

SUBMISSION: ROYAL COMMISSION INTO EARLY CHILDHOOD, 2023, SOUTH AUSTRALIA

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I would enormously value the opportunity to provide input to the South Australian Royal Commission into Early Childhood Early Education and Care

MAIN PURPOSES OF SUBMISSION.

- To provide information about the benefits of the earliest interventions -ie in the first 1000 days rather than only the first 2000 days. I can provide references from the literature but I can see many are available on the Royal Commission website – this is about emphasis so rather than over-supplying information you are likely to have with a written submission, in the first instance I would value speaking.
- To discuss my observations around coordination of services (or lack of) by providing examples related to my work, both in clinical situations and particularly in the clinical research I undertake with women with borderline personality disorder and their infants where intervening in intergenerational trauma is so vital.
- Underlying this, I also wish to provide information about the underfinancing of every aspect of infant mental health, resulting in:
 - 1) A lack of information even about rates of problems for infants under 4 years
 - 2) A lack of training of new clinicians
 - 3) A lack of services
 - 4) A lack of research

To highlight some of the issues that I wish to present to the Royal Commission, I will provide 2 examples of some of the issues relating to interventive programs for women with mental illness and their infants – input which if provided when women are highly motivated with their new infants can help those infants head down a more normal and productive life path.

- 1) **Working with women with borderline personality disorder (BPD) and their infants.**

There are very well documented effects^{1,2} of this severe mental illness on the infants and it is likely that many children whose problems are already evident in early childhood settings have already been impacted by the maternal problems. A ground breaking program in South Australia, Mother-Infant Dialectical Behavior Therapy (MI-DBT) has provided therapy to approximately 200 dyads (mothers and their infants) in the last 7 years with very positive results, and a 70% retention rate^{3,4,5}. Further research is currently being undertaken with new research money to further develop these groups eg MI-DBT+ which offers additional mother-infant therapy, and additionally a short version (10 sessions) is under development in partnership with BPD-CO. There is a very long waiting list for MI-DBT with most dyads waiting more than 12 months which is clearly unacceptable as it is clear that “infants cannot wait” and detrimental changes to the mother-infant relationship continue during the time on the wait list. Additionally to run these groups, there must be coordination between Federal funding as some of the groups are funded by the Adelaide Primary

Health Network, staff at WCHN, community organisations (Sonder and LinksToWellbeing) and SA Government departments (child care at Childrens Centres which have been funded both through DECD and DHS in the lifetime of these projects). No funding is assured, and keeping these groups is unwieldy and fraught for multiple reasons with 2 new threats to the continuation of the groups appearing in the last approx. 8 weeks.

- 2) **Acorn program for women with significant mental illness and their infants.**⁶ This program has been developed over more than a decade and through 7 years was funded philanthropically by the Hopscotch Foundation, with Anglicare and most recently SAHMRI using the funds to run the groups. A fresh-off-the-press publication⁷ attests to the value of this program which has been offered free to more than 600 dyads through the philanthropy mentioned above which has currently finished. No funding has been provided despite the Hopscotch Foundation lobbying in multiple places with a great deal of energy and guidance so no groups of this sort are currently available in South Australia.

It is clear from these above that:

- Women with severe mental illness may inadvertently impact the life course of their infants in negative ways
- Women with BPD and other illnesses are highly motivated for change if programs are available
- Programs can provide positive results and change life trajectories
- Programs are either unavailable or teetering on the edge of collapse due to underfunding, problems with coordination between Federal and State funding and multiple government and NGOs, making systems unwieldy.

I strongly urge that I be provided with the opportunity to discuss these vital issues.

I am a psychiatrist, and was medical unit head of perinatal and infant mental health services of Womens and Childrens Hospital including Helen Mayo House, South Australia's mother-baby unit, for 31 years. I stepped down from that role 4 years ago and continue to work in the award-winning (WCHN Awards, 2022) community team attached to that service. My work has included research as above and initiating 10 week certificates in the teaching of perinatal mental health (commenced 2010) and infant mental health (commenced 2008), delivered to well over 1000 South Australian professionals across a range of disciplines including health, child protection and early childhood, and annual Helen Mayo House Conference (commenced 30 years ago, with 250 – 350 attendees annually).

I look forward to the opportunity to present

Anne Sved Williams

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