



Australian Association for
Infant Mental Health

Victorian Branch
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Submission to the Royal Commission into Victoria's Mental Health System

Background

The Australian Association of Infant Mental Health (AAIMH) is a not-for-profit organisation of professionals from a range of disciplines including health, education and welfare dedicated to the field of infant mental health. Our mission is to help give infants and their families the best possible start in the important, early years of life by improving professional and community understanding that infancy is a critical time for the development of emotional, physical, cognitive, social and mental health. Melbourne, Victoria is recognised as a vanguard of infant mental health practice worldwide. This practice is characterised by recognition of the infant as a consumer in their own right, built on the work of the infant mental health group from the Melbourne Royal Children's Hospital and its postgraduate infant mental training program. AAIMH (Vic) membership is 162 members, a third of the national membership.

AAIMH (Vic) welcomes the increased public policy focus on mental health service responses for Victorians of all ages. AAIMH (Vic) is particularly concerned with the mental health needs of Victorian's infants (people aged 0-3). Infants have a mind and an emotional life and can experience mental health problems from the very beginning of their lives (Jordan & Sketchley, 2008). Mental illness impacts infants, just as it does people of other ages, irrespective of their background, culture or socioeconomic status (Lyons-Ruth et al., 2017). Infants are more vulnerable to the impacts of stress and trauma due to the rapid rate of their brain development, and their dependency on the attuned presence and health of adult caregivers for emotional regulation (Zeanah, 2018). Infants are more likely than any other age group to experience accidents from exploration, trauma from medical procedures, family violence and emotional or physical neglect (Lieberman et al., 2011). Infants are the least likely out of any age group in Australia to receive a mental health response (Segal et al., 2018).

Infant Mental Health as Primary Prevention

The good news is that the very rapidity of brain development that leaves infants vulnerable to trauma and mental illness, gives them an unparalleled capacity to benefit from mental health intervention (Fonagy, 1998; Emde, 2014; Zeanah, 2018). In fact, one of the most effective ways to prevent the development of mental health disorders across the lifespan is to intervene in the first three years of life (Heckman, 2006; Shonkoff, 2009; Wakschlag et al., 2019). Investing in infant mental health makes good sense.

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WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

AAIMH (Vic) Recommendations

1. Mental health service provision should be equally available to all Victorians regardless of their age, size, mobility, language capacities or level of dependency on others for service system navigation. This is particularly relevant for infants (people aged 0-3). Infants and their families have a right to access quality assessment and treatment by specialist infant mental health professionals, trained to respond to their unique needs, to alleviate immediate suffering and prevent further suffering across the lifespan.
2. There needs to be equity of mental health service delivery across the age-range in public Infant, Child and Youth Mental Health Services and non-government Infant, Child and Youth Trauma/Wellbeing services. Funding should be ringfenced so that equivalent numbers of children aged 0-3 years receive specialised assessment and intervention as children and young people. A concentration of specialist infant mental health consultants within these teams can create local centres for infant mental health practice excellence in both providing direct consultation to families and secondary consultation to communities. These specialists can build capacity across broader primary, secondary and tertiary health professionals/teams to ensure infant wellbeing is prioritised wherever they meet the system.
3. AAIMH (Vic) recognises the essential role that a range of community and early education professionals provide to infants and families with practical and psychoeducational support, including culture-specific, maternal child health, family violence, housing, parenting and infant mental health-informed groupwork. These services can often reach infants and families where they live. They should be supported with specialist infant mental health secondary consultation to ensure seamless entry for infants and families into assessment/treatment options where needed; and regular infant-focussed reflective supervision to build universal service capacity to identify and support at-risk infants to promote their wellbeing.
4. Leadership structures equivalent to those dedicated to child and youth mental health are needed for developing adequate mental health structures for infants. This could be provided by the establishment of a Victorian Commissioner for Infants, a Chief Infant Psychiatrist and/or Infant Mental Health Principal Practitioners (including culture specific) across Health, Human Services, Education, Disability and Justice settings. These roles could oversee service integration and continuity of care for infants and families across settings and jurisdictions, workforce development and quality assurance.
5. Infant Mental Health is a transdisciplinary discipline with a workforce from a range of medical, allied health, community and education backgrounds. All play pivotal roles supporting the mental health and wellbeing of infants. Government and workplace funding for the specialist post-graduate mental health education of non-medical disciplines, should therefore be commensurate to that of medical disciplines. This will ensure a quality, educated workforce using best practice to support the mental health of infants and families.
6. An Infant Mental Health Research Consortium integrating research across universities in Victoria and Australia should be convened to provide opportunities for shared research and knowledge translation for professionals to be kept up to date with the best new evidence. This consortium could be led by a Chair in Infant Mental Health Research and articulate with the other leadership structures referred to in recommendation 4.
7. The mental health of infants can often be overlooked in our broader society. Therefore, infant mental health research and expertise should be incorporated into public health campaigns to raise awareness of the impact of stressors on the developing infant and the power of parenting as a preventative medicine. These campaigns can equip families to be the infant's most effective advocate. See <https://www.zerotothree.org>

Conclusion

AAIMH (Vic) welcomes the increased public policy focus on mental health responses for Victorians of all ages. Infants are vulnerable to developing mental disorders and yet in the current system are unlikely to receive a mental health response. Intervening at the beginning of life is an effective way to reduce suffering and prevent the development of mental disorders across the lifespan. In Victoria we have a committed and growing workforce and at-risk underserved population who are receptive to positive change. Infants cannot afford to wait. Let's reimagine a mental health system for our youngest Victorians, to ensure that they thrive now and into the future.

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