



# AAIMHI NEWSLETTER

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## Guidelines for contributors

AAIMHI aims to publish quarterly editions in March, June, September and December. Contributions to the newsletter are invited on any matter of interest to the members of AAIMHI.

Referenced works should follow the guidelines provided by the APA Publication Manual 4<sup>th</sup> Edition.

All submissions are sub-edited to newsletter standards.

Articles are accepted preferably as Word documents sent electronically. Send to Shelley Reid at email:

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## Before the Bough Breaks: Working with Infants, Families and Communities

National Conference of the Australian Association for Infant Mental Health

QUT, Gardens Point Campus  
Governor's Opening Address

### Delegates

Thank you for your warm welcome and the opportunity to open this very important conference. I feel privileged to introduce the rigorous discussion and debate that your program contemplates over the next three days; to acknowledge and commend your professional, clinical, intellectual, and humanitarian commitment to the emotional development and well-being of our infants - your capacity:

- to address – scientifically and compassionately – what is, to most adults, the disturbing reality of infant mental illness;
- to translate the evidence and plethora of research findings into practical guidance for clinicians, police, legal service providers, the community sector, and families in the daily practice of caring for babies and toddlers;
- to identify risk factors and protective measures; to devise strategies for prevention and early intervention that restore and strengthen families;
- to give parents the information, support, and confidence they need to raise their children;
- to help us all understand the power of early relationships

between infants and their parents and carers – how much babies love, how much they need to be loved, how much they feel, how much they experience, how much they know, how much they perceive;

- to give our babies a voice.

*“Emilio, three years old, has been doing lots of jumps. He must have done a hundred of them. ‘Daddy, Daddy look, how do you like this jump, look?’ he says every time, ‘It’s a new jump.’ He is very proud of his jumps.*

*As for me, I like the first three or four. But after a while I get bored. There, in the middle of the playground, I let my mind wander, inattentive. My little boy tugs at my sleeve, ‘Look, do you like this jump, watch me!’ By now there is a touch of irritation in his voice, almost a threat. ‘It’s a new jump!’ How much time left? I wonder. Two more hours, and then I can have some peace and quiet.*

*‘Daaaaaaddy’...now his voice is almost trembling with exasperation...I watch. And at last I understand, it really is a new jump. The hundredth jump is as important as the first and deserves the same attention.*

*Emilio gives this new jump all he has got. It is a jump with a turn,*

**Governor's Opening Address***Continued from page 1*

followed by a kind of ballet. For him it is a marvellous creation. He has just finished painting 'The Last Supper', discovering the New World, formulating the Theory of Relativity. How can I possibly drift off? It is an unforgivable lapse.

I remember him as a newborn lying quiet and attentive, his attention free of judgement or expectation. He fixes on nothing in particular. He is simply attentive. He is in the present. I want to be like that too. Without presence, there is no relationship."

(Piero Ferrucci, The Gifts of Parenting)

Those were the words of Piero Ferrucci, a respected Italian psychologist and author, who, before having his two children, confessed to secretly criticising parents for their awkward and inadequate handling of their offspring; and who, some years later, wavered more humbly and less certainly, having, like every parent, fallen flat on his face many times, been stung, squeezed out, wounded, turned inside out, never let off the hook.

It's not always easy for parents to make sense of the exchanges they have with their infants, although intimate, intense, and often – to slow down, set adult worries aside, fight fear and fatigue, and dig deep for patience and humour:

- to feel a simple finger-hold
- to pick up an early smile
- to hold a gaze
- to give the looked-for affection
- to understand their subtle cues
- to find the gentle rhythm of their relationship
- to be present and attentive
- to watch, wait, and wonder.

While parenting is joyous and rewarding, it is equally hard and demanding, and constant. Professor Bryanne Barnett, the Director of Infant Child and Adolescent

Mental Health Services in Sydney, was last year reported as saying that: "Many parents today come from small families and often have no one to turn to for advice, they feel alone and unsupported, and lack basic knowledge about how to relate to children. There are skills to being a parent; it's not instinctive. Some people have learned them because their own parents did a wonderful job. But a substantial proportion learn the wrong lessons."

In March this year, Professor Fiona Stanley, Chief Executive Officer of the Australian Research Alliance for Children and Youth, and former Australian of the Year, expressed sadness at the loss of the early intervention services provided by infant health nurses in every state.

She said, "Decades ago, they were the front-line support for families...they could see the parenting and environment surrounding a child, they would give advice on breastfeeding, nutrition, and strategies for frazzled mothers to cope with the terrible twos and the frightful fours."

So, what happens when you can't get through to your baby? When you don't feel you can cuddle her? When you resent him for putting you through hell? When her refusal to eat incites so much anger and panic in you that you threaten her with the belt?

Swiftly, the delicate rapport between parent and baby is at risk, negative behaviours thrive, and a process of harm unfolds knowing no bounds, screaming out for help to re-program, re-tune, re-set the patterns that will last a lifetime.

*"To hold him [again] in my arms, and feel him so close to me, to have on my chest a treasure that has been entrusted to [me]. A miracle, whose growth I have the*

*daily privilege of witnessing. A voice that says nothing, as it cannot yet form words, but says everything, because I can hear it in the pleasure and tranquillity of a baby who is at peace, who surrenders to sleep."*

(Piero Ferrucci, The Gifts of Parenting)

Ladies and gentlemen, the Australian Association for Infant Mental Health (and its affiliated world body) has recognised the logic, the science, the wisdom, and the power of early intervention before children and families reach crisis point, and have focused their research and resources on improving environments for all children.

I admire and praise the expert, multi-disciplinary skills and extraordinary dedication your professionals apply to tackling the many and complex challenges infant mental illness presents.

Delegates, I wish you well over the next three days. Share your skills and experiences liberally, and celebrate your triumphs readily. Thank you for the contribution you make to the lives of our children and the hope you offer for their futures.

It is now my sincere pleasure to officially open your 2005 National Conference, *Before the Bough Breaks*.

**Her Excellency, Ms Quentin Bryce AC  
Governor of Queensland**

## NSW Annual Professional Scholarship Report

### Knowledge As Prevention- Where Is The Human Being In The Humanities? Reactions To Developmental Theory

#### Acknowledgment

I would like to thank the AAIMHI NSW committee for creating and awarding the Professional Scholarship to assist members reaching a broader audience with ideas in accordance with AAIMHI philosophy. This money aided my travel to Philadelphia to present a paper on the phenomenon of abandonment in Australian children's literature at the Modern Language Association (MLA). The paper, *The effects of stress in early childhood: society's view as reflected in Australian children's literature*, was published in the June 2004 AAIMHI Newsletter.

#### History of the Paper

I wrote this paper in response to course work I was undertaking at the University of NSW. The subject was Australian Children's Literature and I was astounded by the recurrent theme of the abandonment of child protagonists in the literature and even further alarmed by the idea that this abandonment was viewed by authors, academics and critics as a virtue and was seen as what made Australians good and resourceful. An example is the literary critics, Foster, Finnis and Nimon's statement about why the survival genre was so popular. They said, "probably because the end result justified the means, that is, the emergence of decent, better adjusted little Australian citizens from the traumatic experience of surviving in the bush is an outcome worth achieving." This trope of abandonment has been a constant in the literature for over a century, so that while the genres change the protagonists would continue to be abandoned by being literally deserted or suffer

an emotional abandonment resulting from the death of a parent or parents, being sent away, being lost, being neglected or abused.

#### University Reaction to the Paper

I went to my teacher with the paper who responded with outrage to the ideas expressed in the paper's thesis statement, which suggested an explanation of why this abandonment was not resolved but was re-enacted time and time again in the literature. The statement said "It will be argued from a relational psychoanalytic and developmental theory perspective that these fictional characters, in the absence of a meaningful and nurturing parental relationship would not develop an authentic sense of self. They would instead develop a fragile, brittle sense of self that is emotionally immature with defensive psychic structures that hinder close relationships. In fact they would (without intervention) become the next generation of abandoning parents." My teacher exclaimed, "You can't say that" and refused to read further or mark the paper. She refused to discuss it and I had to write something else. Well, I was amazed, I have never had a teacher behave like that and I did not expect this reaction from her. She did not have such abrupt responses in the classes.

I was very distressed by this and felt that the university as a socially sanctioned source of knowledge should know about developmental theory and the implications of abandonment of children in our society. This institution trains people who will become parents,

teachers and policy makers. If they are not trained to know about infant mental health and that early experience has lasting effects on people, on their relationships and their behaviour in the world generally, then they cannot really understand the complex and sometimes paradoxical problems before them.

The implications of institutions advocating that children are to be responsible for their own development and it is good for them to care for their parents will only perpetuate and worsen our social situation where we increasingly live alone and cannot form relationships. We are a society that does not make a priority of putting resources into caring for its members. This has been constant in Australian history since colonisation – bar a few people trying to do the right thing – but so often the care was and still is regulated through a morally judgemental frame of those deserving of care and those who are not. We still have this borderline dichotomy of the good and the bad, a result of an unwillingness to know or seek to know, as unfortunately knowing about someone else's painful experience is predicated on knowing about our own.

#### Reactions outside the University

The paper was accepted at the 2002 *Frozen Futures* conference and I had good reactions to the ideas expressed in the paper and an ongoing support from AAIMHI in providing the scholarship to go to Philadelphia. Also I got a good response and financial support from Randwick Rotary as they too could understand and share my concern.

## Scholarship Report

*Continued from page 3*

### MLA Conference

So on the basis of this concern about the lack of developmental knowledge in the humanities in the universities I decided to submit an abstract when I saw a call for papers on Australian children's literature by the MLA. When my abstract was accepted to present at their conference in Philadelphia I was keen to go and see what their response would be to the ideas in the paper.

### The MLA Organisation

The MLA is a very large organisation founded in 1883 and it is a very prestigious academic institution. They have many specialised sections with 30 concurrent papers running at one time. I presented under the American Association of Australian Literary Studies.

### The Presentation

There were three papers in my session and I was first to present, with the second speaker analysing how Meg's behaviour in *Seven Little Australians* sanctions the notion of being a good English girl rather than Australian. The last paper was on the Magic Pudding and its relevance as a postcolonial text. There was discussion following the papers. People were wondering about abandonment in American children's books and whether there was a connection between what I was saying and what happened in America with abandonment and emotional distress generally. I talked about the different historical context of Australia and America but agreed that they also had abandonment issues and they were certainly not unique to Australia and that this phenomenon of abandoning children was world wide and in all literature. The second presenter agreed that Judy was really a pivotal character in the imagina-

tion of people who read the *Seven Little Australians* and was very interested in the view I presented, as he had not thought about the implications of the abandonment in that way. This was a common response. The chair suggested that I get the paper published in the *Antipodes*, the Journal of American Studies of Australian Literature. I am waiting for the results of a peer review to know how that goes. So it was a positive reaction but I was curious to see what was happening in other sessions.

### Other Sessions at the MLA

I was particularly interested in the session *The Future of the Humanities* and listened to the issues of concern about a decline in student numbers; this is something that is also a problem in Australia. However, unlike Australia there was a lot of discussion on the place of religious belief in the institutions. The presenter was a philosopher and wanted people to ask the 'difficult questions'. I was kind of frustrated by the religious debate and suggested that the humanities were about what we could know, so that we could investigate and try to know about religions and society but that this process was different to and should be separate from belief which was personal and about faith. This brought me to the problem of being able to know about things in the world and my frustration with post structuralism that said objects did not exist, only subjectivities. I said that students found this just as frustrating as the notion of objectivity that the post structuralists were reacting against. This is the idea that there are objects in the world and we could know about them without any influence from our subjectivity. I said there are clearly objects in the world but that they are mediated through the observer's subjective position. So that if you

were colour blind you would see things differently from other people, that people's view of things or other people may be distorted by their experience. This meant that in order to know about the things we are observing we need to be aware of our subjective position that may limit or distort our view. After this I came to my difficult question, which was where was the human in the humanities? That in Australia at least and it seemed to be the same in USA, there was no developmental theory of the human to help us understand and make sense of people's behaviour and understand our own subjective position on what we were seeing. Can we use the new insights from developmental theory and neurology in order to try and make sense of phenomena that other theories cannot?

It was a long statement but this was what I felt I had gone to the MLA about and I was very fired up. The philosopher focused most of his response on religion in the institutions in a way that told me he had not heard me, then at the end he said that if there was any new science that could help elucidate something by all means use it. I found this response disappointing but perhaps to be expected, however I was encouraged by the response of some people in the audience. I had people come up to me and express gratitude for saying what I said, one lady said it was the voice of reason. A Children's Literature professor wanted to quote me in an article she was writing.

### Psychoanalytic Sessions

I was also curious to see what some psychoanalytic sessions were like and was disappointed that they used the same antiquated theory that I have found in UNSW. It was stuck back with Freud in a way that he never

**Scholarship Report***Continued from page 4*

would have been if he had lived – well, I like to think, given time and a confrontational push he would have embraced the importance of relationships to development of the self and the brain, he was a neurologist after all. I could not understand the theory, which focused on synchronic psychic process and seemed to miss the underlying relational trauma of the topics they were looking at.

**What is going on?**

The teacher's rejection of the developmental theory is possible because there is no emotional developmental understanding of the human being in the social science humanities. The implications of this lack of knowledge are massive in that the theories espoused can be detrimental to infants and families and means people concerned with emotional well being are working against ideology in the society. My feeling is that this knowledge should be at the heart of the humanities and I realise there is a great deal more work to be done to achieve this.

**Kim Warner***Psychotherapist in private practice***Childcare, a vital issue for us all!****Karolyn Vaughan**

Clinical Nurse Consultant, Child & Family Health  
Sydney West Area Health Service

There has been an abundance of rigorous research that has challenged long-standing perspectives of brain growth and development, emphasising the importance of human development in the early childhood years. No longer are the preschool years viewed as purely child minding until they are old enough to start academic learning at school. There can be no disputing that learning takes place *in utero* and in the first five years, but especially the first three years of life. This time is now valued for the importance of emotional learning and development that takes place, and the life long effects it has. The evidence underpins the need for strong family social policies to support parents in their roles of nurturer and teacher of their children. Many social policies affect families: in particular the policies in the childcare area, with the potential effects on infants, families and therefore communities and our future generations.

**Social Policy**

There are many social policies and laws that affect child health, most focusing on the physical wellness of children. Examples are the use of seatbelts in cars, wearing helmets when riding push bikes, no smoking in public places and recently we are seeing campaigns to reduce smoking in and around children and pregnant women. The government also offers financial gifts and gains such as the baby bonus payment, which is given when the infant is immunised, or free pharmacology products and counselling offered to state government employees wishing to quit smoking. The federal and state governments

have also invested in broader scoped social/community policy strategies such as *Stronger Families and Communities* (\$70.5 million over four years) and in NSW there is *Families First* (\$117.5 million over four years). These strategies are based on the sound evidence we now have about brain development and the importance of the early years. The underpinning principle of these strategies is to build local services to support families with young children, but are they addressing mental health needs as well as the physical needs? One such example is the need for affordable, relationship-based childcare.

**Childcare**

Currently in NSW there is a substantial shortage of places for children in childcare centres. One could question if the high demand for childcare is due to society's expectations of all families to have the 'great Australian dream' of owning their own home and every 'mod con'. Within the current economic climate this drives both parents out into the paid workforce and their children into childcare (Parents in Crisis 2004). In Australia over a million children live in one-parent families. Often these parents too have no choice but to join the paid workforce leaving their children in childcare. Currently social security support is inadequate and does not meet the family's basic needs. Australia spends less on social security payments in proportion to the gross domestic product (GPD) than most developed countries in the world (Australian Policy Online 2004). According to the Social Policy Research Centre, social security allowances provides only

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73% of a minimum low cost budget for a family with two parents and two children and 76% for a sole parent with two children (Australian Policy Online 2004). So unless parents have other financial support (which does not affect their social security payment), or choose to live on the poverty line, they have no other choice but to belong to the paid workforce, hence their children require childcare.

For many centuries Western society has believed that children just required to be loved and have their physical needs met. We now recognise the importance of being sensitive, responsive to the child, by providing appropriate stimulation as well as the ability to reflect and improve the situation when not optimal (Stein and Keefeer 2001). This style of care and the building of a secure relationship with a child carer will allow for optimal physical and emotional development. The relationship that the carer and the child develop will impact on the child's development, as does the attachment relationship between the child and their primary carer at home. Attachment emphasises the fundamental importance of infant-carer's early relationships in the development of the individual. Infants who receive interrupted or inconsistent care and stimulation are potentially at risk of developing behavioural, emotional problems, learning disabilities and other psychopathology. There is increasing evidence to support that infants who do not develop secure attachment relationships are also at risk of physical illnesses later in life such as diabetes, heart disease and mental illnesses (Stein and Keefeer 2001, Mustard 1999).

For many years childcare services were seen purely as child minding

and the importance of this work has been grossly understated. This is represented by the low profile child carers have, their low rate of pay and even today the poor conditions that they have to work under, such as attending staff meetings and education sessions in their own time, not to mention the high staff to children ratio. We read documents, which state:

*The NSW Government has a strong commitment to early childhood development and early intervention and prevention... Good relationships between parents and children in the first three years of life provides the foundation for a healthy, happy and resilient life.*

(Social Policy Research Centre 2004 p.2).

For some children a large percentage of their time is spent in childcare, which also emphasises the need for relationship-based care. But still a childcarer's work does not seem to be valued to the same extent as comparative professions. These carers hold our future, every day, in their hands and the relationships they build with our children enhance their development and sculpt their future, and has the potential to prevent future illnesses. The value of the care they provide cannot be overstated (Australian Family Association 2004).

### Staffing Ratios

But still childcarers are fighting the bureaucrats to bring the staff:children ratio down from 1:5 to 1:4. One must wonder how can one person provide consistent emotional and sensitive care to five children less than two years of age or are only their physical needs able to be met? Some children will spend over 40 hours a week in childcare and the importance of building a secure relationship with their primary carer is vital. Not to mention those

children who are put into care, as their relationship with their primary carer at home is not secure and childcare is chosen to not only to support the family but also to provide a secure attachment figure for the child. The importance of relationship-based care needs to be valued for what it can offer the child (in the short and long term), rather than just having enough childcarers for the number of children. For some childcare centres this move from just being able to provide enough physical care to a relationship-based model, where their emotional needs are also met, will also require a change in culture, practice and education. Although some childcare centres have moved on to relationship-based care others are restrained due to the lack of resources and funding. If the relationship-based care model in our child care centres provides so many benefits and potentially reduces long term physical and mental illnesses, why did the NSW Government overlook one of the critical factors, that of the staff:children ratio? The rationale that was given for the 1:4 ratio not being approved as standard practice was based on a) the current shortage of qualified childcarers (currently around 600 positions in NSW) and b) the increased financial cost to the government and families (Social Policy Research Centre 2004). There was no mention of the long-term financial and emotional cost to our society of not approving this staffing ratio.

Currently childcare positions are at a premium and for some families the cost of childcare is a reasonable proportion of their expendable income. The NSW Government needs to be committed to not only reducing the standard staff ratios but also incurring the associated costs of this change process. If the

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childcare cost continues to rise and the cost is passed on to families it will reduce the accessibility for families. This potentially means only families with a high disposable income can afford quality care for their children, leaving the poorer families to no childcare or that of a lesser standard than optimal for the child's emotional development.

### Cost of Child Care Services

It is interesting to note that the Department of Community Services's budget for children's services is around \$100 million a year, of which \$4.3 million is designated for support of the early childhood resources (this does not include private organisations and businesses). Initially looking at the allocated budget it appears reasonably healthy, but when the dollars are distributed throughout the state of NSW, the impact for the individual child is minimal. The Social Policy Research Centre 2004 Report highlighted that in 2003:

*The direct value of Australian childcare business at over \$3 million, the indirect value to the economy in terms of increased consumption through employment at \$10 million, the taxable income of workers at \$300 million, and savings to the government in terms of reduced Family Tax Benefits at \$1.5 million. From this for every dollar spent on childcare, economic benefits of more than \$12 are returned*

(Social Policy Research Centre Report 2004 p 2).

So why are these dollars not being reinvested into our future – our children in childcare!

The NSW Government has clearly communicated in many reports that they support early intervention and prevention programs. Yet in NSW the Depart-

ment of Community Services (DoCS) is primarily responsible for the regulation of minimum requirements for childcare services (Social Policy Research Centre Report 2004). Therefore one of the departments of the Government is not enacting the underpinning principle of the philosophical framework on which the Government prides itself. DoCS monitors around 3800 childcare centres in NSW (Social Policy Research Centre Report 2004). DoCS' role is to ensure that care is provided at the optimal level and in line with contemporary evidence and practices. I believe that this is interpreted as the physical environment only and hence children's emotional development needs may not always be met and relationship-based care is a bonus rather than a fundamental requirement. So in this case is the Government just providing 'a half hearted attempt' when it comes to early intervention and prevention in mental health for the early childhood years? One thing is for certain, the DoCS accreditation processes for all childcare centres need to incorporate standards and competencies that allow staff to develop a sensitive and caring relationship with four or less infants or children (Social Policy Research Centre Report 2004).

### Children and Young People

In a recent political campaign, politicians have put forward a proposal for the family vote. Mr Latham demanded that parents become more responsible for their children's conduct and education. He suggested that fines and penalties might be imposed on parents who cannot control their children and parents will be made to attend special parenting and counselling classes to learn how to deal with delinquent children (Australian Family Association 2004). Why is he only

looking at the symptom of the problem? Rather than looking at the causes such as what happened or didn't happen in the early years for these children and families? Why does he want to punish parents when it is not going to change the situation? Can they not see that they need to support families with children of all ages and particularly in the critical years of early childhood? But still the Government places the blame on parents rather than addressing the real underlining social issues.

The NSW Health Department has identified mental health as one of the ten priorities areas (NSW Health 2004), but still this area of health is in crisis. The *Mental Health of Young People in Australia* (2000) is a reliable source of data to inform national policy, it describes the burden of mental illness in children 4 to 17 years old. The findings clearly state that 14% of children in this age bracket have mental health problem. However the current health system will only be able to see one in four of these children who need professional support. The Sydney Morning Herald on 4 November 2004 identified the end result of not being able to prevent or treat mental illness in children and young people; it was stated that "police are being left to prop up our ailing mental health system". While not receiving professional support, children and young people's behaviours can escalate to criminal activities, and one might wonder if the recent Macarthur riots were another example? Does this not also point to the importance of family support and further investment into the early years? What does this mean for the next generation?

### Conclusion

We have an enormous amount of evidence to support the importance of the early years at our

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fingertips. Knowing that our current health system is overloaded and that we cannot adequately repair the immensity of the problem, we know (to some degree), the burden of mental illnesses on the individual, family and the community, (and not just in financial cost but also in emotional expense). Then why is the Government providing bureaucratic lip service and not investing and reinvesting our money in our children, ensuring that the care they receive in childcare centres provides them with optimal physical and emotional scope to develop to their potential? It is our responsibility to take every opportunity to lobby and keep this vital issue on agendas, as our children are our future.

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**State Reports****Queensland**

Hello from post-conference central...and thanks again to all of those who participated as delegates and as presenters, in making such a success of the recent National Conference, *Before the Bough Breaks*. The pre-conference workshop attracted about 60 delegates from legal, welfare and health backgrounds and proved highly interactive and productive, with all sides sharing their perspectives on the dilemmas of children and families dealing with the court systems. Joy Osofsky and Cindy Ledermann were able to meet independently with members of our local judiciary and consequently, communications have begun with the Magistrate of the Children's Court who has expressed a strong interest in following up on the work being done in the USA in this area.

Roughly 207 delegates attended the 3 day conference, representing most of the Australian states as well as a number of international delegates from New Zealand. The feedback received following the conference was very positive and constructive and will be forwarded to the NSW committee to assist in planning for the next conference. Again, we wish to thank those old hands from inter-state who gave us such welcome support and assistance in the planning phase.

The opening address for the conference this year was made by Her Excellency, Ms Quentin Bryce, AC, Governor of Queensland. Her words encompassed the essence of our work so eloquently and received such positive comment, that we have obtained permission for it be printed in the newsletter so that members may enjoy reading her words again.

Over the past year we have been

able to provide a number of clinical seminars. Most recently, Graham Quinliven of Legal Aide, Queensland presented a very clear and enlightening overview of the different court systems and jurisdictions dealing with children and families. In February, Louise Newman addressed an evening gathering on the topic of advocacy and children in detention. As a committee sans conference obligations, we are looking forward to the coming year with our intentions focussed on local educational and advocacy issues.

Our committee for 2005/6 is as follows:

President – Abigail King

Vice-president – Sue Wilson

Treasurer – Raeleigh Bryant

Members – Neil Alcorn, Michael Daubney, Penny Love, Libby Morton, John Reddington, Janet Rhind, Doreen Westley

Thanks to Helen Baker who has been a longstanding committee member over the years and to Heather Mohay and Margaret Rebgetz who provided invaluable assistance on the conference committee.

**Abigail King**

AAIMH-Qld.



## State Reports

### Western Australia

Western Australia has witnessed a growth in awareness, interest, and activities in infant mental health across the state. From the government's *Perinatal Mental Health Strategy* and commitment to building a new 8-bed mother-baby psychiatric unit, to the increased infant mental health research and program development that is now occurring in both government and non-government. Members can also look forward to visits to the state by Kent Hoffman, Richard Tremblay, and Bert Powell in 2006.

For the Western Australian Branch, this has brought growth in membership and attendances at meetings. AAIMHI-WA meetings provide an opportunity to showcase local research and program development, share information, promote discussion, and network. There have been three presentations this year, each focussing on a different aspect – intervention, research, professional practice.

In March, a video presentation and discussion of the *Pen Green Programme*, a British day programme for at-risk parents and their infants and young children up to three years of age. This structured informal group programme is run by a multidisciplinary team, combining mental health and child development expertise, providing families with support around play, parent-child interaction, and developmental guidance.

Videotaping of individual children or parent-child interaction allows an opportunity for parents to observe more closely issues that might be having an impact on their relationship with the child.

*Pregnancy, Genes and Offspring Mental Health* was the presentation in May. Do pregnancy complications increase the likelihood of a child developing a major mental

illness later in life? Prof. Assen Jablensky, from the University of Western Australia, is untangling the answer to this question in one of the largest studies ever conducted in the world and presented the results of the first phase of the study. This study ascertained the incidence of complications during pregnancy, labour, and delivery and the neonatal characteristics of infants born to women with schizophrenia, bipolar disorder, or major depression in a population-based cohort. The study found that while genetic liability and gene-environment interactions may account for some outcomes, maternal risk factors and biological and behavioural concomitants of severe mental illness appear to be major determinants of increases in reproductive pathology in this cohort. This study highlights the need for, and benefits of, increased support and care for these women during pregnancy. The reference for the full report is: Jablensky AV, Morgan V, Zubrick SR, Bower C & Yellachich L (2005). Pregnancy, delivery, and neonatal complications in a population cohort of women with schizophrenia and major affective disorders. *American Journal of Psychiatry*, 162:1, 79-91.

Gillian Fowler, a Senior Occupational Therapist with Fremantle Community Health, presented *Sensory processing and self-regulation: considerations for infant-parent relationships*, at the July meeting. This presentation shared some of the research around sensory processing and self-regulation and discussed how sensitivities to touch, sound, sight, movement, smell or taste can influence how children interact and cope in different environments. An overview of how sensitive parenting can be fostered using a sensory processing model was presented.

Seminars are held bi-monthly on the third Wednesday of the month and members are encouraged to contact committee members with suggestions for future seminars. The next meeting will be the Annual General meeting, which will be held on the 21<sup>st</sup> September 2005. Lyn Priddis, from Curtin University, will be presenting her PhD research around parent-infant attachment. With half of the current committee positions becoming vacant, I encourage interested members to nominate, ensuring the continued growth of the branch through new ideas and enthusiasm.

People wanting to join the WA chapter, or update their membership, can contact us on:

Telephone (08) 9382 6828

email: [anne.clifford@sjog.org.au](mailto:anne.clifford@sjog.org.au)

or mail:

PO Box 1886

SUBIACO WA 6904.

**Trish Sullivan**

AAIMHI-WA

## State Reports

### Victoria

The Scientific Program continues to provide a wide range of inspiring presentations on a monthly basis. Since April these have been:

◆ George Habib, Clinical Psychologist, presenting *Fathers using networks (FUN) for kids: An intervention program to enhance father involvement with their infants* - a Relationships Australia initiative.

◆ Lindy Henry, Enhanced Home Visiting Maternal and Child Health Nurse, presenting "Is my baby still hungry?" *A study of Vietnamese mothers' feeding interactions with their eight week old babies* - Research from the Masters of Infant Mental Health, Melbourne University.

◆ Dr Ann Morgan, Child and Infant Psychiatrist and Kerry Judd, Clinical Psychologist - discussants for the film screening of *Kitchen Stories*.

◆ Colleen Cunningham, Registered Psychiatric Nurse, presenting *Care for my mother, care for me: A case study* - Albert Road Clinic, Parent-Infant Unit.

Scientific meetings are held at 8pm every third Tuesday evening of the month, at the Albert Road Clinic in Melbourne. On 8 August the Victorian Branch will host a presentation by Margaret Rustin, Adult and Child Psychotherapist from the UK. She will present a case study of work with an adolescent mother and infant using some infant observation material.

The AGM was held on 21 June and the first meeting of the new committee was held on July 26. The new committee positions and contact details will be made available on the website.

**Jennifer Jackson**  
Scientific Program Coordinator

### New South Wales

Hello to all our interstate friends. Here in New South Wales we have had 3 new members join our committee at our recent AGM bringing the committee now to a total of 16 members. We are very lucky to have so many members committed to infant mental health. We are looking forward to our annual conference next May 2006 which will be a combined AAIMHI and Aboriginal and Torres Strait Island Prenatal and Infant Mental Health conference. Many of our committee attended the wonderful AAIMHI conference in Brisbane recently and we thank our AAIMHI friends in that state for their great

organisational work. We were lucky enough to have Mary Sue Moore come down to Sydney after the conference and present a half-day workshop at Liverpool Hospital. The feedback was excellent. Some of our committee have been involved in presenting a 6 week (Monday evenings) course on Attachment to various health professionals at Liverpool Hospital and a further series is planned in association with the Learning Links organisation for later this year.

Best Wishes

**Ian Harrison**  
AAIMHI-NSW President

## Future Events

**Association of Neonatal Nurses of NSW  
16<sup>th</sup> Annual Conference**  
28-29 October 2005  
Harbourview Hotel  
North Sydney, NSW  
See: [www.anna.org.au](http://www.anna.org.au)

**NIFTeY 2006 Conference**  
**Prevention: Invest now or pay later**  
8-9 February 2006  
Sciential Building  
University of NSW  
See: <http://niftey.cyh.com>

**Women and Depression Conference**  
6-9 April 2006  
Carlton Crest Hotel  
Sydney  
See: [www.womenanddepression.herwill.net](http://www.womenanddepression.herwill.net)

AAIMHI is pleased to be associated with  
**Old families, new beginnings: Aboriginal and Torres Strait Islander  
Perinatal and Infant Mental Health Conference**  
May 2006  
Homebush Bay, Sydney  
Details on AAIMHI website soon

**Fourth International Conference on Child and Adolescent Mental  
Health**  
5-7 October 2006  
Mumbai, India  
Abstract deadline: 28 February 2006  
See: [www.iccamh.elsevier.com](http://www.iccamh.elsevier.com)