

# Brief Commentary Forty Years with Infant Mental Health: Some Reflections for the Future. A lens from Australia.

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In reading Hiram's paper there are many issues that I would like to comment on, and I hope to do so more comprehensively, at a later time. However, for now, I will comment on two issues that relate to areas in which I have a particular research interest: first nations peoples parenting style and the associated individualism vs communitarianism; and social determinants.

Considering the issue of first nations peoples parenting style and individualism vs communitarianism. It is of course true that there can be cultural differences in parenting practices. However, we now know much about what is harmful to children, based on decades of empirical and theoretical research. With a growing evidence-base in the last 15 years in particular around the toxic impact of child abuse and neglect for the developing brain [1,2] as well as relational patterning [3]. To argue that what we see in many first nations peoples is a matter of parenting style, and not concerning levels of neglect and abuse, would only make sense if the outcomes for these children were fine. But, if children are not safe [4] – and while accepting that dispossession, racism, intergenerational abuse and neglect, substance abuse are part of the story, this just defines the complexity. Children still require a nurturing environment to thrive and this has to drive policy. Excess hospitalisations, a dead child, a child with fetal alcohol spectrum disorder; these are real outcomes, they are not cultural constructs. And yes, a sense of community and a close identity with the group offers a valuable sense of belonging; but this does not preclude development of an individuated sense of self with agency

as a legitimate goal of parenting. In the absence of a strong sense of self with a recognition of agency over one's own life, the role left is that of victim. A well-developed sense of self does not preclude a concern for the wider humanity and a strong group identity can protect the weak but can also create an 'us' and 'them' reinforced by conformity and censure. Let's ensure we are alert to the actual circumstances of the child, and not be prejudiced by the cultural context.

Second, the issue of social determinants. Certainly, working with families in the context of extreme poverty, homelessness, low education, high welfare dependency and similar attributes characterised as social determinants is challenging. But it is useful to think about the dynamic interaction between:

A history of child maltreatment and the associated profound distress (also coined toxic stress) [1] and associated disturbed brain development [2] and relational patterning [3] and

Consequences – such as, poor educational engagement and success, mental illness [5], addictions, criminal involvement, failed relationships, welfare dependency and poverty.

That is, social determinants are inextricably tied up with child maltreatment, in a bi-directional relationship [6]. But, repair of parent child relationships can occur, even in the context of deep poverty and this can be instrumental in helping the child create an alternate future – that is healing of the parent child relationship. Addressing child maltreatment can be a pathway out of poverty and homelessness and intergenerational cycles of child abuse [7] and disadvantage.

## References

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