



research bulletin



Keeping the child in mind: child protection practice and parental mental health

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The association between adult mental health disorders and child abuse and neglect has been well documented. To date, however, few studies have examined the prevalence of parental mental health difficulties in child protection matters, including the types of mental health difficulties associated with protective concerns for children. Similarly, little is known about how child protection workers identify parental mental health disorders, what they classify as such, and how this impacts upon their decision-making.

The study

This study was conducted by the Department for Families and Communities, Research Unit, Business Affairs, with the aim to increase knowledge and understanding of the prevalence and nature of parental mental health difficulties associated with protective concerns for children and young people and the service responses required by these families.

The study was undertaken in three stages:

1. analysis of data from the Families SA administrative data system
2. in-depth analysis of 30 randomly selected cases, through interviews with the Families SA caseworker
3. focus groups with Families SA's Psychological and Anti-Poverty Services.

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“She showed a lot of insight into her situation and her perception of her children’s needs and how important that was and how she had felt that this whole thing was a wake-up call for her in a sense.”

Families SA
Caseworker

Key findings

Prevalence of parental mental health difficulties

This study was unable to report with confidence on the prevalence of substantiated child abuse and neglect associated with parental mental health difficulties due to the limitations of the available data. The results suggested that parental mental health difficulties are likely to be present in approximately half of all substantiated cases of abuse and neglect; however, this figure is derived from caseworker assessments rather than a formal clinical diagnosis by a mental health professional.

Type of mental health difficulty

Parents were unlikely to be affected by severely disabling ‘low prevalence’ mental disorders such as schizophrenia, bi polar mood disorder or severe depression.

More commonly, parents presented with borderline personality disorder and/or depressions of lesser intensity. These parents typically did not have a formal clinical diagnosis and were generally not connected with adult mental health services. Many parents were believed to have underlying issues of complex unresolved childhood trauma.

Multiple adversities

Families in which a parent has a mental health difficulty were found to be similar to those who typically present to the child protection system, with high rates of complex and co-occurring problems:

- 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 were known to have experienced abuse as a child
- Approximately one in five had housing difficulties.

Overall, parents were highly vulnerable with poor quality support and social isolation in association with multiple adversities such as domestic violence, unstable partner relationships, poverty and histories of self-harm and childhood traumas.

“Normally you can engage and get people to shift their thinking.”

Families SA
Caseworker

“...all the way through we had problems with what’s in the child’s best interests versus what’s in mum’s best interests.”

Families SA
Caseworker

Risks to children

Child neglect (63.6%) and emotional abuse (56.8%) were the most common forms of abuse experienced by the children; physical (10.8%) and sexual abuse (4.3%) were less common¹. This is consistent with previous studies which suggest that the symptoms of mental illness can impair a parent’s ability to perform basic tasks such as feeding and clothing, nurturing, and maintaining adequate discipline and supervision.

Caseworkers reported that parents often had difficulties in being able to meet or focus on their child’s emotional and developmental needs, lacked empathy and insight and held unrealistic expectations of their child’s behaviour, responsibility and independence.

Impact on engagement

Parental inability to acknowledge child protection concerns and focus on the needs of their child; impulsivity, poor anger control and lack of motivation were all key barriers to engagement. Engagement was often sporadic and superficial, and caseworkers found it difficult to work effectively in partnership with parents.

Assessment and 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 informing the assessments included:

- parental ability to seek help and treatment compliance
- parental ability to manage stress
- motivation and acceptance of responsibility
- the quality of support available to the family
- the child’s developmental status
- parental ability to meet the child’s needs and
- the nature of the relationship between parent and child.

The caseworker assessments were clearly underpinned by understandings of child development and attachment theory.

Workers had little difficulty in assessing parenting capacity at a point in time, but were less confident in using their judgements to predict how mental health difficulties would impact on future parenting. This assessment was seen to be the domain of mental health professionals; it was reported that these professionals were sometimes reluctant to provide such a prognosis.

¹ Percentages do not add up to 100 as children may be subject to multiple forms of abuse.

“It was quite an up and down thing.... then she spent a lot of time thinking about it, and talked with her parents and she said to me, you know, you were right.”

Families SA
Caseworker

Service connections and supports

Although 57% of parents had a clinical diagnosis of mental illness, only 32% were reported to have connections with mental health services. Following child protection involvement, the proportion of parents connected with adult mental health services increased to 50%, with child protection involvement often the catalyst for service connection.

There was little evidence of joint work between child protection and adult mental health services and tensions between a child and adult focussed approach sometimes emerged.

Practice and service needs

Child protection workers often had limited knowledge of specific mental health disorders and their impact on the adult. Most reported a need for more training and information including a focus on practical strategies for engagement. The need for better collaboration between child protection and adult mental health services, as well as building more supportive connections between parents, child protection workers and adult mental health services, was also reported.

Implications for policy, practice and service development

Increasing knowledge and building confidence in practice

The child protection workers in this study worked well to secure child safety, and address the impact of parental mental health problems on children. Strengthening families through promoting recovery and the wellbeing of parents was, however, more challenging. Working in partnership with parents who lack emotional stability or motivation and experience overlapping adverse social issues is hard for even the most skilled practitioner. When presenting behaviours are specific features of a mental health disorder, working with parents to address child safety issues and preserve families becomes even more complicated.

Child protection workers need a comprehensive understanding of mental health and mental health care provision so they can build trusting and constructive working relationships with parents, and make timely and informed decisions. They also need intervention strategies and skills to engage with parents who present with complex problems and who have limited capacity to engage in therapeutic relationships.



“Us having a better interface with the mental health services would then help the parents.”

Families SA
Caseworker

Collaborative working across service interfaces

Early involvement from mental health professionals in child protection cases can support high quality assessments, interventions and decision making.

A continuing and strong focus on cross-sector collaboration is indicated in order to support improved information and knowledge sharing, joint assessments and a shared responsibility for child protection and positive family outcomes.

Borderline personality disorder

Borderline personality disorder has occupied an uneasy place within the mental health field. It has been the subject of diagnostic controversy and individuals carrying this diagnosis have typically been viewed as ‘difficult’ or even untreatable, or may not be considered to have problems severe or enduring enough to meet the criteria for hard-pressed mental health resources.

However, people with borderline personality disorder are high risk parents who would benefit from longer-term support and specialist services that draw on attachment and trauma theories and focus on building resiliency and strengthening social support.

Further research and evidence

Further research and evidence is needed about methods that openly support ‘joined up’ working across child protection and adult mental health services. We also need to better understand ‘what works’ for families confronted by mental health problems, and specifically, how to better understand, engage and support parents. This includes consideration of the skills, knowledge and qualities needed to make such work possible.

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Printed June 2011

Pub Number:
DFCPUB 00011

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This bulletin draws on findings from ‘Keeping the child in mind: child protection practice and parental mental health’ research report. A full copy of the report can be obtained from the Department for Families and Communities Research Unit website at www.dfc.sa.gov.au/research/