

Department of Child Safety Research Forum

Recent developments in Mental Health Policy relating to children

*Meeting the protection needs of children for whom a person
with a mental illness has care responsibilities*

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RBWH

Dr Aaron Groves
Director of Mental Health



Queensland
Government
Queensland Health

Background

- 2008 New Years Eve events at Bribie Island
- 4 Jan 2008 Acting Premier requested some direction regarding actions to ensure the protection needs of children in the care of parents with a mental illness
- Decision was made to initiate a policy that reinforces pre-existing Queensland Health child protection legislation, processes, and resources in mental health settings.

So what already existed?

- National COPMI Framework
- www.copmi.net.au
- Qld KOPING Forum
- District COPMI Coordinators
- District Mental Health Child Protection resources already developed and in use
- State-wide and District Child Protection resources – CPLO/CPA, CSU website
- Mental Health Service (adult and child & youth) expertise re process and content

Concerns from the outset.

- Needed to get a balance between a number of competing issues.
 1. Stigma vs. enhanced support
 2. Expectations on mental health clinicians versus other health clinicians
 3. Best practice vs. resources (skills & time)
 4. Best interests of parent/carer vs. best interests of child

Literature is relatively clear

- Parental mental illness alone need not indicate significant risk
- Parental mental illness is a risk factor
- Most parents with a mental illness report parenting role as extremely important
- Report similar struggles to meet the needs of children as those without mental illness
- Tendency to judge themselves harshly and attribute difficulties to illness related deficits – impact on approach to parenting and help seeking behaviour

What do we know about Australian data?

- 22% of children have at least one parent with a mental illness (VicHealth, 2005)
- 1% to 2.8% of children live in two parent household in which one parent has a severe mental illness
- 0.3% live in single parents household with a parent with a severe mental illness
- COPMI are overrepresented in out of home care placements

Prevalence in Australian Adult Mental Health Services

- Between 29 to 35% of adult mental health patients were females with dependent children under 18 years
- Of children < 6 years, 70% living with mother
- 30% of adults who have dependant children have a history of drug or alcohol abuse

(Farrell et al, 1999)

An important take-home message:

“The impact of living with a parent with a mental illness varies from family to family and from individual to individual...not all mentally ill parents are inconsistent or ineffective at parenting. Also, not all children of mentally ill parents are themselves impaired at a young age or unable to cope with the home setting”.

(Silverman, 1998)

And...

“The **severity** of a parent’s mental illness and extent of their symptoms is a more important predictor of parenting success than diagnosis; Within each diagnostic category there is a wide range of parenting capacity”

Kanapaux (2004).

Literature

- Impact of parental mental illness on ability to provide care and protection
 - Type and severity of illness
 - Phase of the illness
 - Available treatment & support
 - Individual characteristics – insight & understanding
 - Social, environment & family context – substance abuse, DV, lack of extended family support
 - Child characteristics – age, illness, disability

So what about the “Policy”

- Purpose threefold
- Clarify processes for:
 - ensuring immediate protection needs of children
 - determining impact of parental mental illness on care & protection needs of children
 - supporting parents or carers to meet the needs of children

Principles – *Public Health Act 2005*

- Every child has a right to protection from harm
- Families have the primary responsibility for the physical, psychological and emotional wellbeing of their children
- The preferred way of ensuring a child's wellbeing is through the support of the child's family

Principles – *Public Health Act 2005*

- Policy must be implemented in a way that is open, fair and respects the rights of people affected by the policy, and, in particular, ensures:
 - the views of a child and the child’s family are considered; &
 - a child and the child’s parents have the opportunity to take part in making decisions affecting the wellbeing of the child.
- a child should be kept informed of matters affecting him or her in a way and to an extent that is appropriate, having regard to the child’s age and ability to understand.

Principles

- Mandatory reporting – based on comprehensive clinical assessment of risk & protective factors
- Information sharing
- Privacy & confidentiality principles
- Investigation of reasonable suspicion of child abuse and neglect is the responsibility of DChS and QPS

Scope of the policy

- All Queensland Health employees; and
- All consumers who are a current client of a Qld Health Mental Health Service; and
- Children for whom a person with a mental illness has care responsibilities:
 - biological children and children within a step or de-facto relationship
 - children for whom the mental health consumer has care responsibilities on a full-time or periodic basis (including access arrangements to own children or sole care of partner's / housemate's / friend's children)

1. Ensuring immediate welfare & protection needs of children

- At intake & admission to inpatient or community-based facilities – identify any children for whom the consumer has care responsibilities
- Integrated component of mental health intake & assessment process – state-wide suite of clinical documentation

Mental Health Child Protection Form

- Entry to mental health service
- Admission to MH inpatient unit
- Discharge from inpatient unit
- Significant change in clinical presentation
- Change in status of care responsibilities for children (e.g. new living arrangement; has another baby)
- **MANDATORY REPORTING OBLIGATIONS STILL APPLY REGARDLESS OF THE LEVEL OF INVOLVEMENT OF THE MHS WITH THE CONSUMER** (i.e. referral only; independent of the need to complete MH Child Protection Form)

Mental Health Child Protection Form

- Demographic details of children
- Where are the children now?
- Availability of adult willing & able to care for the children
- Consideration of risk & protective factors
- Reasonable suspicion of child abuse & neglect – reporting requirements to DChS
- Resource availability – CPLO / CPA, CSU website / fact sheets, Policy Statement and Guidelines

2. Determining impact of parental mental illness on care & protection needs of children

Aim of the *Guidelines for the consideration of the impact of mental illness on a consumer's parenting role*:

- Framework for consideration of risk & protective factors
- Assists to identify support needs for parent in relation to parenting role
- Assists to identify support needs of children in relation to parental mental illness

Guidelines - impact of mental illness on a consumer's parenting role

- For consideration at all points in the treatment process, in particular key service delivery decision points (e.g. entry, admission, relapse, discharge)
- Provides framework underpinned by;
 - prompts for clinician to consider
 - questions to ask consumer
 - things to observe
 - seek collateral (as per usual collateral seeking processes)
- Within the context of the aims of clinical service delivery – focus on recovery as well as symptom reduction & maximisation of functioning

Guidelines - impact of mental illness on a consumer's parenting role

Impact of symptoms, phase of illness, interepisodic functioning

- Are parents still able to attend to activities of daily living?
- When you are depressed/anxious/unwell what effect does this have on your ability to get children ready for school, other activities?
- Do children still get to school?
- Do children take on a greater role? (i.e. looking after siblings)
- Do their behaviours become more difficult to manage?
- How do you feel children manage at these times? Do they seem distressed/get sad/angry/worried/difficulty sleeping/eating? How do you manage this?

Guidelines - impact of mental illness on a consumer's parenting role

Quality of parent – child relationship

- What activities do you enjoy doing with the children and when do you get a chance to do this? (Consider the tone used by the parent in describing their child and the general feeling of the relationship)
- Do you have concerns regard your child being sad, angry or worried? Do they have difficulties sleeping/eating?
- Do you feel criticized by your child? How often and in which situations does the parent display anger, hostility or negativity towards their child?

Guidelines - impact of mental illness on a consumer's parenting role

Ability to monitor and provide structure for the child

- How chaotic does the house seem?
- Does the parent have some knowledge of parenting strategies and their child's developmental stage/age?
- Degree of structure provided - chaotic, avoidance, lax, inconsistent, anxious, over involved, intrusive
- Use of negative control, coercion, rejection, neglect
- Response to crises – ability to problem solve, crisis plan in place

Guidelines - impact of mental illness on a consumer's parenting role

Support system

- Do the children have contact with extended family? Do they provide any support in the care of the children?
- Do you and your spouse/partner tend to agree or disagree as to how children should be managed?
- When you are depressed/anxious/unwell etc is there anyone you can ask for help?

Guidelines - impact of mental illness on a consumer's parenting role

Child

- Emotions, behaviour, day to day functioning. Signs of regression, anxiety or parentification
 - How are the children going at school? School work, with friends, relationship with teachers, any behavioural concerns? Do you have difficulties getting them to go to school?
 - Outside of school – activities outside of school, contact with friends, extended family. Does the child have jobs they do around the house?
 - Has anybody else expressed concerns regarding the children?

Comprehensive Assessment

- If ongoing concerns
- Input from a variety of perspectives
- Requires observation of parent/child interaction over time and in a variety of settings
- Referral options

3. Supporting parents or carers to meet the needs of children

- *Family Support Plan / Child Care Plan Supplement*
 - Aim to reduce anxiety for parent re admission
 - Aim to enhance stability for children
 - Part of relapse planning process
 - Done in collaboration between consumer & their support system
 - Dynamic document

Referral Options / Collaboration

Expectation that adult mental health professionals cannot & should not do this alone

Referral options / opportunities to collaborate with:

- Child Health
- Child & Youth Mental Health
- COPMI programs
- School
- Other private & non-government service providers