth needs to consider the voice of the most vulnerable groups including

- Aboriginal and Torres Strait Islander families (recognition of past and continuing trauma)
- Culturally and linguistically diverse families (CaLD)
- Rural and remote families
- Teen parents
- Women who have resettled in Australia under a refugee program
- Parents with a mental illness, chronic illness, physical and/or intellectual disability or substance use
- Families experiencing adversity, including social isolation, poverty and other psychosocial stressors
- Families with a history of trauma and/or abuse
- Families where there is domestic violence
- Infants or young children with chronic illness or physical and/or intellectual disability, including vulnerability stemming from preterm birth
- Infants and young children under the care of Department of Child Protection and Family Support and their parents and other caregivers
- Incarcerated parents
- Families who have experienced previous pregnancy or postpartum complications, including loss and premature birth as well as families who have struggled to conceive

- Families with diversity of family structure including sole parents, same-sex and transgender parents (LGBTQI+)
- Adoptive parents, foster families, grand-families and families in which one parent regularly works away from home

Principles

7. What principles should be included in the Strategy?

Co-designed services with a multi-generational 'whole of family' (grandparent, parent, baby) approach, in recognition of the primacy of the family in shaping emotional and physical health and developmental outcomes for infants and young children.

Well informed workforce and appropriately qualified clinicians supporting the mother/parent-infant relationship is highly beneficial for the infant's/young child's social and emotional development.

Perinatal and infant mental health promotion, specifically the first 1000 days, ensuring universal access to information and prevention strategies.

Timely early intervention and targeted intervention to those recognised higher risk families from preconception or in early pregnancy

Trauma informed and integrated care – services being a place of safety

Responsive and comprehensive, wrap around care through well-coordinated and collaborative services (Commonwealth and State)

Equity of access for all families

Evidence-based approach

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

The parent- infant relationship as the focal point, demands an integrated service utilising a multi-disciplinary team approach that draws upon the clinical expertise of relevant disciplines. This also requires strong family (multi-generational)/community support or scaffolding to enable the 'relationship' to repair and flourish. The siloed approach of

Evidence around the effectiveness of perinatal and infant mental health interventions is building. Further work is needed to identify the value of interventions aimed at improving infant socio-emotional functioning through the parent-infant relationship.

The strategy should be explicit in recommendations around the translation of research into clinical work. Too often research interventions are 'forced' into clinical work without consideration of how it might impact on service delivery and is applied in a rigid way that often then excludes some families from access to a service. Services need to meet the demand – rather than services providing for those that meet research protocol criteria. Time limited pilot studies often allow a service to ascertain not

only the effectiveness (which is often related to careful selection of cases) but the impact the research intervention may have on other families.