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1. About Early Parenting Centres

Victoria currently has three publicly funded Early Parenting Centres (EPCs): Tweddle Child and Family Health Service, O'Connell Family Centre (part of Mercy Health), and the Queen Elizabeth Centre (QEC). EPCs offer residential, day and community programs for families with children from birth up to four years, with the aim of enhancing the parent-child relationship by building parenting capacity and skills. Our services improve outcomes for children by supporting parents through the provision of a range of evidence-informed programs that are responsive to individual and family needs. The Victorian Government has recently committed to opening an additional seven Early Parenting Centres across the state, to build on the positive outcomes achieved by our three existing centres.

Mercy Health O'Connell Family Centre

Mercy Health O'Connell Family Centre provides residential, day and community programs, working with families and children from birth to four years of age. O'Connell strongly believes that a child's early years are an essential part of their development; we understand the importance of supporting parents to help their children thrive. O'Connell offers the following services for families: Day Stay Program, Residential Program; Parenting Education Workshops and Playsteps Group program. Health professionals and other community providers refer families to O'Connell. Partners are encouraged to attend our programs as an integral part of the family. Expert clinical care is provided by a team of nurses, midwives, early childhood workers and mental health professionals.

Queen Elizabeth Centre (QEC)

Formed in 1917, QEC is a 42-bed public hospital and community service organisation, providing a range of residential and in-home services designed to support children to get the best start in life. QEC delivers a variety of programs to 3,500+ families annually, in collaboration with Government and other partners across Victoria. With locations across Victoria including Noble Park, Wodonga, Preston, Dandenong, Carrum Downs, Morwell and Bairnsdale, we employ approximately 150 multidisciplinary staff.

Many families face physical, psychological, cognitive or environmental challenges that compromise their ability to nurture and support the health, safety and wellbeing of young children. Programs at QEC are research informed, evidence based and individually tailored to meet the unique needs of each family. Our services enable families to nurture and protect their children, to enhance family health and development. QEC's vision is *for children to get the best start in life*. Our services achieve great outcomes and provide an excellent experience: 73% of families fully or substantially achieved their

identified goals; 93% report increased confidence in their relationship with their child. Early parenting support works – and changes a child’s lifetime trajectory.

Tweddle Child and Family Health Service

Tweddle provides a statewide early intervention and prevention health services to babies, toddlers, mums and dads. As a public hospital with almost 100 years of service delivery, Tweddle provides a range of residential parenting programs, both for voluntary and mandatory (child protection) family admissions, alongside community based day stay programs, assessment and intake services, 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. All Tweddle programs are underpinned by the growing body of evidence relating to the adverse impact on infants who experience traumatic stress in the crucial early childhood development phase. Tweddle believes that child and family vulnerability can result from a number of parental risk factors including: poor mental health, substance use, learning disabilities, family violence, social isolation, homelessness and isolation. Tweddle plays a critical and timely role in building parents’ internal and external resources, skills and capacity to manage challenges and stress which without appropriate interventions can have lifelong impacts. Our vision is Secure babies, Strong families, Safe communities.

2. Mental Health and Early Parenting Centres

Victoria Early Parenting Centres provide care and support to families with young children; our work intersects with mental health across a number of domains:

- I. Early intervention and support for parents and caregivers experiencing perinatal mental health issues (such as peri-natal depression / anxiety);
- II. Support and care for parents and caregivers experiencing mental illness - a major reason for presentation to our services;
- III. A strong focus on promoting attachment and positive infant / child mental health - with a significant impact on preventing future burden of disease.

Early Parenting Centres use of a “whole of family” approach to prevention and early intervention in mental health; the term “family” is inclusive of all people who are significantly involved in the infant or young child’s care. By supporting families during critical transition periods, Early Parenting Centres promote positive mental health through increased connections, reduced isolation, and expert parenting support.

3. Parental Mental Health

Currently, there is a lack of a consistent approach across Victoria to screening, assessment and treatment of mental health during the perinatal period. This creates a fragmented experience with reduced clinical outcomes. With appropriate training and practice guidelines, the perinatal and early parenting workforces are well positioned to address this need.

Research suggests that up to a quarter of children in Australia live with a parent who is experiencing a mental health condition.¹ Between a third and half of all admissions to Early Parenting Centres are parents who identify mental health as a risk factor for their family. While the presence of a mental health condition does not suggest that a parent cannot perform their parenting role well, it may be more likely that they will experience parenting challenges.²

Parents at times, experience significant barriers when accessing the mental health system in Victoria. Access to acute (state funded) public mental health services can be problematic; the (federal funded) primary care sector is often unaffordable. The two sectors are disjointed and uncoordinated. Neither of these systems appears to coordinate well with the other support services that have a significant impact on mental health – such as housing, child and family services and drug and alcohol services. The current service system does not ensure intersectionality is addressed – parents with diverse experiences often feel excluded. Funding for specialist interventions – such as the National Perinatal Depression Initiative – was a non-recurrent, inadequate resource.

Providing parenting support and family-based interventions for parents with a mental illness improves outcomes for children, and reduces the risk that they will develop the same mental health issues by up to 40%.³ Effective mental health support for parents must take place within the context of the family, focusing on supporting and strengthening parent-child relationships and building on family strengths.

O’Connell, Tweddle and QEC provide important interventions for women (and men) experiencing perinatal mental health issues. Early Parenting Centres achieve positive outcomes for early attachment, parental mental health, parenting skills and infant behaviour, including critically important mental health support and treatment services for women.⁴

■■■■ first baby was 5 months old when she realised that she was feeling increasingly exhausted, isolated, and disconnected from those around her. She was teary and short tempered with her partner

¹ Goodyear, M, Hill, T-L, Allchin, B, McCormick, F, Hine, R, Cuff, R & O’Hanlon, B 2015, ‘Standards of practice for the adult mental health workforce: meeting the needs of families where a parent has a mental illness’, *International Journal of Mental Health Nursing*, vol. 24, pp. 169-180.

² Price-Robertson, R, Olsen, G, Francis, H, Obradovic, A & Morgan, B 2016, *Supporting recovery in families affected by parental mental illness*, CFCA Practitioner Resource, Australian Institute of Family Studies, Melbourne.

³ Goodyear et al. 2015, p. 170.

⁴ Rowe & Fisher 2010; Treyvaud, K, Rogers, S, Matthews, J & Allen, B 2010, ‘Maternal factors and experiences associated with observed parenting behavior in mothers attending a residential parenting program’, *Infant Mental Health Journal*, vol. 31, no. 1, pp. 58-70.

and was becoming reluctant to leave the house. [REDACTED] was not keen to engage with mental health services as she felt stigmatised and judged for her parenting abilities. Her baby was waking at least three times a night and was becoming increasingly unsettled. On advice from her Maternal and Child Health Nurse, [REDACTED] contacted an EPC and was admitted for a Day Stay program. The EPC staff worked alongside [REDACTED] to identify key issues and implement a plan of action that involved the whole family. [REDACTED] was keen to engage her baby in more of a routine, and agreed to speak to a psychologist about how she was feeling. By the time of discharge, [REDACTED] better understood her baby's needs (including how to support night time sleep patterns), and was looking forward to an assessment for a community mental health provider. This intervention prevented a further decline in a mother's mental health and potentially prevented a subsequent involvement in the acute mental health system.

4. Infant Mental Health

Whilst over three million adult Australians are living with some form of mental illness, children and adolescents are also affected - one in seven experience a mental health condition in any given year. The solution is to reconceptualise the foundations of mental health - starting at birth, with positive infant mental health. Emotional responsiveness from parents and other significant adults forms the cornerstone of healthy adult minds.

During the first two years of life, the foundations of positive, adult mental health are firmly established in a child's rapidly growing brain. The majority of brain development during this period is shaped by environment, rather than genetics. Relationships that nurture and protect infants provide the building blocks for healthy resilience in adulthood. When infants fail to feel secure in the connections with those closest to them, they experience considerably higher levels of stress-related hormones. Sustained, elevated levels of these hormones have a direct impact on the developing brain, increasing susceptibility to a range of childhood and adult mental health problems.

A number of large scale, longitudinal research studies have drawn a strong link between significant early childhood stress - caused by abuse, neglect or disrupted relationships - and a range of mental health problems across the lifespan. Based on attachment theory, these studies repeatedly find that when a child feels their security is threatened (by pain, hunger, fear or discomfort); they need a strong bond with a trusted adult to make them feel them safe.

Families need support to build strong and secure relationships in the early years. With consistent, loving, stable relationships, young children learn that they are safe, worthy and able to venture into the world as confident, autonomous adults.

By actively supporting the parent-child relationship, Early Parenting Centres play a key role in reducing future mental health prevalence and acuity across our communities.

██████ was only 11 weeks old when his family GP noticed that he was becoming withdrawn and not engaged with his surroundings. His mother, ██████ agreed that she was having trouble “finding the joy and connection” with ██████. The family were subsequently admitted to an EPC 5 day Residential Program, with his father attending most evenings. The EPC staff undertook a thorough assessment and identified the need to support the parent/child attachment through planned, staged interventions. A Family Action Plan was developed with ██████ – with a key focus on a coaching approach to ██████ parenting relationships. ██████ worked with a mental health professional, play therapist and early parenting practitioner, to learn how to engage with ██████ in a responsive, consistent and joyful way. ██████ father attended the evening Dad’s Group and learnt how to support his partner and become more involved in ██████ care. Within 48 hours, ██████ had demonstrated improved mental health and was actively engaging with his mother, father and the world around him.

5. Recommendations

Based on the context described above, we make the following recommendations:

- I. Invest in positive infant mental health across a range of early parenting and early childhood settings, by including infant mental health as a central component in the development of all new relevant government strategies;
- II. Include psychological services in the Early Parenting Centres funding model;
- III. Create a Victorian Perinatal Mental Health Plan, with a focus on enhanced and ongoing funding for Perinatal Emotional Health Programs;
- IV. Introduce systematic antenatal mental health screening for all women throughout pregnancy;
- V. Actively promote the research on the first thousand days to a broad audience to increase understanding of the risk and protective factors for infants during this period that can influence their future mental health, development and wellbeing;
- VI. Invest in a range of evidence-informed, self-determined perinatal and early years interventions across the state that have proven successful in supporting the mental wellbeing of Aboriginal children and their families;
- VII. Explore options for increasing the availability and reach of infant mental health training and skills focused on the first thousand days for the early parenting workforce.