

Supporting research

The National Children's Mental Health and Wellbeing Strategy, 2021

The Strategy highlights the importance of empowering families to promote mental health and wellbeing as part of routine parenting, and to actively collaborate with services when required. The importance of community-based approaches to health are also emphasised.

Objective 1.1 Supported families

- Support for families should begin with addressing risk factors and challenges in the perinatal period.
- Identifying parents who may be struggling is an effective strategy in promoting the wellbeing of their child.
- Parenting programs should be promoted to all families at key developmental stages as a way of supporting child development.
- Universal supports, such as parent helplines and antenatal courses, should be promoted and available in multiple languages.
- Children not engaging with early childhood learning or primary school warrant systematic and proactive support.

Objective 1.2 Increased mental health literacy

- Parents and carers may not recognise the signs of poor mental health in their child.
- Signs that children are struggling can look different depending on developmental stage and may be impacted by culture and language background.
- Increasing mental health literacy and reducing stigma must be supported by the whole community, and children must be supported to participate in conversations and decisions relating to their mental health.

Objective 1.3 Community-driven approaches

- Social and geographical environments have significant impacts on mental health and wellbeing.
- For children experiencing significant social and economic disadvantage, the needs of the broader community should be addressed to improve the mental health and wellbeing of the child.
- Strong and supportive relationships both inside and outside the home can have a protective effect on mental health and wellbeing.

Objective 1.1 Supported families

Support for families starts with looking at risk factors and challenges in the perinatal period. While this Strategy predominantly focuses on birth onwards, there are important issues (such as foetal alcohol syndrome) that arise in childhood and have their origins in the antenatal period. For families, the perinatal period (conception to 12 months post birth) is also a high-risk time for depression and anxiety, impacting one in five mothers and one in ten fathers or partners. In addition to impacting on the family and child's wellbeing, perinatal depression and anxiety poses a high economic cost of approximately \$877 million in Australia in 2019 (53). Identifying parents who are struggling (or likely to struggle) and connecting them with supports is an effective strategy in promoting the wellbeing of their child (action 1.1.a).

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The Early Years Strategy and Perinatal and Infant Mental Health Promotion and Prevention Plan

Intervening as early as possible in a child's development enhances the preventative effect and improves the impact of the intervention. The first 1000 days is particularly important to health and development. As children get older it can become harder to reverse the impacts of early adverse experiences and improve their life trajectory. If a gap emerges and doesn't close by the age of 5 it is likely to persist, especially for children experiencing vulnerability or disadvantage. Research by Access Economics in 2010 found that the potential value of future benefits that can be realised as a result of early intervention and prevention is over \$5.4 billion per annum (The Early Years Strategy, 2023). Preventative and early intervention in perinatal mental health reduces risk factors in babies' life: developmental issues (e.g.: malnutrition, disability); neglect; quality of infant and caregiver attachment; separation from primary caregiver; traumatic childhood experiences; family and domestic violence (Perinatal and Infant Mental Health Promotion and Prevention Plan 2023-2027).

Radiance recognises the first three years of life are the most important for lifelong (mental) health. Dr Perry (developmental psycho-biologist) emphasises that while a child's brain begins forming in the womb, it doubles in size in the first year. Early life experiences, particularly the quality of a child's relationship with their caregiver, are critically important in shaping brain development postnatally.

Perinatal and Infant Mental Health Model of Care – a framework

Research has established that perinatal mental health conditions may involve significant and complicated outcomes for entire families, including increases in marital disharmony or divorce, (27-31) and interruptions to the development of secure and mutually satisfying mother infant attachment. (32-39) Monitoring the mental health of women antenatally and postnatally, through formal screening protocols is fundamental to prevention and early intervention. Due to the multiple factors that can impact on a mother's emotional well-being during the perinatal period a range of services is required to prevent and treat perinatal mental health disorders and mitigate the impact on the infant/child, father and family system. These services need to be well-integrated to ensure better access and effectiveness.

There are multiple environmental and biological risk factors that can jeopardise the course of healthy development in early childhood. The psychological and social development of babies and very young children is highly sensitive to factors within their social environment, particularly the quality of emotional and physical care they receive. The quality of the attachment relationship between parents and children is a critical mediator of infant mental health. (49)

Longitudinal research has shown that negative cognitive, neuropsychological, physiological, social and emotional effects of disruption to parental attachment persist into childhood and adolescence. (39, 51-55) Moreover, research indicates links from maternal to child depression and from early-onset to adolescent and adult depression. (34, 52, 56-58) Studies also show that (12) interventions early in life can address risk factors more effectively, and reduce symptoms more easily, to improve outcomes for children and reduce adverse impact on development.

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A family-centric approach is well aligned with recovery-orientated mental health practice, which takes a holistic approach to wellbeing that builds on individual strengths and emphasises hope, social inclusion, community participation, personal goal setting and self-management. (63)

The impact of the vast and varied geography of WA plays a role in increasing the vulnerability of many families, by affecting access to services, particularly for remote communities. Issues of stigma in accessing mental health services are often compounded in small isolated communities.

World Health Organisation - Guide for integration of perinatal mental health in maternal and child health services

Worsening of a woman's mental health during the perinatal period may affect her well-being and that of her infant and family. Poor mental health is associated with higher risks of obstetric complications (e.g., pre-eclampsia, haemorrhage, premature delivery and stillbirth) and suicide (11, 12). In addition, women may be less likely to attend antenatal and postnatal appointments (13). A woman's untreated mental health condition may lead to a poor birth outcome, such as low infant weight, and greater risks for physical illnesses and emotional and behavioural difficulties in childhood (11, 14). Infants may also be at increased risk of difficulty in feeding and in bonding with their parents (13).

3.3 Promotion and prevention

Both promotion and prevention of mental health conditions can reduce physical and psychological distress and maintain human and financial resources for individuals, families, the health system and beyond (25). Promotion of mental health includes supporting people in developing their personal skills or coping strategies and strengthening those they already have (e.g., protective factors). Promotion also includes creating environments to support mental well-being. These include social policies and strategies for creating employment, prevention and reduction of violence, supporting the education of women and girls and anti-discrimination initiatives (26). Promotion of mental health during the perinatal period can support women's activities as community members, caregivers and workers and help strengthen their resources (e.g., income, social connections, assets) and mental well-being. Prevention builds awareness of the symptoms of mental health conditions and early warning signs to ensure early intervention. The aim is to stop the development or worsening of symptoms associated with mental health conditions (27).

MCH services can play a vital role in both promotion and prevention of mental health for women during the perinatal period, as women have many contacts with these services. Promotion and prevention can also be delivered in the community by informal support services, which may be part of the care pathway. Most types of MCH service providers can be trained and supported to promote and prevent PMH conditions, including midwives, community health workers and peers. MCH providers can deliver mental health promotion and prevention interventions as a part of waiting-room talks, community outreach and perinatal and child health campaigns.

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World Health Organisation - Guide for integration of perinatal mental health in maternal and child health services (*continued*)

Strengthening social support

Social support may be emotional support (e.g., sharing one's problems or feelings, experiencing kindness and respect from others) or practical support from friends, family or community members (e.g., child care, providing meals). Women experiencing mental health difficulties may find it difficult to use social support. They may feel too tired, unworthy or afraid that the support will not be useful or given. This may cause further isolation which can worsen their mental health. MCH service providers can play an important role in assisting women in identifying and connecting with people around them to whom they can turn for support. Antenatal or parenting classes can also function as peer support groups.

Promotion of functioning and life skills

Women with PMH conditions may struggle in their daily lives to care for themselves and their infants. Services can provide a number of activities to help women with these tasks, such as teaching or supporting the development of life skills (e.g., income-generating, parenting, problem-solving and communication skills, emotion management, assertiveness) and involvement in social activities (e.g., supporting other people in need, participating in community projects, faith-based activities, self-care).

5.10 Difficulty in bonding

A close, intimate relationship or "bonding" between a woman and her infant is very important for the infant's emotional and physical development. Some women may find difficulty in forming an emotional attachment to their infants, because the pregnancy was unwanted or due to negative childhood experiences, domestic violence or mental health conditions. Women with severe mental health conditions may feel unable or unsure of how to tend to their infants. If women do not bond with their infant, this can impact their responsiveness to the infant's needs and whether they are able to breastfeed.

5.15 Social isolation

Women with supportive partners, families and social networks are better able to cope with the stresses of parenthood. Feeling socially isolated may worsen women's mental health if they feel unable to cope with stresses in their lives. Women may feel isolated even when they live close to many other people. Women with mental health conditions during the perinatal period may also experience social isolation due to stigmatization of their condition. Some women may choose to isolate themselves if they fear judgement or feel discriminated against.