

Submission from Plumtree Children's Services, Inc.

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Servicing the inner west and south east regions of Sydney, Plumtree Children's Services, Inc. (henceforth, 'Plumtree') is an early childhood intervention (ECI) service providing support, therapies and education to very young children with disability and developmental delay, and their carers, parents, and families.

Parents of young children identified with disability and developmental delay are at a high risk for developing mental illness, including stress, anxiety, and depression (Neece, 2014). This fact is especially true for specific disabilities, such as autism (Vasilopoulou & Nisbet, 2016). In addition, mothers in particular are often susceptible to mental illness, and are more often excluded from the workforce because of their intensive duties caring for their child with disability or developmental delay (Baker & Drapela, 2010; Scott, 2010), which in turn exacerbates decreased family quality of life outcomes. Moreover, a predictor for child mental illness is poor parental (especially maternal) mental health (Bayer et al., 2011; Siegenthaler, Munder & Egger, 2012).

Research suggests that whilst specific disabilities and circumstances can negatively impact parental mental health and quality of life outcomes, the provision of genuinely family-centred ECI can have a positive impact on family mental health and outcomes (Davis & Gavidia-Payne, 2009; Gavidia-Payne, Meddis & Mahar, 2014). Ideally, ECI should thus support not just the child but the whole family, to the benefit of both (Sukkar, Dunst & Kirby, 2017).

One vital aspect of effective ECI is to build the leadership and capacity of parents by explicitly giving parents the skills and tools to navigate their own, as well as their child's, mental health needs across the lifespan (Dykens et al., 2014). Plumtree is achieving just this goal by embedding positive psychology principles into its award-winning, internationally recognised family capacity-building and leadership program, *Now and Next*. By using evidence-based positive psychology techniques, explicitly grounded in the theories of prospection, post-traumatic growth, and mindfulness, families of children with disability and developmental delay can experience positive mental health outcomes, including contributing to wellbeing, and developing resilience to the mental illness through fostering constructive approaches to challenges (Moore, Fong & Rushton, 2018).

Providing families living with disability and developmental delay with access to preventative, proactive mental health supports from the earliest possible time through coordinated, family-centred and evidence-based positive psychology supports within an ECI framework is one important factor which can mitigate the poor mental health outcomes for this vulnerable population. Not only does positive psychology help families to recast their challenges as opportunities for growth, but equally it teaches families how to vision and hope for the future, which is vital for subjective wellbeing ('happiness') and mental health (MacLeod, 2016).

The autism community provides a microcosmic example of the potential for proactive mental support of parents and their children. Research suggests that parents of autistic children are especially susceptible to experiencing many stressors in their daily lives that are detrimental to their mental health, resilience, and feelings of self-worth (Weiss et al., 2013). Indeed, research consistently shows that these families face a variety of physiological and psychological stressors that can result in mental illness (Lee et al., 2009).

Just as alarmingly, autistic children and adults are far more likely than their non-autistic peers to experience psychiatric conditions, and to find accessing appropriate mental health support more challenging (Autistica, 2016; Maddox & Gaus, 2018). Suicide in the autistic community is a significant risk (Autistica, 2016), and suicide rates in the autistic population are unacceptably high globally. In a recent article, Hwang and colleagues (2019) found that mortality rates for the autistic population were 2.06 times that of the general population, with poor mental health a significant factor in these figures. Importantly, recent research also suggests that mental illness in the autistic population is not derived from autism itself, but rather from lifelong exposure to stigmatisation, discrimination, and concealment or 'masking' (Cage, Di Monaco & Newell, 2018); at least some of these factors are experienced in the home, as well as in the broader community.

Autism is thus associated with poor mental health in both families and autistic individuals themselves, although arguably stigmatising attitudes to autism are more detrimental than the autism itself (Pachankis et al., 2018). Through the provision of respectful and positive family-centred ECI, we have the opportunity to impact positively the narrative surrounding autism to the mental benefit of both families and autistic individuals across the lifespan (Hutton & Caron, 2005). Improving parents' mental health and resilience can have corollary positive impacts on children's mental health and resilience, and build skills for the future.

We call on the Productivity Commission to recognise the mental vulnerability of families with young children with developmental delay and disability, and ask it to prioritise the preventive mental care of this population to the social and economic benefit of the families, their children, and the communities in which they live.

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