

Friday 23 September 2011

Angela MacRae

Presiding Commissioner

Early Childhood Development Workforce Inquiry

Productivity Commission

LB2 Collins Street East

Melbourne VIC 8003

Email: ecdworkforce@pc.gov.au

Dear Presiding Commissioner MacRae.

Re: Submission to the Productivity Commission Early Childhood Development Workforce Draft Report June 2011

Thank you for the opportunity to submit to the *Productivity Commission Early Childhood Development Workforce Draft Report June 2011*.

My submission is limited to Chapter 12 of the Draft report and will focus on issues relating to Draft Report recommendations 12.1, 12.2 and 12.3.

I am a medical officer/general practitioner with over 20 years' experience in (public and private) psychological/mental health provision in community and hospital settings. I am accredited by the GPMHSC (General Practice Mental Health Standards Collaboration Committee) for the provision of focussed psychological services under the Medicare Better Access to Mental Health Services program. I am employed in the public sector by Eastern Health in the Child, Youth and Family Mental Health Service (CYFMHS) within the eastern suburbs of Melbourne, Victoria, where I provide clinical services to mothers and their infants, and co-ordinate the PAIRS (Parent & Infant Relationship Support) Group Therapy Program, currently organising the 23rd Group.

I have a particular interest in the psychology and psychiatry of early life, and through my clinical work with mothers and babies at the Mercy Maternity Hospital and the O'Connell Family (Early Parenting) Centre I have come to understand the critical importance to baby of the mother-child relationship and the mother's mental health. I am a member of the Victorian Branch of the World Association for Infant Mental Health, which has allowed me to appreciate the interdependency of maternal and child health care needs from the time even before birth when the baby is growing within the mother's womb. Maternal & Child Health Nurses in Victoria have impressed me with their broad and deep knowledge of the maternal-infant relationship, and its impact on the psychoemotional and physical development of the infant/child. This, I believe, rests upon their wide-ranging and in-depth training, encompassing both maternal and infant spheres, prenatal and post-natal, physical and psychological/mental.

Together with Maternal and Child Health Nurse Brenda Armstrong (Maroondah City Council) and Psychologist Anne Cumming, I was instrumental in extending the PAIRS Program into the Eastern Health Region, beginning some 15 years ago, from its inception in the Southern Region by Dr Jan Smith. The PAIRS Program is a collaborative community Group Therapeutic intervention for mothers and infants, which relies heavily on Maternal & Child Health Nurse involvement and expertise with both the new mothers and their babies. It is focused on providing support and therapeutic intervention to mothers and infants who are at risk. The program aims are three-fold: to increase positive parent-infant interaction and secure attachment, to decrease maternal postnatal depression and to foster optimal infant development. The research findings confirmed these outcomes. This is set out in our evidence-based research paper **‘A Decade of Parent and Infant Relationship Support Group Therapy Programs’** by Jan C Smith, Anne Cumming and Sophia Xeros-Constantinides, in the *International Journal of Group Psychotherapy*: Jan 2010; 60, 1, pp. 59-89 (attached). The paper was favourably reviewed by Karen Lombardi in the same journal: **Holding: Commentary on Smith et al., “A Decade of Parent and Infant Relationship Support Group Therapy programs”** *IJGP*: Jan 2010; 60, 1, pp. 141-150 (also attached).

Our paper is only one of a plethora of research findings that support the wisdom that the health and wellbeing of mothers significantly contributes to the health (physical and mental), development and safety of children. The PAIRS program builds on this reality through a focus on maternal health and wellbeing, and through a focus on the parent-infant relationship, or bonding. PAIRS Training has been conducted interstate under the direction of Dr Jan Smith.

The service has a strong evidence base and is delivered as a community collaboration relying heavily on maternal and child health nurse involvement. The quality and strength of the service is significantly dependant on the strong educational platform that Victorian maternal and child health nurses enjoy, as a consequence of them holding qualifications in midwifery, general nursing and post graduate maternal and child health nursing.

With this in mind I am alarmed at commentary within the Draft Report that casts doubt on the benefits of requiring Victorian MCH nurses to continue to hold qualifications in midwifery, as outlined in Draft Report Recommendation 12.3. I am strongly opposed to the dilution and weakening of the educational base enjoyed by Victorian MCH nurses and indeed heavily rely on their expertise and sound knowledge base to provide quality care and support mothers within the PAIRS program. An investment in the educational preparation of MCH nurses certainly yields benefits for mothers - and thereby their children, within the PAIRS programs. The expert care and interventions provided by Victorian MCH nurses to vulnerable mothers, children and families within this program can be life changing and sometimes lifesaving. I am concerned that any weakening of the qualification requirements of Victorian MCH nurses would reduce the quality of the PAIRS program and reduce its strong focus on health promotion, prevention and early intervention – and in turn adversely affect the health outcomes of mothers and children.

On this basis I respectfully ask the Productivity Commission to remove Draft Report recommendation 12.3, and instead focus on measures that strengthen the MCH nursing workforce.

On this point, I believe that the Victorian post graduate MCH scholarship program is an important part of ensuring sufficient supply of suitably skilled Victorian MCH nurses. I therefore encourage the

Commission make recommendations that expand this program so that programs such as the PAIRS, can access a suitably qualified and educated MCH nursing workforce.

At the same time I highlight that the PAIRS program is an example of a high quality and evidence-based health service for mothers and children. Whilst I certainly welcome ongoing research into maternal and child health, I encourage the Commission to take into account the many programs that are already informed by research and evidence based practice. I have also co-conducted the CONNECT mother-infant groups with Maternal & Child Health Nurses from the Shire of Yarra Ranges, which target needy mother-infant pairs at risk in the post-natal period.

I am concerned that the Productivity Commission has not identified the important work being done in the PAIRS Program in the Draft Report and would welcome the opportunity to meet with the Commission to elaborate on our program, its strengths and outcomes - and the critical importance of well qualified maternal and child health nurses to the success of the program.

I thank you for considering my submission and ask that my comments be incorporated into the recommendations of the Final Report.

Yours Sincerely,

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M.B.,B.S.

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