National Roundtable (Perth, Western Australia)

Friday 14 August 2015

Prioritise intervention to the early years (pregnancy - 3 years) because:

- It's a critical window of time that can most 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.
- Recent breakthroughs in how we understand brain development and epigenetics point towards early intervention as the best long-term outcome for all.
- Early intervention is a cost saving for the Federal and State government as mental health is projected to be the number one health burden in Australia.
- Like death, 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.

Provide therapeutic support (individual counselling and therapeutic groups) The vicious cycle in families and communities where 'history repeats itself' can be broken if the trauma perpetrated on the parent (most commonly the mother) is shared with another, acknowledged, grieved and a trust relationship is restored in a therapeutic setting. Over time the victim is supported to form healthy attachment relationships and protective behaviours on behalf of her children.

Mandatory reporting has assisted in reporting domestic violence. However there are very few people capable to provide therapeutic intervention to perpetrators and victims (including children). I

Increase therapeutic support services for Parents and 0-3year old infants – there are no government-funded services that can provide attachment-based therapeutic support. Where to refer? There are no State services that specialise in this and very few private practitioners. Many years after the trauma there are high numbers of school-age children on waitlists with multiple developmental delays and anti-social behaviour. Government agencies such as Child & Adolescent Mental health Services (CAMHS) and State Child Development Services see these children but it's 'too little (services available) and too late (in the child's development'.

Increased Professional Training & Support for Parent-infant attachment based intervention.

- In 2015 Edith Cowan University established a Pregnancy to Parenthood Clinic where Counselling Psychologist students train to assess and intervene with families. In 2016 the first WA Infant Mental Health Course they commence the first WA Masters level Infant Mental health course.
- The Infant Mental Health Association WA Branch host bi-monthly meetings for its multidisciplinary members. In March 2015 the WA Branch for Infant Mental Health purchased the Michigan model for Infant Mental Health Competency Guidelines (as submitted) to help lift the awareness and standard of services available for the infant. This has been a welcome tool but could be launched as a national standard for all health professionals working with infants.

Continuity of Care for the childbearing family – Due to shame and mistrust, domestic violence is usually not disclosed or treated when the service provider is a stranger. Too often Australian services are offered piecemeal – different individuals seeing the family antenatally, in birth, postnatally and then in the community. Until school age – there is very little continuity of care. The new family is isolated from a sense of community and being 'known'. More recently child health nurses services have been reduced with very few open clinics, and few new mothers groups being run by the local child health nurse. Many of the local child health nurse services are now outsourced to other larger not for profit service providers that 'visit' the area. There is not the time or opportunity to develop a rapport with a trusted service provider for disclosure, and the service provider is not able to assess the child properly as they only see a glimpse of the full picture. Quality care that reduces domestic violence would consist of a team of individuals committed (long-term) to a region, and the families are able to access it from pregnancy to school age. A good model is the Child and Parent Centres – however there is very few of them and they are not yet well resourced or have an infant focus (its more about school readiness). Quality services that are pram-pushing distance away are accessible for all families – and have the added benefit of enabling local families to meet and support one another. A local village is more protective for children.

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