

AAPCH Position

The Australian Association of Parenting and Child Health Inc (AAPCH) is committed to the provision of comprehensive targeted parenting interventions to support parents mothers with perinatal/post Natal Depression (PND) and other mental health disorders that impact on effective parenting associated mood disorders.

AAPCH believes Early Parenting Services (EPS) are key service providers for parents experiencing or at risk of experiencing mental health problems especially perinatal depression and anxiety likely to impact negatively on their ability to parent effectively and safely.

Scope of the problem

Emerging evidence and clinical experiences highlights the negative effects of compromised mental health and wellbeing in the perinatal period. Postnatal depression impacts on a woman's ability to care for, nurture, recognise and respond effectively to her infant's needs. Lack of stimulation can result in the infant failing to internalise fundamental sensory experiences that are necessary for cognitive, language and social functions in the infant. Infants' ability to regulate sleep and emotions is closely linked with the mother's ability to respond sensitively to the infant cues, a process that is impaired by depression

Up to 15% of mothers suffer from postnatal depression often already present during the postnatal period

More than 50% of partner of depressed mothers will also develop depression. Poor perinatal mental health is not only a huge problem for parents but it impacts significantly on the development trajectory of the infant resulting in large financial burden for the Country

The unique position of Early Parenting Services

- Parents are more likely to engage with early childhood clinicians and cooperate effectively with them than with mental health services
- Psychological distress not always recognised by primary health care workers (Midwives/C&FH nurses) but refer for parenting issues
- EPS clinicians have the processes (psychosocial assessment), expertise (training) and tools to identify, assess and manage adequately
- EPS clinicians are well aware of the impact of emotional distress and mental health disorders on parenting capacity

Position Statement

Parenting and Mental Health

- EPS clinicians are able in their care plan to integrate the mental health and the parenting needs of the dyad
- EPS have through well defined care pathways good access to mental health services for consultancy, assessment, treatment and referral if indicated
- EPS have unique opportunity (length of time they spend with dyad) supported by advanced skills (through their multi disciplinary model) to identify not only parenting and parenting capacity issues but also short and long term risks to the child if the parental emotional distress remains unaddressed
- EPS have robust links with antenatal (maternity services) and postnatal primary health care services (C&FH nurses and GP). This enhances the continuity of care essential to support depressed and anxious parents. It also support the option of intervening early rather than waiting for symptoms to occur

PND is the most prevalent disorder associated with childbirth, with between 40-70% of cases occurring in the first three months post partum. NHMRC research has found around 15% of all childbearing women experience PND which equates to at least 25,000 to 50,000 women who are likely to be affected each year. PND impacts on not only those suffering from it, but also their children, partners, extended family, workplaces and the broader community. Members of AAPCH have been servicing this sector of the community for many years. Approximately 20% of the community requesting an Early Parenting Service from member organizations report PND.

There are proven links between the effect of PND on the mother-child interactions and failure to address these relationship issues can have long term effects on the life outcomes of children.

The reasons EPS's hold a unique position on are:

- A history of working effectively with mothers experiencing PND The onset of PND typically occurs in the first 3 months post birth.
- Research has demonstrated that the child-related issues for which many parents seek help from EPS is often exacerbated by complex psychosocial issues. This provides a valuable opportunity to engage parents and assess and address their mental health needs.
- The staff of EPS's are multidisciplinary with a health focus and are extremely experienced in the detection, support and treatment of PND

Position Statement

Parenting and Mental Health

- EPS's focus their work on the relationship between the mother, and child, and failure to address these interactions can have long term effects on the child's social, emotional and physical outcomes.
- Established referral pathways between antenatal service providers and universal child and family health services, the universal platform where early identification of perinatal depression occurs.

AAPCH urges the Australian Government to consider the following issues;

- Recognition that PND can be more effectively addressed in a setting that focuses on the relationship with the child and family dynamics, rather than mental health services for the individual.
- That EPS's serve as a key strategic prevention, detection and service deliverer for mothers with PND.
- That PND is a growing issue and the prevention and treatment should be a priority for the well being of the individual and the outcomes of the children.

References

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