Tweddle Child & Family Health Service

Submission to the Royal Commission

Into Victoria's Mental Health System

Royal Commission into Victoria's Mental Health System

05 July 2019

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Executive Summary

As a specialist public hospital with almost 100 year experience in the delivery of early parenting services, Tweddle Child & Family Health Service (Tweddle) is pleased to support the work of the Royal Commission into Victoria's Mental Health System.

Our role is in nurturing baby/parent interactions, through sleep, play and love to build stable, secure individuals, families and communities.

We bring to the Royal Commission into Victoria's Mental Health System, a perspective that is focused on the needs of babies, toddlers and their families. We believe that, "Children's relationships shape the way they see the world and affect all areas of their development."[1]

The neuroscience behind the developing brain and the science of epigenetics has experienced exponential growth in the last decade and our expanding knowledge is shaping our practice and improving our interventions when working with babies, toddlers and their families who are experiencing challenges, including mental health challenges, with in the perinatal period.

> "Children born to mothers experiencing depression have changes in their brain architecture that seem to negatively affect their learning, behavior, and mental health."[2]

Our service model utilises a multidisciplinary team including, maternal & child health nurses, early parenting practitioners, psychologists, mental health professionals including infant mental health specialists. We utilise multimodal treatment options including in home, counselling and residential programs, tailored to accommodate the needs of the family.

In order to have both a short term and a long term impact on the mental health of current and future Victorians, Tweddle offers the following recommendations:

- **A strategic community awareness campaign** regarding perinatal mental health.[3] It may be useful to explore the YouTube clip "Postnatal mental health | Talking about mental health - Episode 13" developed by Mind, the mental health charity, in the UK.
- **Increased training on perinatal mental health** to build the understanding of the importance of the first 1,000 days and its impact on both mental and physical health across the lifespan.
- **Increase funding and access to home visiting programs** to support the establishment of early relationships for babies, toddler and their families.
- **That there be the provision of overt recognition of mental health knowledge and intervention skills in the perinatal, infant and early childhood periods** to enable them to be identified as specialist skills.
- **That advocacy for a policy shift towards prioritising the first 1,000 days** be undertaken in order receive additional funds to support the current and future mental health needs in the perinatal period.

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1 https://raisingchildren.net.au/newborns/development/understanding-development/relationships-development#why-loving-nurturing-relationships-are-important-nav-title

2 A Report From The California Task Force On The Status Of Maternal Mental Health Care accessed 02072019, https://static1.squarespace.com/static/56d5ca187da24ffed7378b40/t/5b40f84503ce641f98dbd329/1530984521889/Report-CATaskForce-7.18.pdf

3 https://www.youtube.com/watch?v=w0aaM9XzwTA

- **Increase access to MBUs** and greater interagency collaboration with EPCs.
- **Facilitate MERTIL training** or similar be available for all practitioners working with babies, toddlers and their families.
- **Advocate for the development of skills sets** to be developed and included in the National Training Packages, Health and Community Services, and other relevant undergraduate programs focused on i) infant mental health ii) fostering healthy relationships in the perinatal period and iii). Skills in working with parents and babies (dyadic and triadic relational therapy)
- **Establish more accessible perinatal psychology services**, (private clinic in public hospital model) at EPCs.
- **Establish a Centre of Excellence for Perinatal Mental Health** and link key stakeholders to the centre including EPCs.
- **Fund a research chair in perinatal mental health** to work with stakeholders including EPCs.
- **Develop an awareness campaign** focused on fostering increased awareness and to support help seeking navigation options through the perinatal period.
- **Advocate for further workforce initiative funding** to support a greater understanding of career pathways across mental health and child and family health.
- **Provide for additional funding for mental health and dual diagnosis training** for EPC staff
- **Advocate for Peer Support Worker roles** to be embed in EPCs and that these roles be adequately resourced with funding to support the role and the supervision and mentoring that is required.

Family violence, addiction and physical health illnesses also coexist with mental health conditions and we need to support the "whole" person and their family.

We recognise that any mental health issue does not exist in isolation and many also experience family violence, addiction or physical health conditions. Service models need to include the ability to implement coordinated care in order to comprehensively address the needs of individuals and their families.

Tweddle offers the Royal Commission into Victoria's Mental Health system its full support and would welcome the opportunity to speak directly about the needs and experiences of families in the perinatal period. Importantly we seek that you consider the importance of focussing on infant mental health to bring about long term change to the lives of babies, toddlers, their families and the Victorian community.

Background

Tweddle Child & Family Health Service (Tweddle)[4] is strongly committed to the support of and improvement in the mental health of all Victorians.

As a public hospital nearing 100 years of service, Tweddle has a range of parenting programs, both for voluntary and mandatory (child protection) family admissions.

It offers residential and community based early intervention and prevention health programs with a priority on helping Victoria's most vulnerable and at risk mums, dads, babies and toddlers.

Services include residential, community based day stay programs, assessment and intake, psychology and social support services for individuals and families, parenting support programs in prisons, childbirth education programs, in home parenting and relationship programs and peer support programs for parents of children with a disability, developmental delay or chronic medical condition. With the support of funding, newly launched therapeutic programs include Working Out Dads and Circle Of Security.

Tweddle is an advocate for the infant/child in high risk family cases in the Children's Courts and in the Victorian Family Drug Court.

As one of Victoria's three specialist Early Parenting Centres (EPCs), we describe ourselves as being the "voice of the infant". This is particularly important to us as the needs of babies and toddlers regularly get lost in the much broader term of "children".

> *"The First Thousand Days is a global movement addressing child development in the first 1000 days of life from conception to age two."5*

The particular needs of the first 1,000 days are different from the needs of the later years of childhood. The window of opportunity that the first 1,000 days provides, should drive us all, policy makers, clinicians or parents, to work to ensure that we strengthen the foundations laid down during these years, in order to build strong resilient people and subsequently strong resilient communities that prosper.

The Science

"Science tells us that from our birth, our brains are growing and adjusting to our environment. Whether traumatic, friendly, threatening or soothing, our experiences get wired into our biology[6]."

A key focus of our submission is that Infant mental health is a specialist field and we need to strengthen the service system by investing in the work that is undertaken in this area along with services provided to mothers and fathers in the perinatal period.

We view the centres as being like intensive care beds, where the team works to ensure coordinated care for babies, toddlers and their families who are experiencing high levels of difficulty. In this situation all members of the family are experiencing varying degrees of mental illness and have compromised mental health.

4 https://www.tweddle.org.au/
5 http://voice.unimelb.edu.au/volume-11/number-5/difference-1000-days-make-life-child
6 https://thrivewa.org/work/trauma-and-resilience/

The toxic trio, mental health issues, addiction and domestic violence, are prevalent in our cohort of families utilising our services. The 2018/19 data gathered from 1787 assessment and intake calls indicates that 75% identified with mild, moderate or severe depression or anxiety.

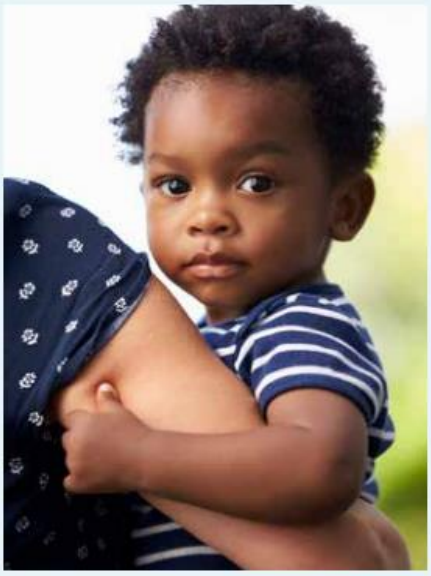
During our Assessment and Intake process 75% of callers identified, with mild, moderate or severe depression or anxiety

We stress that working within the first 1,000 days makes sense, both from a clinical and an economical perspective. We work with families in order to address the needs of babies and toddlers and we do this by improving the competency capacity and confidence of parents. It is at this point that treatment has additional impacts and that in fact you are able to improve the mental health of the baby, the mother and the father/partner. In short you are not only getting two but three for the price of treating one (family).

In exploring the area of epigenetics[7] and the relationship between maternal mental health and the impact on the baby/toddler there is ample evidence that in order to prevent poor outcomes for the individual into the future we need to intervene earlier.

MMH & EPIGENETICS

The study of genes and the variation of gene expression based on external or environmental factors is called epigenetics. This field has received close attention, in conjunction with the Life Course Model, as epigenetics asserts that exposure to stressful events or circumstances can turn certain genes on or off, thereby influencing the capacity for resiliency, illness, and/or the overall health status of an individual. Exposure to adverse events, including maternal depression, can influence both short and long term health status of the individual. With respect to maternal depression, researchers have found changes to the brain of the developing fetus due to exposure to maternal depression in utero. These changes are associated with increased rates of preterm delivery, lower birth weight, elevated cortisol, and lowered levels of serotonin in early infancy. Additionally, research has demonstrated that a mother's depression during pregnancy can result in alterations to the DNA of the developing fetus. In this case, the mother transmits the trauma and stress of the psychological condition that she is experiencing into the biology of her offspring. Therefore, decreasing the rates of fetal exposure to prenatal depression or anxiety is essential in protecting the next generation.[89-92]



[7] A Report From The California Task Force On The Status Of Maternal Mental Health Care, p.20 https://static1.squarespace.com/static/56d5ca187da24ffed7378b40/t/5b40f84503ce641f98dbd329/1530984521889/Report-CATaskForce-7.18.pdf, accessed 02072019,

The Science

It is clear from the science that underpins infant and perinatal mental health that investing in the very early years makes sense and is a sound and economically prudent investment. The Harvard Centre on the Developing Child provides one source of ample evidence that we should heed:

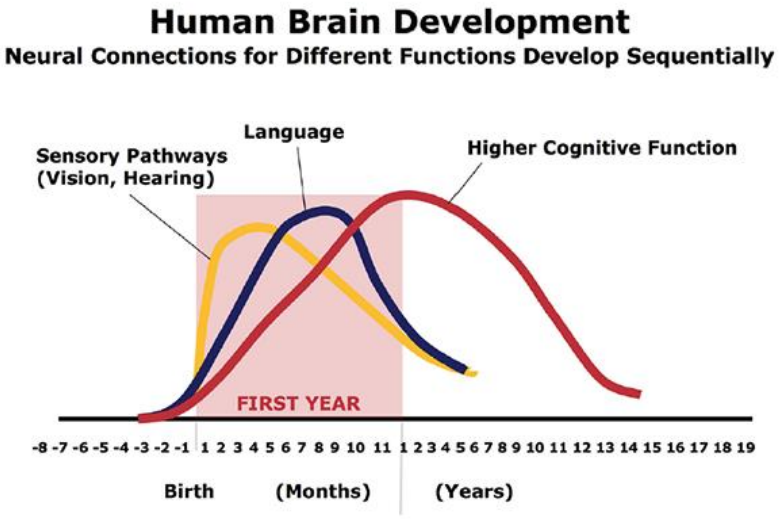
> *Extensive biological and developmental research over the past 30 years has generated substantial evidence that young children who experience severe deprivation or significant neglect—defined broadly as the ongoing disruption or significant absence of caregiver responsiveness—bear the burdens of a range of adverse consequences. Indeed, deprivation or neglect can cause more harm to a young child's development than overt physical abuse, including subsequent cognitive delays, impairments in executive functioning, and disruptions of the body's stress response.*[8]

In understanding that Victoria has an opportunity to embrace both an early intervention and a preventative strategy regarding mental health, we need to be clear on the need to build a fence at the top of the cliff to stop people falling over the edge, as opposed to having an ambulance (sometimes) at the bottom to try and "mend" the impacts of the "fall".

We need to understand the "science" that explains what contributes to mental health issues developing and then implement practice that interrupts this cycle.

> Brains are built over time, from the bottom up.
>
> The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, more than 1 million new neural connections are formed every second. After this period of rapid proliferation, connections are reduced through a process called pruning, so that brain circuits become more efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits.

[8] http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp12/



In the proliferation and pruning process, simpler neural connections form first, followed by more complex circuits. The timing is genetic, but early experiences determine whether the circuits are strong or weak. Source: C.A. Nelson (2000). Credit: Center on the Developing Child

This is further evident in the Adverse Childhood Experiences Study[9]

> "The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.
>
> The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors."

In the document, "A Report From The California Task Force On The Status Of Maternal Mental Health Care,"[10] we see the diagrammatic representation of the impact that Adverse Childhood Experiences (ACE) have on life outcomes and the increased likelihood that these babies, toddler and children will experience depression and other conditions as an adult.

[9] https://www.2020mom.org/ca-task-force-recommendations
[10] https://www.2020mom.org/ca-task-force-recommendations

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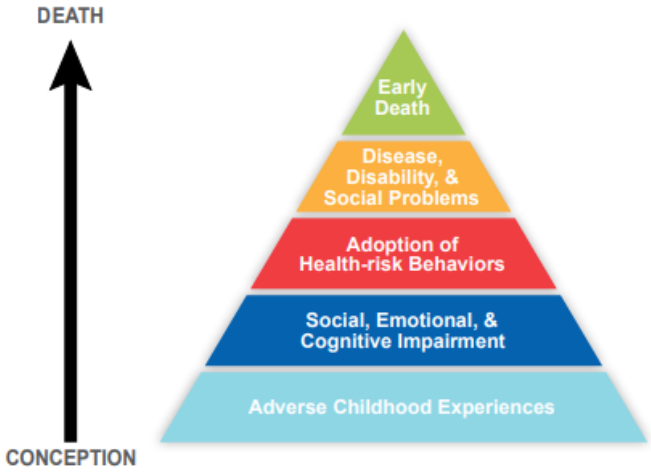
Childhood Trauma Increases Risk

Further, adults who experienced chronic sustained forms of trauma during childhood (i.e., adverse childhood experiences or ACEs), such as child abuse, neglect, or other household dysfunctions, have an increased risk of depression in adulthood,[66] as shown in Figure 3. In California, adults with four or more ACEs are four times more likely to have a depressive disorder, demonstrating the long-term consequences of early childhood adversity.[67]

Figure 3. Adverse Childhood Experiences (ACEs) Increase Risk of Depression as an Adult



This data and information highlights the need to emphasise the importance of understanding that **Babies Brains Matter** and intervening early in life during the periods of increased development will benefit the individual, the family and the community both physically, emotionally and economically.

The recommendations provided in the work at the Centre for the Developing Child, Harvard University, provide us with the following advice for policy and programs when considering the science of neglect:

> "Invest in prevention programs that intervene as early as possible. The earlier in life that neglected children receive appropriate intervention, the more likely they are to achieve long-term, positive outcomes and contribute productively to their communities. Key personnel in the primary health care, child welfare, mental health, and legal systems can work together to assure the earliest possible identification of families that require preventive assistance as well as children who need therapeutic intervention. Because child neglect often co-occurs with other family problems (particularly parental mental health disorders and addictions), specialized services that address a variety of medical, economic, and social needs in adults present important opportunities to identify and address neglectful circumstances for young children. Policies and programs that provide preventive interventions in high-risk situations before the onset of neglect present a particularly compelling goal."

Victoria has an opportunity, through the development of the Royal Commission into Mental Health, to join with international and national movements and focus on investing in the first 1000 days.

Tweddle stresses the importance of this opportunity and supports the Victorian government for its openness in the consultation process and recommends that it provides for the future through investing in the very young Victorians and their families.

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Question 1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Preamble:

> "Studies in Australia and around the world have found that up to one in ten women experience depression during pregnancy and one in seven women in the year following birth. Anxiety disorders are also prevalent (around one in five women in both the antenatal and postnatal periods) and comorbidity with depression is high... All of these conditions have the potential to have a negative impact on maternal and infant outcomes. This is more likely to occur when a mental health condition is combined with serious or multiple adverse psychosocial circumstances.[11]"

The Victorian community's understanding of mental illness in the perinatal period is limited. The greater majority would consider that pregnancy, childbirth and parenting are times of great happiness and excitement. In reality the perinatal period presents

> "…a significantly increased risk for onset and relapse of mental health conditions – higher than at many other times in a woman's life. … up to three-quarters of women meeting DSM criteria for depressive and anxiety disorders are not identified (Spitzer et al 2000; Coates et al 2004) and only one in ten women requiring mental health care receives it (Bowen et al 2012). … As suicide in the perinatal period was a leading cause of maternal deaths in Australia in 2008–2012 (Humphrey et al 2015) and the rate of maternal deaths due to psychosocial health problems is rising (Humphrey 2016), … mental health conditions in their more severe form are often associated with impaired functioning, especially in relation to a woman's ability to care for her infant and the formation of secure infant attachment, which may in turn be associated with poorer social, cognitive, and behavioural outcomes in the child (1st 1001 Days APPG 2015)

The data profile of families presenting to Tweddle presents a very different story with 75% presenting at the point of Assessment and Intake with mild, moderate or severe depression or anxiety. This is supported by academic research including:

> "Depression is a leading cause of disability worldwide.[1] Since women are more likely to be affected than men, [2–4] particularly during the childbearing years,[5] maternal depression is highlighted as a global public health issue.[6] Maternal depression in the perinatal period is linked to a wide range of adverse child outcomes, including compromised physical and cognitive development, behavioural difficulties, and increased risk for later common mental disorders in the off spring."[12]

[11] https://cope.org.au/wp-content/uploads/2017/10/Final-COPE-Perinatal-Mental-Health-Guideline.pdf
[12] www.thelancet.com/psychiatry Vol 3 October 2016 p. 983

The majority of callers to Tweddle are female, however Depression and Anxiety in Dads, can also have longer term impacts on babies, and toddlers:

> More recent work has demonstrated that depression also affects 5–10% of fathers[4] and that it is associated with an increased risk of behavioral and cognitive difficulties in children.[5]–[7] This effect is found to be independent of the impact of maternal depression and may be particularly potent when the depression occurs very early in the child's life, in what may be a sensitive period of development.[13]

The following data has been gathered from our Day Stay and residential programs in relation to Depression, Anxiety and Stress in the 2018/19 year.

Tweddle Data

Gender and DASS component	No. of Assessments	Percentage in high risk range
Male (Depression)	355	56.90%
Male (Anxiety)	355	69.58%
Male (Stress)	355	40.85%
Female (Depression)	1051	77.07%
Female (Anxiety)	1051	84.30%
Female (Stress)	1051	64.22%

This information is identifying the high levels of depression, anxiety and stress in the families (both mums and dads) attending Tweddle. The consequence of individuals and families experiencing these symptoms means that they may not be available for the immediate needs of their babies and toddlers. This flows onto the baby or toddler feeling insecure and attachment disorders may result.

Delay in accessing help

Our general community does not have a well-developed understanding of the importance of the perinatal period, the signs and symptoms of depression, anxiety and stress or other more serious conditions (e.g. puerperal psychosis).

Tweddle has experienced, on a number of occasions, a significant delay or inability of access when seeking to gain support from the CATT (crisis assessment and treatment team) team, due to an escalation of the condition of a mother, placing both herself and the baby at risk.

In these heightened situations, timing of additional support is critical and Tweddle only seeks CATT team intervention when deemed necessary. The wait times have been in excess of several hours and in a number of cases the Police and ambulance services had to be invoked. This is not good practice and exacerbates the condition of the individual and increases stress within the

[13] Paternal Depression: An Examination of Its Links with Father, Child and Family Functioning in the Postnatal Period, accessed 02072019, www.ncbi.nlm.nih.gov/pmc/articles/PMC3128925/

families in the residential program. Importantly, the impact on the children can be negative and support the increased stress response and its subsequent sequelae.

Infant Mental Health is very poorly understood by the general community, by Health, Allied Health Professionals and the general community.

> Infant Mental Health refers to ....
>
> "the developing capacity of the infant and young child (from pregnancy to 3 years old) to experience, express and regulate emotions; form close and secure relationships; and explore the environment and learn," all in the context of the caregiving environment that includes family, community, and cultural expectations. (Osofsky & Thomas, Zero to Three, 2012)
>
> "The field of Infant Mental Health may be defined as multidisciplinary approaches to enhancing the social and emotional competence of infants in their biological, relationship, and cultural context." (Zeanah & Zeanah, 2001). It requires "expertise and conceptualisation from a variety of different disciplines and perspectives including research, clinical practice, and public policy". (Osofsky & Thomas, Zero to Three, 2012).[14]
>
> "Bonding and attachment happen when you consistently respond to your newborn with love, warmth and care. Bonding and attachment are vital to your baby's development.[15]"
>
> "A baby cannot exist alone, but is essentially part of a relationship…when you describe a baby you are describing a baby and someone" Winnicott 1987[16]

In the presentation in Adelaide in June 2019, **Dr Heather Mattner**, perinatal health psychologist and midwife (Private psychology practice/Adelaide Nursing School and School of Psychology, University of Adelaide), highlights that "Social knowledge of PND is poor,"[17] She refers to Bruce Perry who said in (2010), …"empathy is vital because we are born for love – feeling into, feeling with, seeing the world from baby's perspective – this is a lifelong process of relational interaction …you cannot love yourself unless you have been loved and are loved. The capacity to love cannot be built in isolation." (ibid).

Parents with mental health conditions need very early interventions that are ongoing and support the developing parent child relationship, in order to mitigate the risk to the baby/toddler which could see rise to increasing stress hormones, cortisol and adrenaline along with, if sustained, a heightened state, leading to attachment disorders and other conditions impacting on infant mental health.

Infant mental health matters!

[14] https://www.aaimhi.org/about-us/what-is-infant-mental-health/
[15] https://raisingchildren.net.au/newborns/connecting-communicating/bonding/bonding-newborns
[16] https://www.aaimhi.org/resources/winnicott-lectures-at-aaimhi/AAIMHI-v29-2-July-2016.pdf
[17] https://health.adelaide.edu.au/healthy-development-adelaide/system/files/media/documents/2019-06/mattner.pdf

Parents become fearful of the interventions that may occur, if they disclose their feelings and mental health state to health professionals and others.

Comments that Tweddle staff hear regularly include the following:

I was concerned that if I said anything …they would take my baby
(parent talking about their feelings of anxiety and depression)

My culture, (Vietnamese) doesn't see that Mental Health issues exist. My family would not accept that I could have a mental health issue.

(a mum in our residential program)

I thought people would see me as weak and that I should be able to cope

(a dad in our residential program)

I'm worried that my partner might leave me if I tell them that I am struggling with mental health issues.

(a mum in our residential program)

Here… I have no one around me and this would not happen if I was in my own country with my family.

(a mum in our residential program)

I'm not depressed I just need the baby to sleep and then everything will be fine.

(a mum in our residential program)

My family tell me that no one else has a problem and just get on with it…

(a mum in our residential program)

Everyone on Facebook and TV with a baby is coping and look great and it's just me that is struggling.

(a mum in our residential program)

New parents are struggling with depression, anxiety and stress!

Delay in accessing Mother Baby Unit Beds

In cases where parents are unable to access skilled and professional help in the perinatal period, there is a risk of escalation into more heightened mental health episodes and an inability to access the care that is required.

Mother Baby Units (MBU) have long waiting lists and limited bed numbers. Tweddle has experienced situations where mothers are sent home under the "suicide" watch of their partner and/or CATT team, because of a delay in accessing a MBU bed. This situation is not acceptable and places undue stress on the individual, their families and on staff.

Tweddle recommends the Royal Commission consider the following:

i. **A strategic community awareness campaign** regarding perinatal mental health.[18] It may be useful to explore the YouTube clip "Postnatal mental health | Talking about mental health - Episode 13" developed by Mind, the mental health charity, in the UK.
ii. **Increased training on perinatal mental health** to build the understanding of the importance of the first 1,000 days and its impact on both mental and physical health across the lifespan.
iii. **Increase funding and access to home visiting programs** to support the establishment of early relationships for babies toddler and their families.
iv. **That there be the provision of overt recognition of mental health knowledge and intervention skills in the perinatal, infant and early childhood periods** to enable them to be identified as specialist skills.
v. **That advocacy for a policy shift towards prioritising the first 1,000 days** be undertaken in order receive additional funds to support the current and future mental health needs in the perinatal period.
vi. **Increase access to MBUs** and greater interagency collaboration with EPCs.

Question 2 What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

The introduction of Early Relational Trauma Informed Learning (MERTIL) has supported greater understanding of infant mental health to Maternal and Child Health Nurses.

EPCs support families with babies and toddlers and their families who may be experiencing poor mental health including, but to limited to, depression, anxiety and stress.

Whilst colloquially, EPCs have been known a sleep schools, the transition to dealing with more vulnerable families over the decade has seen an increase in client acuity including an increase in parental mental health conditions.

"In addition to, and often in the absence of, depressive symptoms, women attending an early parenting program experienced a wide range of psychological distress, including fatigue, insomnia, anxiety and stress. Different forms of distress improved in different magnitudes to the treatment provided. These findings highlight the need for a multi-dimensional approach in the assessment and treatment of postpartum distress."[19]

Tweddle recommends the Royal Commission consider the following:

i. **Facilitate MERTIL training** or similar be available for all practitioners working with babies, toddlers and their families.
ii. **Advocate for the development of skills sets** to be developed and included in the National Training Packages, Health and Community Services, and other relevant undergraduate programs focused on i) infant mental health ii) fostering healthy relationships in the perinatal period and iii). Skills in working with parents and babies (dyadic and triadic relational therapy)

[18] https://www.youtube.com/watch?v=w0aaM9XzwTA
[19] Wilson, N., Wynter, K., Anderson, C. et al. BMC Psychiatry (2019) 19: 48. https://doi.org/10.1186/s12888-019-2024-8 More than depression: a multi-dimensional assessment of postpartum distress symptoms before and after a residential early parenting program

iii. **Establish more accessible Perinatal psychology services**, (private clinic in public hospital model) at EPCs.
iv. **Establish a Centre of Excellence for Perinatal Mental Health** and link key stakeholders to the centre including EPCs.
v. **Fund a research chair in perinatal mental health** to work with stakeholders including EPCs.
vi. **Develop an awareness campaign** focused on fostering increased awareness and to support help seeking navigation options through the perinatal period.

Question 7 What can be done to attract, retain and better support the mental health workforce, including peer support workers?

- **Attract, Retain And Better Support the Mental Health Workforce**

Infant mental health matters!

Workforce challenges are facing the health system, as stated on the DHHS knowledge bank website, "Victoria's Health Workforce will experience significant shortages by 2025."[20] Tweddle is currently experiencing difficulty in attracting staff who have skills and expertise in both mental health and child and family health.

The opportunities for skilled staff with the relevant expertise have expanded with the increased funding targeted at Maternal & Child Health, including Enhanced Maternal and Child Health and this is further exacerbated by the workforce conditions (pay and working hours) in Local Government being perceived to be more attractive than those offered in Public Hospitals.

Therefore competing for health professionals, places a greater strain on organisations and although EPCs in Victoria have undertaken a strategy of role substitution[21] where possible and sponsored overseas trained child & family health nurses, there is grave concern as to how the current and future workforce demands are going to be met.

Additional support to the new and existing workforce is an ongoing requirement for EPCs and demands that we allocate our professional development expenditure prudently. Whilst the needs to upskill staff continue to grow, we experience marked difficulty in trying to meet competing priorities in relation to addressing skills needs. Therefore, in cases where we would like to ensure that all the workforce undertakes consistently mental health training, including infant mental health training, we are limited by budgetary constraints to providing for those with the greatest needs.

[20] https://vicknowledgebank.net.au/future-workforce/drivers-of-change/
[21] Further information available if required. One example is the Early Parenting Practitioner role, replaced the Mothercraft nurse position.

- **Peer Support worker**

In 2017 a young dad along with his baby boy who had been experiencing significant adversity (mental health condition, addiction and family violence) were referred to Tweddle's DHHS funded HoPES Program, an 8 week intensive home visiting program for high risk families (referred to Tweddle by Child Protection).

He also attended Tweddle's Circle of Security Program and demonstrated an emphatic desire to turn his life around for himself and his son.

Almost one year later, he has become the sole carer for his boy, has been an impressive and confident presenter at a Tweddle Professional Seminar, has lead a consumer panel at Tweddle's AGM and appeared in a 5 minute video talking about the importance of being a good dad (https://vimeo.com/242838652).

This dad has become an ambassador for change, for fatherhood and for resilience. To support the continuation of this remarkable transformation and intergenerational change, Tweddle has initiated a ***Peer Support Worker*** pilot.

The initial aim of the role is to provide peer support to high risk parents attending Tweddle programs with an eventual expansion to non-high risk families. Importantly, the ***Peer Support Worker*** role is underpinned by education, a Certificate IV in Mental Health Peer Work offered by the Psychiatric Disability Services of Victoria and Wodonga TAFE.

People with lived experience of parenting challenges, mental illness and other complex issues hold expertise that is incredibly valuable. Peer workers, who know what it is like to experience adversity, can share experiences of personal recovery.

Tweddle's ***Peer Support Worker***; role is funded through discretionary income and cannot expand without the recognition that this role fills a void in our workforce and it is important in providing support to the recovery of struggling parents. In this role they see the real life story of someone who has "walked the walk" and it provides hope that they can achieve positive outcome too.

Every year Tweddle supports over 4,000 vulnerable mums and dads and at risk-babies and toddlers.

Tweddle recommends the Royal Commission consider the following:

i. **Advocate for further workforce initiative funding** to support a greater understanding of career pathways across mental health and child and family health.
ii. **Provide for additional funding for mental health and dual diagnosis training for EPC staff**
iii. **Advocate for Peer Support Worker roles** to be embed in EPCs and that these roles be adequately resourced with funding to support the role and the supervision and mentoring that is required.

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Conclusion

It's all about relationships!

The long-term mental and physical impacts of the perinatal period is now clearly evident. We know that babies need safe, secure, stable and stimulating relationships and environments to be able to grow and develop into highly functioning adults, who are able to moderate their emotions, be productive, work in teams and contribute to their communities.

The still face experiment by Dr. Edward Tronick[22] clearly demonstrates the impact that a lack of response from the care giver has on the baby/toddler. This mirrors the experience for a baby when the primary care giver, is depressed or unavailable to provide appropriate, timely and expected responses.

"The foundation of brain development is social and emotional development grounded in caring relationships."[23]

Families where mental health is less than optimal and lack of support or effective interventions are not available, need help as early as possible. They should not experience a mental health system that is not connected, overburdened and under skilled in the areas of perinatal service provision.

The Royal Commission into Victoria's Mental Health System, is facing the opportunity to redesign a responsive, proactive and "joined up" service system that supports all Victorians, including babies, toddlers and their families.

Babies brains matter!

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[22] https://www.youtube.com/watch?v=apzXGEbZht0
[23] https://www.naeyc.org/resources/pubs/yc/may2017/caring-relationships-heart-early-brain-development