



AAIMHI NEWS

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Our AAIMHI Conference was a success!

We held a successful and well-attended national conference last month in Melbourne. Keynote speakers included Professor Jennifer McIntosh, Dr Michael Daubney, and the Winnicott lecture given by Dr Graham Music.

More information about the presentations, including copies of many for download, can be found at <http://aaimhiconference.org> where you can access a link to Dropbox by selecting the Program / Presentations tab.

<http://aaimhiconference.org>

All Upcoming Australian Events & Training Info

<http://www.aaimhi.org/events-and-training/>

WELCOME

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The next WAIMH World Congress will connect participants from all over the world in Rome

May 26-30, 2018.

All information can be found online at

<http://www.waimh2018.org>



Update from the Newsletter Editor

You will see a couple of new features in this newsletter, the last of 2017. This includes a creative space (with creative writing featured in this issue) and a research space. The newsletter committee is seeking to expand the newsletter to be not only an instrument of information, but also a document of reflection, engagement and interest. In future newsletters we hope to add discussion pieces and room for diverging points of view.

If you have interest in contributing anything, have ideas about what would make the newsletter better, or just general feedback, please feel free to reach out to me at any time at newsletter@aaimhi.org.

Here is wishing you all a Merry Christmas, happy holidays and a safe and healthy New Year.

Warmly,
Lauren

ACT Regional News

The ACT Branch hosted their first event in some time - a one day seminar on September 15th featuring Her Honour Judge Vera Mayer (UK) and Visiting Professor (University College London) and Honorary Consultant Child Psychiatrist (Great Ormond Street Hospital London) Dr Danya Glaser. The talk was titled: "Emotional Abuse and Neglect: Mental Health and Judicial Perspectives".

Canberra produced a beautifully British day for our international guests – cold, drizzly with strong winds. Our efforts to make them feel at home was noticed and appreciated. All 55 tickets were sold and, with the help of our friends and co-hosts in the South Australia branch, costs were covered and our mission to give infants a voice in our community continues.

Dr Glaser emphasised the importance and value of accurate record keeping when building a picture of a pervasive pattern of parenting which is emotionally abusive or neglectful. The impact of chronic emotional abuse or neglect on children is often not evident until very late. However, a case worker, nurse or psychologist can provide accurate behavioural accounts of observed interactions, which the judge can use alongside other evidence to build a picture of the child's experience. Other important sources of evidence include "persistent and consistent" accounts of observed dishevelment, substance abuse, lack of provisions and parental mental health symptoms. Dr Glaser also highlighted the need to be frank and clear with parents about the observed concerns when addressing emotional abuse and neglect.

Dr Glaser talked through the five tiers of emotional abuse:

1. Parental emotional unavailability,
2. Child perceived as deserving hostility and rejection.
3. Developmentally inappropriate interactions with the child,
4. Exposing children to frightening experiences, and
5. Failure to recognise / acknowledge the child's individuality.

She also discussed how to recognise these 5 tiers whilst working with clients and how to engage families when such issues arose. She used the hands analogy – one hand on the shoulder of the client offering support and one firm finger in their face insisting on their taking responsibility for their

child's wellbeing.

Her Honour Judge Mayer highlighted the advances the UK have made in the last 20 years since family court and children's court have been amalgamated. She added that it was her sense that Australia had still some ways to go in terms of seeing and responding to emotional abuse. A case which involves both family and child protection elements can be heard by the one judge. There was a great deal of interest in looking at this alternate model from the legal professionals attending the conference. Discussion about establishing a multidisciplinary working group followed with interest from lawyers, judges, child protection workers and psychologists.



She also talked of the insidiousness of emotional abuse and how families can slip through the cracks; she talked of one family who continually moved to different boroughs (areas) in London and consequently there was no continual support. Each service was not able or chose not to do background follow up, leaving the children vulnerable and continuing to being exposed to emotional abuse and neglect. A lesson for us all here in Australia.

NSW Regional News

Rural and Remote Seminars

Following our successful seminars on Perinatal and Infant Mental Health in Wagga Wagga and Taree, we were still overwhelmed by the enormous response we had to the Tamworth event on 15-16th November. 57 registrations from the wider Tamworth region attended, for the two days, working in diverse areas from Early Childhood to Adult Mental Health services. We had a good representation from the Aboriginal workforce and had a moving "Welcome to Country" by Neville Sampson, a local elder. Two lucky recipients won the free AAIMHI memberships we gave away and both of them were ecstatic at winning and will represent AAIMHI to their local work places. We have been invited back next year, in collaboration with Family and Community Services and Department of Education, to present our work at a deeper level. We are really looking forward to this and to our other plans for seminars across the State in 2018.

Neonatal Behavioural Assessment Scale Training (NBAS)

This was held over a weekend in October and was attended by six new trainees and one trainee coming back for a refresher. Beulah Warren is the only NBAS qualified trainer in Australia, and is keen to keep the Scale in clinical use.

NSW Regional News continued

We had delightful babies to assess: one at 5 days of age and the other at 5 weeks, which gave a good experience for the trainees of the differences encountered in administering the Scale. We look forward to the next round of training in April and October 2018. Watch the NSW Events for information as we accept trainees from all over Australia and New Zealand.



WA Regional News

Jenna Thornton – President WA Branch & Annie Mullan – Past President AAIMHI WA

Western Australia covers an area of 2,529,875 square kilometres, with approximately twenty percent of the population living in regional and remote areas. The geography and population distribution within WA pose some unique challenges for workforce development. The large distances in WA can create a sense of isolation for clinicians in rural areas who often feel frustrated that they need to travel to Perth in order to participate in ongoing training in Infant Mental Health (IMH). Rural clinicians often have to fund their own travel and accommodation which frequently deters them from attending training.

AAIMHI WA Branch facilitates building capacity in the IMH workforce in WA by providing evening seminars relating to current IMH practices. The branch draws upon a wide range of expertise to provide seminars that are relevant to a multidisciplinary IMH workforce with a common aim to improve the emotional health and wellbeing of infants and young children. The seminars are mapped to the AAIMHI WA Competency Guidelines for Culturally-Sensitive, Relationship-Focused Practice Promoting Infant Mental Health[®]. Seminars are held at St John of God Conference Centre which has facilities for videoconferencing through Telehealth. The WA Branch funds a technician to provide technical support for those accessing the seminar via videoconferencing. Seminars provide opportunity for clinicians to keep up with new research and developments in regard to assessment and intervention strategies in IMH practice. However, rural clinicians often find it difficult to attend these training opportunities due to their remote workplace locations.

In 2013, the Branch undertook a pilot project with funds obtained from the Western Australian Mental Health Commission, providing videoconferencing of seminars to rural clinicians in WA working with infants and their families. The Branch canvassed the views of members living in remote locations regarding whether they would utilise videoconferencing of seminars if it was made available to them. The respondents were unanimously in favour of this proposed opportunity and several clinicians indicated they would meet as a group to view the seminar via videoconferencing and afterwards discuss the material presented. During the pilot videoconferencing period (2013-14) more than 100 rural clinicians dialled in to view the seminars by videoconference from towns across Western Australia including: Albany, Kalgoorlie, Narrogin, Karratha and Derby. A wide range of

professionals were represented in the audience including: Child Health Nurses, Social Workers, General Practitioners, Dieticians, Midwives, Clinical Nurse Specialists, Psychologists, Occupational Therapists, Physiotherapists and Psychiatric Registrars.

Overall feedback following the pilot was extremely positive, with clinicians reporting the following benefits from participating in the videoconferences:

- It gave clinicians the opportunity to access PD around IMH whilst remaining in their rural location. They reported this was a rare opportunity as most PD they had participated in was in Perth or interstate.
- All participants believed that a major benefit of participating in the videoconferences was the opportunity it provided for networking with IMH clinicians in their area as they came together to view the seminar at a central location.
- Clinicians also reported that receiving PD via videoconferencing is time and cost effective for both the employee and employer.
- Participants thought the videoconferencing opportunity was also extremely valuable because it provided a space for peer discussion after the seminar and a number of reflective supervision groups have been created in their local areas amongst the participants as a result of the videoconferencing.
- Overall knowledge on the topic of the seminar increased and participants found seminars to be useful and relevant to their professional role in working with infants and their families

There were also a number of positive outcomes for the Branch following the pilot, including:

- A steady increase in participant numbers both in terms of the number of sites dialling in and the number of participants at each site.
- A wide range of rural areas were able to access the seminars.
- A wide range of agencies and disciplines participated.
- Regular attendances by clinicians (i.e., many clinicians have viewed multiple seminars).
- An important positive outcome was the increased collaboration and networking amongst clinicians. Many rural clinicians feel isolated in their work and the videoconferencing provided an important opportunity to build professional relationships within the local community.
- The videoconferencing opportunity was not restricted to branch members. This provided the opportunity for clinicians working in the same rural area to find out more about IMH which then gave them a common language and understanding about the needs of infants and their families.
- Participants were also keen to suggest topics for future seminars which affirmed the need and success of using videoconferencing to create PD opportunities for rural clinicians

Since this pilot period the seminars have continued to form an integral part of the training offered to clinicians in both regional and metropolitan areas. Clinicians living and working in regional areas regularly dial in from places such as the Goldfields, Albany, Bunbury and even overseas from Qatar. The Branch management committee made a decision that clinicians in regional areas would continue to be offered the opportunity to attend the seminars via videoconferencing free of charge. Use of videoconferencing adds greatly to the richness of the seminars as we are able to share our questions, reflections and wonderings with our regional colleagues in real time, thus continuing to build relationships and capacity in the IMH workforce in WA.

Mother love in infancy and childhood is as important for mental health as are vitamins and proteins for physical health.

John Bowlby, 1953

Ann Morgan 2017 Prize Winner: Simone Wedgewood

Where are you baby?

I don't need to check the road map anymore. Walking up your drive way I notice a shopping trolley in the front yard. That's new. There's a knot in my stomach that tightens as I approach your front door and see dried Weet-Bix splattered across the wood. I can't tell where the chipped paint begins and the food scraps end. I take a deep breath and look back to my car parked at the very edge of your driveway. Patting each of my pockets I take mental notes of where I've placed the car keys, my phone, my pen. Glancing at my watch I note the time, it's 2pm, I knock.

As if awaiting my arrival, one of your big sisters opens the door. She looks me up and down and smiles. Her blonde hair is knotted and her face is smeared with jam. Her clothes are filthy and she is inadequately dressed for the cold weather. She flings the door all the way open and yells down the corridor "Welfare's here!", before taking off. She leaves me at the door way peering into the darkness. Where are you Baby?

Daddy yells "come in", and I pull the door closed and allow the darkness to envelop me as the yelling assaults my ears.

Mummy and Daddy aren't happy today; they're not happy very often anymore.

"Fucking tell her then, I don't give a fuck!", Daddy yells.

Mummy is talking so fast I don't hear what she is saying; she's yelling back at Daddy. The walls are closing in on me. The room seemed much larger last time I was here and I don't know why the curtains are always drawn, it makes the house feel stuffy and stale. Daddy is pacing back and forth. He walks into the kitchen shouting "Fuck you" to Mummy. He comes back in screaming "Just shut the fuck up you dumb slut". Mummy is yelling over Daddy. She's standing in the corner of the living room; her arms are crossed and she's rolling her eyes. This makes Daddy even more furious. Your three big sisters are between Mummy and Daddy. They're laughing with each other, dancing around the living room to the song on the TV. They're trying to get my attention. each taking a turn at tugging on my hands, throwing their arms around my legs, pulling me to the centre of the room with them, trying to bring me into their world, oblivious to the ear-piercing sounds around them, or determined to ignore them. Their ankles are covered in bleeding, weeping sores which continue up their legs. Where are you Baby?

Daddy can't find his cigarettes; "Where the fuck did you put them Bitch? Are you hiding them from me?!" Mummy walks into the bedroom from the living area. She returns abruptly and throws a packet

of loose leaf nicotine at Daddy. He snarls at her, "Wonder if you're hiding my phone too?" Mummy tells him to fuck off.

I'm sitting on the living room floor now; a big sister has crawled onto my lap; she has one little hand on each side of my face and she drags my gaze down to her. I see her up close, her lips are cracked and her teeth are beginning to decay. "I'm glad you're here" she tells me. I wipe some sweat from my forehead even though it's the middle of winter. Where are you Baby?

Daddy has gone for his smoke. Mummy turns and looks at me for the first time since I've arrived. "You've turned up at just the right time", she tells me. Mummy tries to tell me a story but I don't hear all of it, your big sisters need to tell me things too. They want to tell me about their friends at school and how they don't play together anymore since Mummy and Daddy turned up at the school one day fighting in front of the other parents. They want to tell me how even though they were late for school again yesterday they received awards at the assembly for trying hard. They tell me about how the police are visiting the house late at night and Mummy says it's because Daddy does bad things. They tell me that Daddy only does bad things because Mummy makes him do them. They tell me the house is so messy because everyone is refusing to help out and they have to sleep in the living room because their beds are wet from wee. Mostly they want to tell me about the fighting. Mummy and Daddy won't stop, they tell me. They ask me if I want to see the video of the fighting they filmed on the iPad when Mummy and Daddy weren't looking. Mummy tells me it's ok, they can show me. But your biggest sister changes her mind and tells me she doesn't want to see it again because it makes her sad. Where are you Baby?

Mummy has told me that she and Daddy are fighting because Daddy has a new job debt collecting for the Patches. Mummy is angry Daddy is working for the Bikies again and says she doesn't want 'those people' coming to her house. Daddy hears Mummy say this.

"How the fuck would you know what I do with my time?"

Mummy screams back at Daddy that she's going to "Tell welfare everything", and then tells me that your sister's legs are sore and bleeding because they're covered in flea bites. The knot in my stomach tightens, I check my watch, I count the heads of the children in the room; three children, one is missing. "Can I see the fridge, the cupboards, the bedrooms and bathroom?", I ask Mummy. She tells me yes and leaves me with your sisters as she goes outside to continue yelling at Daddy. Baby, where are you?

Your big sisters lead me to their room. "I can't see the floor" I tell them, trying to make my voice sound light and carefree. They ignore me because they've heard me say it before. I watch my step, but even so, I step on their toys, blankets and food scraps with my sensible black shoes.

"What's that smell?", I ask them. More laughing. Cat poo they say. Daddy bought home two kittens, and the kittens brought the fleas with them. We walk down the hallway past the laundry room. There's a mountain of unwashed clothes and linen in there. Soiled and dirty clothes are cascading down and spilling out past the door way. There's a pair of your sister's knickers at the edge of the pile, covered in shit.

I move to the kitchen and stand in front of the fridge and I can sense three sets of eyes peering around me as I open the door. There's not much in there, but it's not empty. There's some bread and jam, a litre of milk and some French onion dip. My eyes linger at the dip; it seems out of place in a

fridge meant to feed four children. I look down at your sisters and smile when I ask them what they had for breakfast. "Daddy made us cereal" they tell me pointing to an empty cereal box on the floor. I remember the Weet-Bix on the door. What are you eating Baby?

I tell your sisters to go back to the living room while I talk with Mummy and Daddy. Your biggest sister lingers, staring up into my eyes, "Don't leave yet" she tells me, gripping my hand. I promise her I'll be right outside as I direct her towards her sisters. Mummy and Daddy are still fighting outside, they're not yelling too loudly anymore. They are not happy with each other right now. They're not happy with much. Mummy starts to tell me why she's mad with Daddy. I stop her. "Sorry", I say, "but where is Baby??" Mummy tells me you're asleep in their bedroom. I ask Mummy if I can see you. Mummy tells me I can and then turns around to continue arguing with Daddy. I go to find you by myself. I'm coming, Baby.

Mummy and Daddy's room is pitch black. It smells mildewy and sour and I start breathing through my mouth. I stand at the doorway and try to make you out. The sound in the background is muffled. Your sisters are laughing and singing competing against the sound of the TV and Daddy's yelling.

I see your bassinet perched atop a stack of DVD's on the dresser. It's leaning precariously and looks like it might tumble. Bile rises in my throat and I step towards the bassinet, glancing inside and holding my breath. It's empty. I pick it up and put it on the ground, in-between empty bags of McDonald's and a well-used bucket bong still filled with filthy water. I see the bedsheets move ever so slightly from the corner of my eye and I take a few steps towards the bed. You look up at me and welcome me with a broad gummy grin, I smile back and take a deep breath in. I found you Baby.

I scoop you up and take you out to Mummy and Daddy. I tell them you were awake. Mummy doesn't look at you but Daddy walks over and greets you with a huge smile. He asks you how you are and tickles your feet. Daddy looks different when he's with you, his brow softens and his voice lowers. He speaks lovingly and he notices small details, like how the blanket has left an indent on your leg. He says you're due for a feed and he tells me that yesterday you had a fever. The knot in my stomach tightens. I ask Daddy if he took you to a doctor. Mummy yells out that Daddy hasn't taken you and she thinks he should because she's worried about you since you rolled off the couch and hit your head this morning. I glance down at you in my arms and you smile up at me. Are you okay, Baby?

Mummy, Daddy and I make some plans. We use a lot of big words like, 'unacceptable', 'safety planning', 'responsibility' and 'support services'. Mummy and Daddy get angry at each other while we talk. They don't get angry at me and they don't get angry at you, Baby. They love you and your big sisters. They love you all so much they agree with everything I am saying and suggest some things I don't think of. But they still want to hurt each other. Are you scared, Baby?

I leave Mummy and Daddy outside and take you inside with me. Mummy and Daddy don't mind me holding you, they're used to me visiting. I perch on the couch in the living room. There's not much room, as it's covered in clothes, toys, baby bottles with curdled milk and soiled nappies. I can feel moisture seeping through my black office pants. I don't move though Baby, because I need to see you. I smile at your sisters who acknowledge my presence but continue dancing and singing. I lie you against my legs. Your head is resting on my knees and your long body stretches out until your toes touch my belly. You look up at me and smile. You hold my gaze so well. I remember that you never look at Mummy and only smile for Daddy.

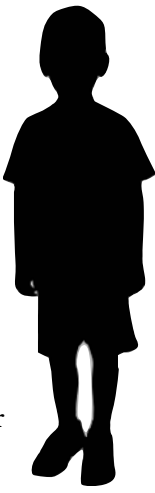
I run my hands up each of your legs and arms. I don't know what I am looking for, but I will know when I find it. You're dressed in a singlet and a nappy so I can examine every inch of your skin. I lift your singlet up and check your belly and back. I run my fingers over your scalp, play with each of your toes and lose count of the small, raised and red flea bites that cover you from head to toe. Every time I look at your face you're smiling and watching me; I smile back at you Baby and you gurgle, kicking your legs in and out so your toes bounce off my belly. I see you Baby.

I see how when I sit you upright your eyes follow your sisters around the room and you excitedly kick your legs in and out like you want to get up and play with them too. I see how your nose is running with green tinged snot from a lingering head cold you've had. I see how you're wearing a singlet and a nappy despite it being the middle of winter and how you seem to push yourself against me as if to soak up some warmth. I see how your smile fades when Mummy walks into the room and you seem to look right through her even though she leans down and talks directly to you. I see how your smile returns after Mummy has shrugged and walked away from you to sit on the chair on the other side of the living room. I see you suck hungrily on a bottle Daddy gives me to give to you and I remember how even though you've been awake and with me for over an hour now, you haven't once indicated you're hungry, despite the speed and eagerness you're drinking with now. I watch your face as Mummy and Daddy start screaming again and I notice how you don't even flinch. When Daddy grabs you out of my arms and your head flings back, I realise you haven't cried and you don't react even when Daddy starts storming up and down the room moving you from one arm to the other and screaming inches from your face. I see you glance at me Baby as I wrap my arm around your big sister who has crawled up onto my lap and you hold my gaze while Mummy puts a dummy in your mouth that she's picked up off the floor under some soiled clothes.

It's getting late Baby and I have to go. I'm not allowed to stay after 5pm, even though I want to. It's a Friday afternoon and I tell Mummy and Daddy that I'll be back first thing Monday morning. I tell them not to forget our conversation, what we've discussed, what we've planned. I don't think they've really heard me. They're still angry and yelling at each other. Your biggest sister latches onto my leg as I get up from the couch. Both her arms are wrapped tightly around my thigh, I look down at her and tell her I need to go. Just one more song, she pleads, one more dance, one more hug, a story. "Don't leave", she whispers. I pry her fingers off my leg, "I'll be back Monday" I promise her as she sinks onto the couch. I walk towards the front door and turn around to wave good bye. "Oh, by the way", says Mummy, "we're having another baby. I'm 20 weeks along". Daddy says "I bet it's not even fucking mine". Mummy tells Daddy to get fucked. My eyes seek you out Baby. You're already looking at me from Daddy's arms and you smile when my gaze meets yours.

I pull the door shut behind me and the sounds from the house are muffled. Despite the coolness of the early evening the sun seems glaring and I pull my sunglasses down over my eyes. I walk slowly down the driveway towards my car with its blue government numberplates. I slam the car door shut. The car is freezing but I like the crisp fresh feel and clean smell of the outside air and I start the engine so I can retract the windows. I pull away slowly from your home, drive around the corner and stop again beside a large tree casting its shadow across the road. I punch the steering wheel and rummage through the glove box for some hand sanitiser before taking my phone out of my pocket and dialling a number so familiar to me. "Hello? Simone?", my boss says,

"I need to speak to you about the Baby".



The Creative Voice of Heather Warne

I Want My Mummy

“I want Mummy, not you Daddy”, he sobs, into his father’s neck, his face wet with tears and the sticky remnants of ice cream. Suddenly he’s tired, the excitement is over.

Two hours earlier he burst through our front door, beaming. “We been to airport, Mummy’s gone to Melbourne in big airplane.” He was upbeat, had been well prepared for this, his first whole weekend without Mummy. He’s two years old.

“Mummy’s in Melbourne darling”, we gently remind him. “Then let’s go and get her”, he cries. My brain tells me this is good, normal, healthy, of course he’s missing her and great that he can express it. It will pass. But still it’s hard to bear the fullness of his feeling, and I try to move him on.

“Mummy will come back, and Daddy is good at taking care of you, you’ll be fine.” His sobbing gets bigger, every cell alive with longing. He doesn’t hold back.

His big sister, now six, sits quietly, watching him. She understands, hops off her chair and puts her arms around him, but still he cries. It comes now in waves.

After a time, the familiar tightening I’ve been holding at bay reaches a threshold. “Okay that’s enough now.....it’s not that bad, get over it,” I say in my head. Then my mouth opens, and out comes a laugh. I tell him, still with empathy but tinged with irritation, that he is actually fine, and he will be fine.

“Why are you laughing?” asks my granddaughter, genuinely puzzled. “It’s not funny, and he’s not fine, he’s sad”, she says, slightly indignant.

I stop in my tracks, get a grip, and I say she’s right, he is sad. And add what a lovely big sister she is.

The crying runs its course, and by the time they leave, not much later, he’s calm, his face has been washed, and he’s wearing his green alligator jim-jams. She’s ready for bed too, her jimjams are pink with yellow pineapples. There are kisses and sweet goodbyes.

He slept through the night and the weekend was fine. Mummy returned at the anticipated hour, refreshed.

My grandchildren remind me that life is good and they keep me hopeful.

They are living beacons of intergenerational change. They are lively and connected, to themselves and others, and are not afraid to feel. They know they are worthy, just as they are. They are juicy and sweet, like ripe summer fruit.

The juice will nourish me in the days ahead, in the playroom with infants who have needs no different from those of my grandchildren. These infants, however, do not know safety; they are already involved in the child protection system, and the challenge to be with them, and their parent, is daunting.

At best, I arrive in the playroom present in my own body, my familiar vulnerabilities tended to and safely tucked up, ready to be with this infant and this parent in this moment. Receive, decipher, tolerate the chaos of feelings, stay present and connected and offer it back in digestible form. We will know we are getting somewhere when small juicy moments begin to arise between the infant and his or her parent.

Last week, for the first time in 18 months, Lily slept at her mum’s house. Her mum shyly shared that she sang Lily to sleep. In the morning, Lily said, “I want to stay here forever.” Her mum couldn’t quite believe it.

of early assessments of boys at risk, discuss the impact of early childcare on male psychopathogenesis, and end with a neurobiological model of optimal adult male socioemotional functions" (Schore, 2017, p.15).

The extensive article discusses the knowledge we have regarding infant right brain development, the dominance of the right brain in the earliest stages of infant life, and the protracted vulnerability present for male infants compared with female ones. Schore further explores how gender differences must be considered in understanding trauma and advocates for the importance of "right brain assessment". This assessment paradigm is part of a foundation for suggested clinical treatment, including early intervention and prevention, based on this growing body of evidence.

Schore also discusses how critical periods of brain development help organise the stress-regulation systems of the HPA axis as well as the influences of the gender-determining HPG axis, explicating how these two systems interact with each other and the roles of hormones like cortisol and testosterone in the process.

Toward the end of the article, Schore applies the findings to real-life issues of both childcare and environmental toxicity. He furthers the argument - began years earlier - that infant boys present with greater risk than females when it comes to perinatal separation and how corresponding surges of hormones at the six week mark bias male infants toward more problematic health effects in this regard. He advocates for industrialised nations to adopt maternal leave of 6 months and paternal leave of 2 months. He then discusses the risks associated with exposure to environmental toxins on male and female brains.

Finally, he discusses the trajectory of the impact of early brain development issues on adulthood. Outlined in this section of the article are distinctions about the different strategies adult male and female brains employ in emotional processing, as well as how the same situations will trigger different stress responses in men and women.

The article concludes by saying that the work suggests "that differences between the sexes in brain wiring patterns that account for gender differences in social and emotional functions are established at the very beginning of life; that the developmental programming of these differences is more than genetically coded, but epigenetically shaped by the early social and physical environment; and that the adult male and female brains represent an adaptive complementarity for optimal human function." (p. 42).

While the article can be scientifically dense and demanding to read, it is chock full of important new information essential to work within infant mental health and for anyone seeking to understand the impact of biology and neurology on human experience.



President's Report

September 26 2016 - November 25
2017

Sally Watson



The Strategic Plan which was initially developed in 2014 and is reviewed annually at our face to face National Committee Planning day continues to be the template by which we undertake/support all activities of AAIMHI. Branch representatives continue to submit reports prior to the now 6

weekly National Committee meetings using the template. It is a way of ensuring that we are adhering to our Strategic Plan and highlighting where gaps occur.

My President's report will focus on activities at the National level, however, much activity happens at a Branch Level. One of the great strengths of the Branch structure of AAIMHI is that it does give Branches autonomy to respond to needs and interests at the local level.

At the AGM in 2016 we acknowledged one of our greatest achievements was the launch of the new website. We continue to get positive feedback and it is being well utilised. It is being used as a great resource for members, but also as a way of recording the history of AAIMHI, with "archived" documents as far as possible being scanned and stored. I would like to again acknowledge all the work that Annie Mullan, our National Secretary puts into the website and membership application process.

We currently have 541 members. Frequent renewal reminders are sent out to lapsed members. However, we are aware that some people have been surprised to find that they are not members, so we are looking into the option of setting up an automated renewal system that people could opt into. If you have not been receiving emails please contact the National Secretary to check why this may be occurring.

ADVOCACY

Since the last AGM we have developed a Position Paper on Infants and Family Violence. We find that the Position Papers are frequently referred to and we often get follow up from them. It has been decided that a Position Paper will be developed on Permanency Planning. The SA Branch will be taking the lead on this, following up from the visit from Dr Danya Glaser and Judge Vera Mayer. The proposal was also put forward at this conference that we consider preparing a Position Paper on Child Protection. Something I am sure the National Committee will consider. We also made a statement supporting the Yes Campaign for the Australian Marriage Law Survey taking an infant rights perspective.

We made a submission to the NHMRC Consultation "Report on the Evidence: Promoting the Social and Emotional Development of Infant Summary Report". Links have also been made with ARACY, having discussions about the Infant being present on their agenda.

A new initiative for 2017 was applying and being granted a week for Infant Mental Health Awareness Week. Infant Mental Health Awareness Week was first launched in the UK in June 2016 by the charity Parent Infant Partnership to raise a greater understanding for policy makers, professionals and parents about why giving every baby the best possible start in life matters to the life chances of children and families. In June (12th-16th) we joined the UK in promoting an awareness of Infant Mental Health. In this first year we had planned a low key approach, sending out some press releases, producing some material to be distributed and advertising events. We were very encouraged by the response. The Assistant Shadow Minister for Mental Health's Office (Senator Deborah O'Neill) contacted us and asked to be briefed. Senator O'Neill then gave a speech to Parliament; this can be accessed on our website. We were also contacted by Early Learning Review an online publication, and a podcast was recorded. This is also available on our website. We plan for this to be an ongoing event.

In order to ensure that Infant Mental Health is "on the agenda" and has visibility we had allocated some resources to have a Communications Consultant to be on a retainer. This was someone who had been involved in supporting us with the development of the logo and website. However, due to changing circumstances for the appointed person this did not eventuate, but is something that we do consider as being a good use of resources to help us to "communicate" key messages about Infant Mental Health and to be proactive about that rather than just reactive. This is for ongoing consideration.

NEWSLETTER

After a 12 month lapse in the production of the Newsletter following the stepping down of our previous Editors Ben Goodfellow and Emma Toone, we were very pleased when Lauren Porter volunteered to be the new Editor. In supporting her in this role we have set up a Newsletter subcommittee with representation from each branch. There are some exciting new ideas for this newsletter, including a regular creative writing column and a research summary section. We encourage everyone to see it as their newsletter and contribute to it.

CONFERENCE/NATIONAL TOUR

In December 2016 we were informed that AAIMHI was successful in winning the bid for the 2020 WAIMH Congress to be held in Brisbane. Although this may seem along way off, the planning has already begun. A local organising Committee with representation from each Branch has just been established. I would like to particularly thank Libby Morton, (as the QLD Branch President) and Elisabeth Hoehn (as the Chair of the Bid committee and now Local Organising Committee) for all the work they have put in for this so far.

The 2017 Conference in Melbourne has been our first conference in the Bi-annual Cycle and I am sure you would all agree it has been a very successful conference, both in terms of the numbers, but also the opportunity to hear from so many of our colleagues doing wonderful work in the Infant Mental Health Field.

In 2018 we will be holding our first National Tour and I am pleased to be able to announce that Nancy Suchman has accepted our initial Invitation. This tour will be conducted in September 2017, the exact locations are yet to be finalised, but we would like to plan one for Tasmania in order to support the

establishment of a Branch there. There have been a number of Tasmanians that have been wanting to develop a branch for sometime, and National would like to support this.

In 2019 the National Conference will be held in Adelaide. We are looking at bringing the conference forward to August/September to avoid clashes with other conferences that are regularly held later in the year.

CONSTITUTION

A major piece of work for the National Committee since our last AGM has been working on the Constitution and discussing under which Act we should be Constituted. This was flagged at the AGM in 2016, and as members you have received documentation about the history, the options and the rationale for National Committee putting forward the special resolution to become a Company Limited by Guarantee. We will be voting on this shortly. We have been hugely supported by Corrs Chambers and Westgarth with pro bono legal advice, and I would like to formally acknowledge their support as without this we would have found it very difficult to proceed.

Given the changes that were being proposed it was also a timely opportunity for WA to consider disbanding as AAIMHI WA Inc (i.e. a separate legal entity) and become a Branch of AAIMHI. At the WA AGM in September they voted to disband. Processes have been set in motion to formally wind up.

Part of this has entailed AAIMHI National signing a Competencies assignment and Consent License Agreement with Michigan Association for Infant Mental Health and the Alliance for the Advancement of Infant Mental Health, in order that WA can continue with the major investment they have made in the Competencies. We now need to spend time considering how we will proceed with Infant Mental Health Competencies nationally.

THANK YOU

Last of all I would like to thank all the National Committee for all the work they do. The energy, commitment and support of the National Committee is what has been vital to the continual growth of AAIMHI. I would like to particularly acknowledge and thank Annie Mullan for all the work she does as the National Secretary. She does so much for AAIMHI in her role which is much appreciated by all. I would also like to thank her for her support to me as the National President, she is amazing!

I would also like to acknowledge and thank Shelley Reid who is stepping down from the National Committee. Shelley has been on the National Committee for over 10 years, filling the roles of National Secretary, Public Officer & NSW Rep. She also was the Newsletter Editor for a number of years.

Sonia Costello will also be stepping down from the National Committee. Sonia has filled a number of roles ACT Rep, National Secretary and most recently National Treasurer. I thank Sonia for all the work she has done in all these roles.

Meredith Banks who has been the Victoria rep and the Vice President for the last 12 months will also be stepping down. Thank you also to Meredith for her contribution to the Committee. It is fitting also

at this time to acknowledge all the work that is done by all the Branches. Together we can make sure the voice of the infant is heard.

In stepping down as President after 3 years I reflect back on what we have achieved. There has been much: the website, the logo, the work on the Constitution, Infant Mental Health Awareness Week that immediately come to mind. This has all come about because of the hard work that everyone does at the National Committee level and Branch Level. I thank you all. In handing over the baton to Libby Morton as the new National President, I feel confident that AAIMHI will continue to grow and become an even louder voice for the infant.

Sally Watson

National President

25th November 2017