15.1 Mental Health Issues

Policy

Purpose
To guide child protection workers in assessing and responding to mental health issues.

Legislative Authority
Children and Community Services Act 2004

Standards
Better Care, Better Services - Standards for Children and Young People in Protection and Care

Practice Requirements

- Where mental health issues impact on the safety and wellbeing of a child, child protection workers must consider the impacts of any co-occurring family and domestic violence, or alcohol and other drug issues.
- All child concerns must be provided a priority response where parent/s are experiencing psychosis, severe mood or anxiety disorders and/or suicidal thoughts that impact on parenting and rational decision making.
- Concerns about the mental health of a child in the care of the Chief Executive Officer (CEO) must be discussed with the district psychologist and team leader. If the district psychologist is not available, then contact should be made with senior consultant psychologists north, south or country.
- A Strengths and Difficulties Questionnaire must be completed in line with Chapter 10: Health Care Planning for Children in the Care of the CEO.
- Consideration must be given to a parent or child’s mental health specialist being invited to participate in SofS mapping and planning processes.

Process Map

Procedures

Overview
Assessing parenting capacity and risk of harm
Working with parents with mental health issues
Reunification
Children in the CEO’s care experiencing mental health issues
Working with other agencies
Emergency support
Procedure - 15.1 Mental Health Issues

Overview

A parent experiencing a mental health issue does not of itself indicate a child protection concern. Many parents with mental health issues are able to care appropriately for their children. However, mental health issues may have a significant impact on the ability of parents to care appropriately for their children and keep them safe from harm. A mental health issue refers to either a:

- mental health problem - where a person has diminished cognitive, emotional or social skills but not to the extent that the criteria for mental illness is met;

or

- mental illness - where a person has a clinically diagnosable disorder that significantly interferes with their cognitive, emotional and social abilities.

There are three general categories of mental illness - mood disorders, anxiety disorders and psychotic disorders. More information on these can be found in the Mental Health Issues - Types of Mental Illness related resource.

A mental health issue can significantly affect how a person thinks, behaves and interacts with other people. For many people, mental health issues can impact on their ability to function and maintain relationships.

Areas where mental health issues can cause harm to a child include:

Ability to parent

Symptoms of mental illness may significantly interfere with the ability to adequately parent, such as providing supervision, making meals, organising routines, ensuring school attendance, and providing a safe and hygienic living environment. Parents with personality disorders may demonstrate erratic behaviour and poor relationship choices, which may increase the risk of children being placed in unsafe situations. The parent's ability to meet the child's needs should be the focus.

Direct effects on the child

The effects on children may include social isolation, behavioural and/or developmental issues and relationship difficulties. Ongoing hospitalisation of a parent may have an effect of anxiety, distress and fear of being permanently separated.
Effects on the parent/child relationship

Many parents with mental health issues positively engage with their child, while others may be highly disorganised, disengaged or punitive. Children may become distrustful or angry with their parent when they are unwell. For very young children and infants the stress can affect the attachment between mother and child, as often the mother cannot develop and maintain sensitive involvement with the child.

Unreasonable expectations to look after their parent

When children care for a parent who has a mental or physical illness or disability, an assessment of the child’s practical and emotional responsibility, in keeping with their age and level of understanding, needs to occur. Isolated parents may keep a child from school or social interactions for company. Where they develop a strong sense of responsibility, the child and parent may need assistance and other supports, such as those provided through Children of Parents with a Mental Illness (COPMI), (link in related resources).

Assessing parenting capacity and risk of harm

Where a parent is experiencing mental health issues, child protection workers need to utilise the SoF5 Child Protection Practice Framework to determine the level of risk and safety for the child. Mental health issues are a complicating factor that may make a case more difficult. Additional information may be needed, as well as care in identifying the worry or danger for the child.

Child protection workers can refer to Mental Health Issues – Signs of Safety Mapping and Planning Prompts in related resources.

In assessing the impact of mental health issues child protection workers need to consider:

- the type, severity and frequency of the parents mental health symptoms
- whether they have a diagnosis and are compliant with treatment
- the side effects of any medication
- any previous abuse or neglect concerns due to their mental health issue
- whether the parent has psychotic, homicidal or suicidal thoughts
- whether the child or other family members are part of delusional or paranoid thoughts
- level of insight or ability to accept a diagnosis
- whether the mental health problems are chronic or severe willingness and capacity to engage in treatment or take medication
- existence of other support such as family, friends or other services
• co-occurring alcohol and other drug issues - often mental health issues co-occur with drug and alcohol issues and family and domestic violence. This significantly increases the risk of harm to the child and these factors need to be assessed collectively and not as isolated or unrelated issues.

Refer to Mental Health Issues – Case Practice Issues in related resources and Chapter 4: Duty Interactions and Initial Inquiries for information on assessment, engagement and case practice challenges for child protection workers when working with parents.

Infants are particularly vulnerable to harm when a parent is experiencing mental health issues. For more information see Mental Health Issues - Infant Mental Health in related resources.

If a parent is involved with Adult Mental Health Services (AMHS), the child protection worker should request relevant information to inform the assessment and case planning, including:

• the treatment plan and how has the parent responded  
• the short and long term prognosis  
• recovery from previous mental health issues  
• symptoms impacting on the safety and wellbeing of the child.

Child protection workers should consult with the district psychologists and any relevant local mental health services early in the assessment. These workers should also be invited to participate in the SofS mapping of cases, to coordinate information and responses, and to ensure joint planning is child focused.

A chronology should be used to assist in establishing patterns of behaviour that may have impacted on children over time. Mental health issues can change in their severity and duration and therefore symptoms which present one week may not be present the next.

Child protection workers should consider the needs and capacity of people with chronic mental health issues and how it may impact on their ability to participate in assessment and planning. For example, people with severe anxiety or depression may find a SofS planning meeting overwhelming and may require breaks throughout the meeting.

Where a treatment plan is in place, the child protection worker must continue to assess the ability to parent, impact of alcohol and drug, or family violence issues, and whether other supports and services are required.
Working with parents with mental health issues

Where there are co-occurring alcohol, drug or family and domestic violence issues, child protection workers should share relevant information and coordinate services. See Chapter 15: Alcohol and Other Drug Issues and Chapter: 14 Referral and Collaborative Responses to Family and Domestic Violence.

Families with co-occurring and complex issues are often overwhelmed and may sometimes overstate their coping ability. These families may need support to access accommodation and other basic needs before they are able to address parenting issues.

If the mental health issue requires urgent intervention and treatment, the child protection worker should discuss and develop an agreed case plan with the parents, where this is possible. Other family members should be engaged in planning, which should be documented and clearly outline plans for the child’s safety.

Considerations that may be helpful when developing a safety plan for allegations of abuse and neglect cases where the parent is experiencing mental health issues that are impacting on their capacity to parent could include:

- Management and monitoring of the parent’s mental health issues
- Partnership with other agencies to manage the identified risks
- Planning and managing risks when the parent’s mental health issues may compromise their capacity to care for their child/ren.

Reunification

Where reunification is being considered, the persistent nature of some mental health issues need to be assessed alongside the child’s need for stability and permanency. Safety planning should include how any mental health and co-occurring high risk issues will be managed in the future. Contact with mental health and other support services should occur throughout the reunification process including pre-planning, transition and post-reunification support periods.

Children in the CEO’s care experiencing mental health issues

Many children in care have experienced severe trauma or neglect, with significant and enduring effects on their social, emotional and psychological wellbeing.

When a child is in the CEO’s care, a Strengths and Difficulties Questionnaire must be undertaken in line with Chapter 10: Health Care Planning for Children in Care.
While some children have a formal diagnosis of a mental illness prior to entering care, certain events can trigger mental health issues, such as the:

- separation from their parents/extended family
- death of a family member or friend
- instability of foster care placement
- anniversary of a significant negative event.

Where there are mental health issues, child protection workers should review the 'Record of Child Information' highlighting any possible triggers and noting any concerns in the case plan, as well as make foster carers aware of these 'triggers' so they can be vigilant and respond.

Where they are involved, the Child and Adolescent Mental Health Services (CAMHS), should be invited to participate in case planning by attending SoS meetings to develop harm and danger statements, safety goals and a safety plan.

Any referral to CAMHS should be made to the service closest to where the child lives, and in line with the bilateral schedule between the Department and CAMHS.

**Working with other agencies**

Where there are a number of agencies involved, the child protection worker should clarify the lead agency and assist to develop a co-ordinated plan.

Regular interagency consultation liaison meetings are held between CAMHS and metropolitan districts and some country offices, to discuss complex and contentious issues, clarify the roles and responsibilities of each agency, and exchange information where there are protective concerns and/or mental health issues.

There are a range of other services, websites and resources to support people experiencing mental health issues, refer to Mental Health Issues – Resources. The Children of Parents with a Mental Illness (COPMI) initiative provides information for families and professionals, as well as individual counselling and group work for children. Further information can be found at [http://www.copmi.net.au/](http://www.copmi.net.au/).

**Emergency support**

Where an urgent response is required, immediate contact should be made with the district psychologist, or if they are unavailable, the senior consultant psychologists north, south or country. Emergency mental health assessment and support can also be accessed through:
• Princess Margaret Hospital Child and Adolescent Mental Health Services - (08) 6389 5800

• Mental Health Emergency Response Line (MHERL) (metro)
  Metro callers 1300 555 788
  Peel 1800 676 822

• RuralLink (country)
  Rural and remote areas 1800 552 002