

Complexity in At-Risk Children and Young People: Systemic Issues for Families Involved with Mental Health and Child Protection Services

Leanne McGain¹ & David Watkins²

¹ Mercy Mental Health, Melbourne, Victoria, Australia

² Families where a Parent has a Mental illness Coordinator, Northeast Health Wangaratta



Mercy Health

Care first

Introduction

The concept of 'harm' to a child can take a number of differing forms. There is evidence to show that for affected children, mental and behavioural disorders cause hospital admissions at a higher rate than for peers. In some cases, this can be a consequence of serious psychiatric morbidity. Some families find themselves in receipt of intervention from both Mental Health and Child Protection Services. There are some 'in-common' factors these Services share and some unique to either that can help or hinder service provision.

Issues for Children, Parents & Families

- ◆ Some 20% to 30% of children will grow up in a household where a parent experiences a mental health problem¹
- ◆ Up to 500,000 Australian children, whose parent has a mental illness, are at risk to their mental wellbeing¹

Issues for Mental Health Services

- ◆ Adult MHS may not identify consumers who are parents and so not respond to children, parenting and family needs²
- ◆ MHS often do not have adequate family and child friendly policies and procedures²
- ◆ The adult MHS workforce can lack skills and knowledge about families, children and parenting²
- ◆ The adult MHS workforce must include consumers and their family members in mental health care²
- ◆ Mutual mistrust between CPS & MHS³
- ◆ Inadequate training³

Issues for Child Protection Services

- ◆ Mutual mistrust between CPS & MHS³
- ◆ Inadequate training³
- ◆ Episodic nature of mental illness⁴
- ◆ *Who is the client?* – the tension of differing needs of parents and children and how this was viewed from both adult MHS and the CPS⁴
- ◆ Interagency collaboration centered around CPS statutory involvement⁴
- ◆ Does parental mental illness contribute to actual harm or likelihood of harm for a child⁴
- ◆ Documentation issues⁴

References

- ¹ Maybery, D. & Reupert, A. (ed.s) 2008. The importance of being child and family focused. COPMI GEMS (Gateway to Evidence that Matters).
- ² Maybery, D. & Reupert, A. 2009. Parental mental illness: a review of barriers and issues for working with families and children. J Psychiatr Ment Health Nurs. Nov;16(9):784-91.
- ³ Darlington, Y., Feeney, J.A., Rixon, K. 2005. Interagency collaboration between child protection and mental health services: practices, attitudes and barriers. Child Abuse Negl. Oct;29(10):1085-98.
- ⁴ Darlington, Y., Feeney, Judith A., & Rixon, K.. 2005. Practice challenges at the intersection of child protection and mental health. Child & Family Social Work, Aug; 10(3): 239-247.

Examples of Improved Responses

Mercy Mental Health

- ◆ An Area Mental Health Service (AMHS) that has enshrined a Family Sensitive Portfolio for over a decade
- ◆ Family Sensitive Portfolio holder sits on Statewide Family Sensitive Practitioners forum facilitated by Bouverie Family Therapy.
- ◆ Enhanced awareness of need for clinicians within a mental health services to provide family-focused practice; promoted through workforce training and orientation

Family Sensitive Training

Statewide AMHS are being offered more family-focused training to clinicians, with FaPMI specific training provided in conjunction with Bouverie Centre and MHS Sector Cluster Training, targeting treatment and management of specific groups, such as parents diagnosed with Borderline Personality Disorder

Families where a Parent has a Mental Illness (FaPMI)

A Victorian government initiative that aims to reduce the impact of parental mental illness on all family members through *timely, coordinated, preventative and supportive* action

- ◆ Phase 1: 2007 with 7 part-time Coordinators employed to 7 Mental Health Services (MHS) across Victoria & 1 Statewide Coordinator
- ◆ Phase 2: 2009 with a partial increase of 2 full-time and 5 part-time positions taking FaPMI to 11 MHS

Children of Parent with Mental Illness (COPMI)

A Federal Government initiative, delivered through the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA), that promotes better mental health outcomes for children (0-18yrs) of parent with a mental health problem or disorder, through research, workforce development and network activities

Protocols & Policies

- ◆ Every Child, Every Chance
- ◆ A Fairer Victoria (2005), Victorian Government's Social Policy Action Plan
- ◆ Ulysses Agreements in Supporting Families Affected by Parental Mental Illness: CoPMI GEMS
- ◆ Working Together with Families and Carers: Chief Psychiatrist's Guideline
- ◆ Victorian Mental Health Reform Strategy 2009 – 2010: Because Mental Health Matters
- ◆ Victorian Auditor-General Report: Responding to Mental Health Crises in the Community