



the women's
the royal women's hospital

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Megan Mitchell
National Children's Commissioner
Australian Human Rights Commission
[REDACTED]

Dear Ms Mitchell

Re: request to participate in a roundtable and make a written submission

Thank you for the invitation to support your investigation into approaches to working with young parents. I understand that your inquiry is looking into the types of early interventions likely to decrease the risk profile and trajectory of such young people, improve their capacity for safe and effective parenting and increase their likelihood of becoming economically secure. The Royal Women's Hospital (the Women's) is pleased to contribute to this inquiry as we are very much engaged in providing care and support to vulnerable parents.

Please accept this submission, which discusses the work of the Women's Centre for Women's Mental Health to address the following two issues related to your inquiry:

1. the types of early interventions likely to decrease the risk profile and trajectory of young parents, young parents to be and their children
2. the types of early interventions which improve their capacity for safe and effective parenting.

For further information please do not hesitate to contact Dr Susan Nicolson on [REDACTED] or telephone [REDACTED].

Yours sincerely

Sue Matthews
Chief Executive Officer



Introduction

Young parents are a population at increased risk of mental illness in the perinatal period, with significant impacts on their capacity to parent and on infant wellbeing and development. Compared with the general population, they are more likely to come to this parenting role with a range of underlying vulnerabilities, particularly backgrounds of early trauma, disrupted care and current exposure to conflict and violence in relationships, and a poor understanding of the requirements of parenting. This risk profile is increased when young parents have a history of child protection involvement from early childhood.

Pregnant young women are usually grappling with a range of stresses in their current life and are more vulnerable to anxiety and depression during pregnancy and postnatally, which can affect their capacity to parent effectively. This in turn has potential long term consequences for infant development. Coming from complex family backgrounds, many young parents have been deprived of the kind of early care experiences that provide a model for understanding their infant's needs and being a consistent and available attachment figure. They are also likely to have inadequate social, psychological and physical resources to support them through the transition to parenting. Given these multiple risk factors it is vital to develop early intervention psycho-social and mental health supports to support these parents and promote infant development.

In response, the Royal Women's Hospital offers mental health programs and brief interventions that are delivered alongside our maternity care for young women.

The following submission shares our expertise in regards to;

1. the types of early interventions likely to decrease the risk profile and trajectory of young parents, young parents to be and their children
2. the types of early interventions which improve their capacity for safe and effective parenting.

It describes current developments in mental health care that support young parents to understand their baby's needs and improve their parenting capacity and confidence. The Women's is developing and researching these mental health programs and interventions as part of our maternity care and training health professionals to integrate them into their clinical practice.

Based on this information, the submission makes three recommendations.



Recommendations

1. Beginning in pregnancy, provide support for comprehensive and integrated psycho-social and mental health programs for young women that are based on better identification of risk factors.
2. Embed early intervention mental health and parenting programs into maternity care for young women beginning in the antenatal period and continuing through the postnatal period.
3. Offer single session psycho-education aimed at healthy parenting and infant relationships as part of universal postnatal care for high risk groups such as young parents.

About the Royal Women's Hospital

The Royal Women's Hospital (the Women's) is Australia's first and largest specialist hospital dedicated to improving the health of all women and newborns. The Women's is a state-wide tertiary referral centre for women and newborns with complex needs from across Victoria and a local hospital for women living in the inner north and west of Melbourne and around Sandringham. We provide maternity, neonatal, gynaecology and women's cancer care alongside mental health, social work and other allied health services to women. We are a major teaching hospital internationally recognised for our research in women's health and newborn care and a trusted source of health information to the community and health professionals from around Australia.

The Women's is one of three state-wide tertiary referral centres for maternity care in Victoria. In 2016, our maternity service managed close to 9,000 births across our Parkville and Sandringham facilities; this includes multidisciplinary care for approximately 80 pregnant women aged 19 years and younger through our Young Women's Program. Care for pregnant young women is provided by a multidisciplinary team of obstetricians, midwives, social workers and mental health specialists at Parkville.

About the Centre for Women's Mental Health

The Centre for Women's Mental Health is Australia's leading research and teaching unit in the area of women's mental health. The Centre is internationally recognised for its translational research, with a focus on interventions for women with a range of mental health issues during significant developmental periods across the life span. It is a University of Melbourne research centre offering training placements and



research opportunities in women's, perinatal and infant mental health. It has specific expertise in perinatal mental health, early parenting and infant development with approaches targeted for women at high risk that include trauma focussed treatments. Through this work, the Centre brings a uniquely gender sensitive, violence sensitive and attachment sensitive lens to mental health. Its clinical approach is based on attachment theory and the importance of early emotional care relationships for infant brain and psychological development¹.

Early interventions for parenting and infant development

Early interventions to reduce the risk profile and enhance the developmental trajectory of young parents and their infants must engage young parents during pregnancy and offer mental health and parent-infant relationship support throughout infancy. There is a significant body of developmental research suggesting that infant's early development is influenced by factors such as parental stress and mental disorder in utero as well as the quality of postnatal care. Engagement of young parents during pregnancy, supporting their transition to parenthood and actively dealing with mental health issues is an important component of reducing risks and offering an integrated approach to providing the best possible start to life.

Interventions in the perinatal period are a significant strategy for improving safety, health and wellbeing for mothers and infants as young parents make the transition to parenthood. Young parents are often highly motivated to parent but may have limited understanding of infant development and emotional needs and have issues in prioritising the needs of infants.

The Women's approach aims to identify and engage with young women during pregnancy and offer comprehensive and integrated pregnancy care alongside social engagement, transition to parenthood, promotion of attachment and emotionally sensitive parenting as needed into the first two years of life. We recognise that young parents are more likely to experience parenting stress, trauma, depression, anxiety and social isolation; early assessment of mental health and psychosocial needs is therefore a vital component of the care we offer.

This early intervention approach supports infant development, builds resilience and directly works to reduce poor parenting and the risk of child abuse. It reduces developmental risks for poor psychosocial outcomes and mental health issues in infants, and supports adolescents in their own development and social engagement. These interventions can be individualised to risk factors such as homelessness or

¹ See the appendix for references



drug and alcohol issues, and provided alongside appropriate supports.

This early, enhanced and intensive approach to supporting young people through the transition to parenting increases the likelihood that they will have the capacity to reconnect with education and employment opportunities.

Recommendation 1:

Beginning in pregnancy, provide support for comprehensive and integrated psycho-social and mental health programs for young women that are based on better identification of risk factors.

Group programs, brief intervention and training

The Women's offers the Mind Baby Body and Parenting with Feeling group programs and the Newborn Behavioural Observation brief intervention to improve young mothers' capacity for safe and effective parenting. These mental health programs are offered alongside individual mental health support if needed and integrated with pregnancy care, social work support and referral to community services as indicated. Building trusting relationships and coordination of services is an important component of effective engagement with young mothers.

The two programs and the brief intervention are manualised and being evaluated as part of a randomised control study at the Women's. We train multidisciplinary health professionals at the Women's and around Australia to integrate these tools into standard practice with new parents.

These mother-baby programs can be delivered in universal settings in hospitals, such as maternity services, the community, such as maternal and child health services, and in adolescent mental health services such as Headspace.

Mind Baby Body Group Program

The Centre for Women's Mental Health offers young pregnant women access into the Mind Baby Body (MBB) group program. The MBB program is a five week program with an emphasis on stress management using mindfulness techniques, preparation for birth and exercises that promote women to think about their relationship with the infant. Parents are well engaged with this program, with high retention rates and positive evaluations.

Research evidence supports the importance of supporting vulnerable parents in preparation for parenthood, managing anxiety and other mental health issues and promoting understanding of the parental role and early needs of the infant.



Current research at the Women's is examining the outcomes in terms of infant attachment and development, through a randomised control trial. Existing research has found that engagement with this program has a positive effect on anxiety and depressive symptoms in pregnancy.

Parenting With Feeling Group Program

The Centre for Women's Mental Health offers young women access to Parenting With Feeling, a 10 week group program of two hour long sessions for mothers and infants from 2 months of age. This approach has been developed and evaluated by Professor Louise Newman; it is an attachment based group specifically designed for vulnerable mothers with parenting and mental health risk factors including early trauma, depression, substance abuse issues social exclusion and experiences of domestic violence.

The program focuses on each mother's development of;

- capacity to be a consistent attachment figure
- increased understanding of infant communication and how to respond
- coping strategies for the demands of early parenting and managing emotions
- dealing with past trauma.

The program is trauma focussed and incorporates current understanding of the importance of early interaction for infant development. Research evaluation has found that it is acceptable to participants who report greater parenting competence, reduced stress and improved understanding of infant developmental needs and strengthened self-perception as a parenting figure.

The focus on how infants communicate, their capacities and development is engaging for new parents, while the opportunity for social interaction in the group is rated highly by young women.

Training is offered to multi-disciplinary clinicians and includes specific skills training in infant social and emotional communication. To date, the Centre has trained 60 health professionals including maternal and child health nurses, psychologists, social workers, midwives and family support workers.

Recommendation 2:

Embed early intervention mental health and parenting programs into maternity care for young women beginning in the antenatal period and continuing through the postnatal period



The Newborn Behavioural Observations clinical tool

The Newborn Behavioural Observations (NBO) is a simple and innovative clinical tool that aims to build the capacity of parents to understand the social capacities and caregiving needs of their newborn infant and to form a mutually rewarding relationship that supports development. At the Women's we have found it to be an engaging and acceptable form of support in the first days of parenthood among young parents, many of whom have been reluctant to seek psychological support despite reporting stress, anxiety or depression symptoms in pregnancy.

Sessions are collaborative and provide valuable 'teachable moments' through direct demonstration to new parents of their infant's capacity to engage and to communicate about their needs, rather than information based parenting education.

Multidisciplinary professionals can use the NBO as a brief intervention in multiple settings and with diverse families. Each session can be as short as 10 minutes, or up to 30 minutes depending on the consultation purpose and setting. Sessions can be one-off or repeated several times as the baby develops from birth to age three months. The NBO session can be provided universally in the postnatal ward or clinic, targeted to families within individual and group therapeutic programs, or offered as part of intensive home visiting programs for high risk families.

Research in hospital and primary care settings suggests the NBO is effective; receiving two NBO sessions in the first month of life may reduce depressive symptoms. In our research with teenage mothers, receiving an antenatal video session previewing infant capacities and caregiving needs, followed by a newborn behavioural observation session, significantly improved the parent-infant interaction four months later and possibly reduced depressive symptoms. The intervention was highly acceptable to young women. The Women's is conducting further research in this area.

NBO Training for professionals

Professional training in the NBO is brief, relatively affordable and available across Australia. Since June 2013, the Women's has trained 632 professionals in one and a half day workshops held in towns and cities around Australia. Each interactive workshop accepts up to 35 participants who can then submit, and receive feedback for, a video of an NBO session with a consenting family.

Professionals trained to date include maternal and child health nurses, midwives, social workers and family workers, mental health nurses, doctors and psychologists, paediatric doctors and nurses, general practitioners (GPs) and educators. Approximately 30% of these trainees work with young parents and 7% are employed by services working with Aboriginal families. In 2017-2018 we will offer training to



GPs that includes continuing professional development points approved by the Royal Australian College of General Practitioners.

Feedback from workshop participants has been very positive. Many attendees report that the training has been recommended by previous trainees and several organisations have organised repeated trainings since 2013. Feedback in 2016 found that 94% of participants were either satisfied or very satisfied with the NBO training, that 79% of participants believed the NBO would be somewhat easy (57%), or very easy (22%) to implement in their practice, and that the training prepared them very well to work with infants and their families. Challenges identified to routinely using the NBO in practice included time constraints and workplace support.

Recommendation 3:

Offer single session psycho-education aimed at healthy parenting and infant relationships as part of universal postnatal care for high risk groups such as young parents.

CONCLUSION

Early interventions focusing on mothers' and infants' mental health, infant attachment and development and support through the transition to parenting can reduce the risk profile, enhance parenting competence and support infant development in young families. The Women's Centre for Women's Mental Health has significant expertise in clinical care, research and training and could make a useful contribution to developing models and building capacity for effective early intervention for this population at a national level.

Appendix

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