SUBMISSION FROM NIFTEY AUSTRALIA AND THE AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH INTO THE SELECT COMMITTEE ON MENTAL HEALTH INQUIRY

The Australian Association for Infant Mental Health and NIFTeY are both national peak organisations concerned with the health and well being of children in the early years.

We appreciate the opportunity to make a submission to the inquiry into mental health as the early years are crucial to mental health outcomes for children and for the community.

- We note that "promotion and prevention" are priorities for the National Mental Health Strategy. Prevention and early intervention can be seen as intervening early in the course of an illness. True prevention involves beginning before birth and national strategies need to begin in the ante natal and infancy periods.
- Research shows that mental health risk factors include the following.

Child abuse and neglect

Early pregnancy

Exposure to aggression, violence and trauma

Low birth weight

Parental mental illness

Stressful life events

Perinatal complications

Reading disabilities

Parental substance abuse

Foster home placement or separation from main caregiver in the early years

Cumulative stressful life events - eg separation of child from the family, parental divorce (especially before the age of 5), physically ill parent, death of parent

while factors that are associated with resilience, or ability to overcome the effects of risk factors include:

children are perceived by their caretakers as active and attachment to the primary caregiver at the end of the first year is essential

they have not experienced prolonged separations from their primary caretaker during the critical time period for the development of attachment – feelings of security self efficacy

early cognitive stimulation

self esteem

good parenting

the presence of a caring adult relative such as a grandparent external support eg teacher, neighbour, parents of peers, Church, school¹²

¹ Werner, Emmy E. <u>Vulnerable but invincible: a longitudinal study of resilient children and youth.</u> U.S. McGraw Hill, 19982

These factors are the foundations of good mental health which begins in the earliest years of life.

- Other mental health risks highlighted in research include maternal post natal depression³ (infants as young as 3 months detect depression in their mothers), family violence⁴ and family break-up⁵ in the early years.
- Children under 3 who spend long hours in long day care which is not of the highest quality suffer high levels of stress throughout the day⁶.

Australian Opportunities

- The Commonwealth through its Families and Communities strategies has given large amounts of money across Australia for development of programs however "few of these innovative programs are replicated beyond the communities where they are developed and conducted" or indeed evaluated for outcomes for children.
- A National Children's Agenda was developed and now needs an implementation plan and implementation.
- The Head Start document produced by NIFTeY and the Children's Commissioner's of NSW and Queensland has guidelines for effective early childhood interventions.

Recommendations

Attention to infancy and the early years are crucial to mental and economic health of the community but have the least investment. There are programs that work and have been shown to produce positive outcomes. We would recommend the following programs for the committee's consideration – all have been shown to produce positive outcomes for children, sustainable into adulthood:

- Nurse based home visiting programs, state wide, as being instituted by Children, Youth and Women's Health Service in South Australia
- Teacher based home visiting program to disadvantaged children in the preschool years. [Perry pre-school program]

² World Health Organization (2004) <u>Prevention of mental disorders:effective interventions and policy options,</u> WHO: Geneva

³ Murray and Cooper, British Journal of Psychiatry, 2003

⁴ Perry, Bruce (1997)" Incubated in terror: neurodevelopmental factors in the 'cycle of violence'" in Children, Youth and Violence: the search for solutions NY: Ghilford Press.

⁵ Quinliven, Julie <u>Teenage mothers and child abuse</u> paper presented at the Australian Infant Mental Health Conference, Sydney, November 2002

⁶ Watamura S. et al "Morning-to-afternoon increases in cortisol concentrations for infants and toddlers at child care: age differences and behavioural correlates" in Child Development, 74 (4)

⁷ Shekhar, S and Preston J (1994) <u>Mental health promotion: case studies from countries</u>, World Health Organization and World Federation for Mental Health

- Parenting Centres based on primary school properties which act as a conduit for parents into parenting information and support, school programs, social connections and other services as needed. [Chicago pre-school program].
- Accessible public sector services for parents who have mental disorders and mental illness – especially parents of infants and young children where the adverse impacts of these conditions are the strongest.
- Urgent attention to quality requirements for long day child care including staff suitability, staff child ratios, staff training. Early childhood programs need to be linked with preschool therapeutic programs able to intervene early in aggressive and disruptive behaviours.
- Investigation into evidence-based programs that prevent domestic violence, rather than just deal with the results. The Commonwealth promotional campaign last year was a start.
- Relationship based parent education courses available free and nationally.
- Relationship based early childhood counselling available free and nationally as a major early intervention initiative.
- Targeted, intensive programs for high risk parents such as those with personality disorder, substance abuse disorders and parents with a history of abuse and neglect.

Some of the above recommendations apply to whole populations and could raise the bar of mental health for the whole community eg nurse home visiting, parenting centres – and have been shown to be cost effective. Others address specific risk and protective factors for some groups such as improving child care, early childhood counselling. All are important to improving Australian mental health and lowering the costs of mental illness in the community. All programs need to be well evaluated for outcomes and sustainable.

We would appreciate the opportunity to make a presentation to the Committee, either separately or together, when consultations are held.

Ms Pam Linke Phone: 08 83031566 National Advocacy Representative Australian Association for Infant Mental Health

Professor Graham Vimpani Phone: (02) 49214458 National President NIFTeY