

Australian Association for Infant Mental Health West Australian Branch Incorporated



Affiliated with
WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

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National Roundtable

Examination of children affected by family and domestic violence

Perth, Western Australia

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Supporting statement by AAIMHI WA

*When reviewing the effects of violence on infant and early childhood development
'There is no longer any questions that experiences of violence and maltreatment
adversely and enduringly alter neurobiological development, psychological and
social functioning, and subsequent expectations about the environment'*

(Kaufman, Plotsky, Nemeroff & Charney, 2000)

1. Background and Introduction

‘Infant Mental Health (IMH) is recognised as an interdisciplinary field that has progressively grown internationally over the past 35 years. It can be defined as *the healthy social and emotional development of a child from conception, to birth and through to five years*; and a growing field of research and practice devoted to the:

- promotion of healthy social and emotional development;
 - prevention of mental health problems; and
 - treatment of the mental health problems of very young children in the context of their families.
- (Zero To Three, 2012).

The Australian Association for Infant Mental Health West Australian Branch Incorporated (AAIMHI WA) is a professional interdisciplinary organisation. It is an active member of the national association (AAIMHI) and is affiliated with the World Association for Infant Mental Health (WAIMH).

AAIMHI WA aims to improve the profile and importance of the infancy and early childhood developmental period. The association provides a forum for multidisciplinary interactions and collaboration. Its focus is the promotion of, and support for, the optimal development of infants, young children and their families (conception to 5 years) within a relationship based framework. For two decades AAIMHI WA has offered training and networking opportunities to a range of professionals in order to enhance knowledge and skills related to Infant Mental Health (IMH) principles and practice.

A key focus of AAIMHI WA is to build both capability and capacity in the WA workforce. To this end AAIMHI WA collaborated with the WA Mental Health Commission on the ‘Building the Mental Health of Infants and Young People: Workforce Competency Based Training Project’ (published in March 2015).

The Project was an innovative response to the growing awareness in the professional community of the need to up-skill people from a range of professions who are working with infants, young children and their families. A key finding from the project was that WA has a dedicated workforce that is open to change and is aware of the need to develop best practice guidelines for working with infants, young children and families. This finding supports AAIMHI WA’s focus on workforce

development and the need to adopt a set of competency guidelines that are internationally recognised as the gold standard in IMH.

Subsequently AAIMHI WA purchased a licence from the Michigan Association for Infant Mental Health (MI-AIMH) to begin using the Competency Guidelines®. The Competency Guidelines® described outline core knowledge, skills and abilities for all levels of the workforce working with infants and young children to five years of age. The Competency Guidelines® are the first stage of the workforce development plan in IMH for AAIMHI WA.

2. Trauma experienced in infancy and early childhood

‘Traumatic experiences and interactions are directly inscribed in the fabric of the developing brain as they influence development of particular pathways’ (Perry et al., 1995).

There are significant consequences for infants and young children who experience trauma. Infants and young children can experience **direct** (maltreatment, abuse, neglect) and **indirect** (witnessing harm or threat to their caregiver or threats of abandonment) trauma which results in a multitude of immediate and long term effects on development, including:

- Direct trauma response-dissociation and immediate effects of withdrawal
- Changes in biological stress systems
- Effects on brain structure and function
- Effects on social and emotional development
- Attachment disorganisation
- Ongoing vulnerability to stress and a range of mental health problems

(Mares, Newman & Warren, 2011)

3. Priorities for AAIMHI WA in relation to family violence

A key priority area for AAIMHI WA is to promote and advocate for prevention and early intervention across the promotion, prevention, intervention and treatment continuum of care for infants, young children and their families (pregnancy - 5years). *For infants and young children who experience developmental trauma prevention and early intervention is of crucial importance given the immediate and long term impact on development and the compelling evidence for the impact of intervening early.*

Infancy and early childhood is a unique developmental period and opportunity for prevention and early intervention.

- Birth is an occasion that all families regardless of socio-economic background and culture access services - including perpetrators and victims of domestic violence.
- The birth of an infant is a significant life stage that may act as a motivator for change and an opportunity to address transgenerational issues pertaining to parenting and family violence.

Empirical evidence has demonstrated that:

- Infancy and early childhood is a critical period of development that has the potential to significantly impact the trajectory of an individual’s life – maximising brain development, regulating their stress response (HPA axis) and creating psychological, social/emotional and physical wellbeing.
- How we understand brain development and epigenetics provide empirical evidence that early intervention results in optimal longterm outcomes for infants, young children and their families.
- Early intervention (EI) has significant economic benefits and research investigating cost benefit analysis of EI programs indicates that intervening early is cost saving. Mental health is projected to be the number one health burden in Australia and therefore there is a need for Federal and State Governments to implement the most cost effective way of reducing the impact of mental illness.
- IMH relationship based intervention activities have the potential of disrupting transgenerational patterns of violence and support parenting capacity in families where parents have experienced family violence in childhood and/or are currently exposed to family violence.

- There are many IMH prevention and intervention programs focused on preventing abuse and neglect within families that have demonstrated short term and long term effectiveness (Cohen & Mannarino, 1996; Leiberan, Van Horn & Ippen, 2005; Olds, Sadler & Kitzman, 2007).

An IMH model of intervention across the continuum of care addresses the infant/young child's development in a relational context and focuses on:

- The importance of the therapeutic relationship established with the parent(s)
- Keeping the infant/young child in mind during any intervention
- Modelling an ability to think about the well-being of both the parent and infant/young child.
(Mares, Newman & Warren, 2011)

4. Summary and recommendations:

Government policies that incorporate IMH prevention and early intervention strategies have the potential to reduce rates of child abuse and neglect as well as enhancing family and social functioning. To work towards achieving this there is a need to:

i) Increase Professional Training & Support for IMH interventions that are relationship based for those practitioners working across all levels of the continuum of care.

The AAIMHI WA Competency Guidelines® outline core knowledge, skills and abilities for all levels of the workforce working with infants and young children to five years of age.

In these guidelines there is specific reference to the need for professionals working with families from conception to 5 years to have skills and expertise in working with families who have experienced trauma such as family violence. The AAIMHI WA Competency Guidelines® also describe how these skills are demonstrated in practice across all levels of service (Promotion, Prevention, Intervention and Treatment).

A representative from the Commissioner for Children and Young People in Western Australia attended the launch and there have been follow up meetings to discuss and explore how the Commissioner's office can include and support implementation of AAIMHI WA Competency Guidelines at a strategic and policy level.

In 2015, Edith Cowan University (ECU) in WA established a Pregnancy to Parenthood Clinic where Clinical Psychology students train to assess and intervene with families. In 2016, the first Masters level Infant Mental Health course will be offered at ECU. Both the Pregnancy to Parenthood Clinic and Masters Course in IMH are aligned to the AAIMHI WA Competency Guidelines.

ii) Increase therapeutic support services for families who have an infants and/or young children in their care.

By offering evidence based prevention and early intervention programs we have an opportunity to decrease the likelihood of children, adolescents and adults presenting to services later in life with more significant social, emotional and behavioural disturbance, thus reducing pressure on existing services such as Child & Adolescent Mental Health Services (CAMHS) and Child Development Services.

iii) Develop more clear referral pathways to improve the continuity of care for families from pregnancy through to five years. This is crucial for interventions and supportive services to be effective.

At present there is minimal continuity of care across services or published guidelines on how this can be achieved. Consequently, a new family has the potential to be isolated from a sense of community and may not access services. There are more demands on primary health care such as child health nurse services. These services are often the first point of contact for vulnerable families who are at risk. Child health nurse services have been reduced with fewer non-scheduled 'drop-in' clinics and new mothers groups available.

An exemplar model is the newly established Child and Parent Centres – however, only a small number of areas in WA have these centres and their focus is primarily on school readiness rather than nurturing infant/child and parent relationships.

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