Government of South Australia

Department for Families and Communities

Families SA

The interface between child protection and mental health

Dr Helen Jeffreys and Craig Hirte

Purpose and research questions:

- How many substantiated cases of child abuse and neglect are associated with parental mental health difficulties?
- What types of mental health difficulties are associated with protective concerns for children?
- How do child protection workers assess parental difficulties as mental health concerns?

Purpose and research questions:

- How do child protection workers assess parenting capacity where mental health is an issue?
- What would assist caseworkers in their practice?
- How can parents be supported to meet the needs of their children?

Methodology:

- Stage one – analysis of administrative data
- All substantiated cases of abuse and neglect 2007-2008
- Family needs and strengths assessment

  (a) appropriate responses

  (b) some problems

  (c) chronic or severe problems

Methodology:

- Stage two – a random sample of 30 cases selected and in-depth interviews with caseworkers
- Stage three – 5 focus groups

Key findings: prevalence

- Unable to report with confidence on prevalence due to the limitations of the available data.
- Data suggested, however, parental mental health difficulties are likely to be present in approximately half of all substantiated cases of abuse and neglect (51.3%)
- Likely to be an undercount

Type of mental health difficulty

- majority of parents unlikely to be affected by severely disabling mental disorders such as schizophrenia, bi polar mood disorder or severe depression
- more common for parents to present with borderline personality disorder and/or depressions of lesser intensity

Borderline Personality Disorder

"*The essential feature of Borderline Personality Disorder is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts*" (DSM-IV-TR™, 2000)

Multiple adversities

- Over half had limited social supports and were experiencing domestic violence.
- Approximately 40% had difficulties sustaining interpersonal relationships and their mental health was complicated by substance misuse.
- Over a third had experienced abuse as a child.
- Approximately one in five had housing difficulties.

Risk to children

Abuse experienced by children:

- Neglect (63.6%)
- Emotional abuse (56.8%)
- Physical abuse (10.8%)
- Sexual abuse (4.3%)

Risk to children

Parents were described as:

- having difficulties in being able to meet or focus on their child’s emotional and developmental needs
- lacking empathy and insight
- having unrealistic expectations of their child’s behaviour, responsibility and independence.

Risk to children

"That lack of empathy. She can do the food but psychologically being able to hold her child in mind" [shakes head].

Risk to children

““Just no insight into what he needed and what a normal life would be like for a little boy that age. Didn’t care and wasn’t interested. It was just overwhelmingly sad. I mean we walk into messy houses all the time but…this wasn’t even a home. I mean I can cope with mess if there’s a few photos, a few knick-knacks, but this was just bleak”.

Risk to children

"That inability to focus on [the child]; the way that everything is about her. You know, we'd sit down and try to speak with her about the concerns and she just wouldn't be able to stay on track with that. She wouldn't acknowledge anything. She'd disappear for weeks at a time then come back and want to see him with no acknowledgement whatsoever".

Assessment / decision-making

- Clinical history including diagnosis
- Parental behaviour
- Observations of children and the home
- Parent/child relationships

Assessment / decision-making

- Child welfare decisions were based, not on the presence or absence of a diagnosis of mental illness, but on an assessment of parenting capacity.

Key factors in assessment

- ability to seek help and service connections
- ability to manage stress
- motivation and acceptance of responsibility
- quality of support available to the family
- child’s developmental status (47% ,<4yrs)
- ability to meet the child’s needs
- the nature of the relationship between parent and child (attachment)

Key factors in assessment

"Its not just about their physical safety, it's the emotional and psychological safety that certainly forms part of my assessment always. How safe is this environment for this child? Because we do know now, the research is clear that children don't thrive if they are not psychologically safe. And it doesn't have to be perfect but it has to be at a consistent level".

Key factors in assessment

"The fact that we had tried so many times and ways to engage her, make her see that her behaviour was impacting on the child…I'm still not quite sure if her inability to change is actually connected to her mental health…I'm not quite sure if she's choosing not to or she cannot, because I don't have any definitive diagnosis. I don't have a psychological assessment but it's enough to say this child can't suffer any longer while we wait".

Impact on engagement

- Parent's inabilities to acknowledge the child protection concerns and focus on the needs of their child, impulsivity, poor anger control and lack of motivation were key barriers to parenting <u>and</u> engagement.
- Sporadic and superficial engagement also impacted on caseworkers' ability to work effectively in partnership with parents

Impact on engagement

"Everything is focused on her and her needs. She could focus on [the child] for short periods of time, and engage with services for a short period of time but it was all really very superficial and as soon as, as soon as its not on her she can't then engage".

Practice needs

- Child protection workers' knowledge of specific mental health disorders and the impact of the illness on the adult was often limited.
- Most workers reported a need for more training and information regarding specific mental health conditions including a focus on **practical strategies for more effective engagement**.

Implications

- Increase knowledge and build confidence in practice
- Collaborative working across service interfaces
- Borderline personality disorder (over-representation)

Contact details:

Dr Helen Jeffreys

(08) 8226 6670

helen.jeffreys@dfc.sa.gov.au