

Submission by the Australian Nursing and Midwifery Federation

**National Mental Health Commission on
the National Guidelines for including
mental health and wellbeing in Early
Childhood Health Checks**

31 May 2024



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Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback on the *Draft of the National Guidelines for including mental health and wellbeing in early childhood health checks* (the National Guidelines). As requested, our feedback has focused on the language used throughout the draft; whether the structure and narrative of the draft is logical and clear; and any gaps in the content.

Nurses and midwives provide holistic and comprehensive health care to families across the first 2,000 days of life. As a result, the ANMF is well positioned to comment on the proposed National Guidelines and are acutely aware of the challenges nurses and midwives face in meeting the health needs of families with young children across all health domains, including mental health.

The ANMF welcomes the development of the National Guidelines. Emphasising mental health and wellbeing as an integral part of a child's overall development is imperative to improving the long-term health outcomes for future generations of people living in Australia. Overall, the draft utilises inclusive and clear language, and the structure and narrative of the draft is well sequenced.



However, the ANMF has significant concerns regarding the lack of detail to inform actions required by governments and other stakeholders to implement the proposed National Guidelines. Long standing barriers exist within the health care system that hinder nurses and midwives from delivering the care they are educated and experienced to provide. In this context, the proposed National Guidelines place a further burden on nurses and midwives who are already struggling to balance best practice care against the resources available. The aspirational nature of the proposed National Guidelines is unattainable unless there is significant investment by governments and other stakeholders in child and family health care and growth of the workforce. The proposed National Guidelines must identify the need for additional funding to adequately resource their implementation.

Many aspects of the proposed National Guidelines would be considered fundamental elements of nursing and midwifery care. Nurses and other health practitioners performing early childhood health checks (EHCs) are under considerable time constraints to perform the concurrent and often complex physical, developmental, emotional, and social wellbeing checks of the child, parent, and family, as well as provide health advice according to clinical practice frameworks. As services become more prescriptive, with additional surveillance and health promotion information mandated, the challenges of delivering a child- and family-led consultation increase.

Further to this, establishing trusting therapeutic relationships with at risk children and families and reaching culturally and linguistically diverse communities requires adequate resourcing and a representative workforce. Whilst the proposed National Guidelines acknowledge additional measures for inclusive practice to address cultural and linguistic diversity and nuanced approaches for Aboriginal and Torres Strait Islander peoples, the policies required by governments to develop a representative workforce and create inclusive work environments are not. The additional time and resources required to deliver EHCs to at-risk and vulnerable children whose families may not engage in traditional services is also not accounted for.

The ANMF notes that the Commission “acknowledges that the ability of service providers and health professionals to apply the National Guidelines depends on the health system in which they operate and the available resources” (p.4). Many of the actions, for example, “service providers should be proactive and flexible in reaching these families” (p.15), require health practitioners to utilise already inadequate time resources that are not factored into their professional practice frameworks through existing funding mechanisms and workload calculations.



Furthermore, the National Guidelines have been developed to promptly identify concerns in relation to early childhood mental health and wellbeing to facilitate 'early intervention and support'. However, there are significant wait times across all jurisdictions to see paediatricians and paediatric psychologists, both in the public and private systems. The proposed National Guidelines need additional detail outlining management of children and families when mental health and wellbeing concerns are identified at the ECHC, particularly where referral options have significant wait times, are limited or non-existent.

The time required to provide ever-increasing care presents a long-standing barrier to the aims of the proposed National Guidelines being met and yet is not identified and therefore not addressed as a key element to improving mental health and wellbeing in ECHCs. To not identify actions governments must take to support the gold standard of care described in the proposed National Guidelines risks no change occurring however seeks to further burden a struggling workforce with yet another care mandate they are under-resourced to uphold. The ANMF recommends that the current approach to not provide significant detail in relation to the implementation of the National Guidelines be revised. Systemic changes at local, state, territory and national government levels that need to occur to support the mental health and wellbeing of children in ECHCs must be articulated, including the additional funding that is required to resource health practitioners to uphold the National Guidelines.

Additionally, the ANMF, whilst supporting the *Conceptual model for including mental health and wellbeing in ECHCs* (p.11) as a solid starting point, recommend an additional ring be added to recognise the influence of the health system context on the inner rings of the model and the government accountability required for it to be upheld. Without acknowledging the influence of governments and policies on the context in which ECHCs are provided, the model is incomplete and unreasonably places the responsibility of effective health care on health practitioners.

Ensuring all health practitioners performing ECHCs have the knowledge and skills to assess and manage infant and child mental health and wellbeing is an additional consideration for this broader ring of the conceptual model. Nurses and midwives are educated, knowledgeable and experienced to provide holistic care through therapeutic relationships consistent with the model outlined in the proposed National Guidelines and have foundational mental health education as a component of entry to practice qualifications. The ANMF recommend the proposed National Guidelines include targeted infant and child mental health and wellbeing education for health practitioners who care for families with young children, including nurses and midwives, particularly regarding the provision of trauma-informed and culturally responsive care.



The use of digital health technology is increasing at a rapid rate. The ANMF recommends the proposed National Guidelines provide additional information on how digital technology may be used to support child mental health and wellbeing in EHCs and service delivery. This may include digitisation of parent-held child records (“coloured books”), early childhood health apps with mental health and wellbeing alerts at keys ages and stages, increased utilisation of the My Health Record and associated tools such as the *My Health* app for collaborative care, and telehealth outreach to support equitable health care access.

Finally, it is not clearly described how the proposed National Guidelines are to be implemented or their effectiveness measured. It is imperative the National Guidelines have an impact on the target audience, that they are utilised and there are measures to inform revisions and future directions. The ANMF recommends the proposed National Guidelines include an implementation strategy outlining how it will be promoted to governments, health practitioners performing EHCs and other stakeholders. It should also include measures and a review timeline detailing how the effectiveness of the National Guidelines will be assessed against its aim of improving child mental health and wellbeing outcomes.

Conclusion

Thank you for this opportunity to provide feedback on the *Draft of the National Guidelines for including mental health and wellbeing in early childhood health checks*. Whilst aimed at providing advice to health practitioners on how to include mental health and wellbeing in existing early childhood health checks, it is imperative that the National Guidelines call out broader influences and that the accountability for effective services does not solely lie with health practitioners. Actions required by governments and other stakeholders, including investment in the health care workforce, must be identified as part of this work to enable health practitioners to implement and uphold the proposed National Guidelines. The ANMF looks forward to further consultation with the National Mental Health Commission.