Protecting Victoria's Vulnerable Children Inquiry

Joint Response from Victorian Branch Faculty of Child and Adolescent Psychiatry Royal Australian and New Zealand College of Psychiatrists and Royal Australian and New Zealand College of Psychiatrists Victorian Branch.

The Royal Australian & New Zealand College of Psychiatrists

Introduction

This response is understandably from a mental health perspective. It tries to cover the perspective of infant, child and youth mental health as well as adult mental health. To a lesser extent it also addresses issues pertaining to alcohol and drug services.

This response only addresses those areas of the Terms of Reference that seem appropriate.

Broadly speaking there are two main areas within the response –

1. The role of timely intervention, including early intervention, for infant, child, youth and adult mental health disorders to prevent or reduced the risk of abuse and neglect of children.

2. For those children who have experienced abuse and neglect and suffer mental health difficulties it considers the interfaces between systems providing child protection; infant, child and youth mental health and adult mental health services (including drug and alcohol service). A large focus of the response addresses this issue.

A considerable amount of work has been done within the College around the mental health of children in out-of-home care. It is outlined in the document below. It is recommended that these documents be read in conjunction with this Response-

1. The Mental Health Care Needs of Children in Out-Of-Home Care: A Report from the Expert Working Committee of the Faculty of Child and Adolescent Psychiatry June 2008 RANZCP

2. RANZCP Position Statement: The Mental Health Needs of Children in Out-Of-Home Care

No attempt has been made to comprehensively review the literature in this Response. A review of the literature is outlined in the above document. A good overview of the mental health needs of children in care can be found in a special edition of the journal *Clinical Child Psychology and Psychiatry* published in 2010.

1. The factors that increase the risk of abuse and neglect occurring, and effective preventive strategies

From a population mental health perspective timely and adequate intervention, including early intervention, into mental health problems of infants, children, youth and adults who are parents or becoming parents would prevent or reduce child abuse and neglect within the community.

Factors known to be associated with increased abuse and neglect of children within our community include –

1. Mental health and developmental (i.e. intellectual disability) difficulties in infants, children and youth,
2. Parental mental illness,
3. Parental alcohol and substance abuse,
4. Family or domestic violence.

Timely and effective intervention with these problems would be expected to reduce child abuse and neglect.

With child mental health and developmental difficulties early identification and intervention can occur before more problematic developmental trajectories with children and their families are entrenched and more difficult to change. Intervention also needs to occur with those with established problems and sometimes such interventions are long term and resource intensive. A number of issues emerge including –

- Increasing need for child mental health services to provide treatment for younger children, including infants, toddlers and preschoolers, so as to treat problems early in the trajectories.

- The benefit of programs such as the CAMHS and Schools Early Intervention (CASEA) programs – a school-based universal intervention for children presenting with behavioural disturbance with stepped levels of intervention as required
- need for better integration of infant, child and youth mental health services with those services having day to day contact with children including schools, kindergartens, MCHNs, family support services et cetera allowing early identification and intervention in mental health difficulties at that level.
- Timely access to specialised infant, child and youth mental health programs by such access points as Child First.
- Greater access to the skills and knowledge base within infant, child and youth mental health services to the broader community and not only to that small group of children with severe and entrenched mental health problems. This includes knowledge of developmental psychopathology, normal psychosocial development and the role of attachment disruption and trauma from abuse and neglect in children with mental health problems.
- Tension between resource allocation to those with severe, established mental health difficulties and the need to allocate some resources to early intervention with the expectation that this will reduce those suffering severe difficulties in the longer term. More generally there is the issue of overall level of funding to mental health and infant, child and youth mental health in particular.

Benefit from greater and earlier intervention into adult mental health problems with parents or those about to become parents. It is recognised that the early post natal period is a time of heightened psychiatric risk for both men and women. This is also a time when adults are taking on the responsibility and developmental task of parenthood. It is also a time when relationships between parents and children are forming and often the quality or problems of such (attachment and other) relationships are carried forward into the future. A number of issues emerge including –

- The need for adult mental health services (including drug and alcohol services) to increase their skills around developmental understandings, especially of parenting, and family focused practice.
- Need to address limited access to adult mental health services for those with "mild or moderate" mental health disorders which nevertheless may have profound impacts on parental functioning. This should include a capacity to respond to those parents that child protection and infant, child and youth mental health services identified as having mental health difficulties impacting on parenting such that their children are at risk.
- The place of setting goals around parental and family functioning is core goals in mental health recovery.
- The need for additional resources, funding and training to attend to these issues within adult mental health.

2. Strategies to enhance early identification of, and intervention targeted at, children and families at risk including the role of adult, universal and primary services. This should include consideration of ways to strengthen the capacity of those organisations involved.

Research clearly indicates that children in out-of-home care with child protection have very high levels of mental health problems and that they often do not receive effective mental health intervention. Those children having contact with child protection services but not entering into care are also likely to be at high risk of mental health difficulties. The level of risk is such that a screening process for mental health difficulties is routinely indicated for this group of children. A number of issues arise around these access points –

1. Referral to Child First should include at least a screening for infant, child and youth mental health difficulties as well as parental mental health difficulties. There should be easy access to infant, child and youth mental health services as well as adult mental health services (including drug and alcohol services)

from this referral point.

2. The RANZCP Position Statement recommends that all children entering such care should have a multimodal mental health assessment and access to specialised infant, child and youth mental health intervention. Parental mental health difficulties should also be assessed and access to intervention available.

3. The quality, structure, role and functioning of:
   - family services;
   - statutory child protection services, including reporting, assessment, investigation procedures and responses; and
   - out of home care, including permanency planning and transitions; and what improvements may be made to better protect the best interests of children and support better outcomes for children and families.

No response given.

4. The interaction of departments and agencies, the courts and service providers and how they can better work together to support at risk families and children

Achieving an integrated and comprehensive response from the various services involved in the provision of care for at risk infants, children and youth and their families is seen as one of the major challenges in providing a effective service for these infants, children and youth and their families. In particular we have focused on the interface between –

- Child protection and child mental health services (CAMHS)
- Child protection and adult mental health services
- Child protection and drug and alcohol services.

There also needs to be consideration in the coordination of care for these families between infant, child and youth mental health services, adult mental health services and drug and alcohol services. It is also important to acknowledge the interfaces with education; family support services and the NGO sector more generally is well is a wide range of private practitioners within the community. These interfaces are not discussed fully within this response.

While many examples of good inter agency collaboration can be found on the whole the collaboration between the mental health and child protection services is seen to not adequately meet the needs of the most vulnerable children and families within our society, particularly those involved with child protection. This is not unique to Victoria and recognised as a universal problem. Those children in child protective care are recognised as having high levels of mental health difficulties but also recognised as having greater difficulty accessing appropriate care. There is clearly a problem. The solution is not immediately evident and likely to require considerable discussion and collaborative work between the various services to find a solution.

If one looks at the research literature and local experience from various projects there is much we have learned about how to deliver an interagency approach. Information is available through –

1. Considerable practical experience has been gained through the Intensive Mobile Youth Outreach Service (IMYOS) teams within CAMHS who work with high risk adolescents most of whom are currently involved with child protection. This is particularly relevant as it was an attempt to achieve something statewide. The knowledge within these teams for working across the child protection and adolescent mental health

interface is great. Indeed it is often thought within infant, child and youth mental health services that it would be very useful to have a similar team extending to younger children where the issue of risk being measured in terms of the risk of adverse developmental outcomes.

2. A large body of research and clinical experience in the area of Infant Mental Health exists within Victoria. This has much to offer in terms of reducing the incidence of child abuse and neglect, and hence consequent mental health difficulties, through early intervention. It also offers a lot for intervening with infants and young children within the child protection system who suffer mental health problems or are at risk of mental health problems. Much of the benefit of this work is yet to be realised. An example of some of the potential of this work is outlined by Bridget Jordan and Robin Sketchley in "A Stitch in Time Saves Nine: Preventing and Responding to the Abuse and Neglect of Children" an Issues Paper Published by the Australian Institute of Family Studies in 2009.

3. Considerable knowledge and skills exist within the CAMHS services about the interface but this is not drawn into a coherent servicewide strategy or approach. Indeed it seems likely that the structure and model of care within such services at times limits the provision of a high level of appropriate inter agency care.

4. While Take Two is not located within infant, child and youth mental health services it does provide some similar therapeutic interventions within child protection itself. It would have a wealth of experiences about the interface of child mental health difficulties and child protection.

5. In a number of settings child mental health clinicians, either previously having worked in CAMHS or on secondment from CAMHS, have worked in child protection managing the interface. The experience of these clinicians would be valuable.

6. There is a body of literature, as well as clinical experience within mental health, around the assessment of parental functioning and the impact on parental functioning of maternal and paternal mental illness. It is important to keep in mind it is impaired parental functioning and not the psychiatric illness itself that is the immediate factor impacting on the child and increasing the protective risk. By having a high level of skills to focus on parental functioning directly it allows more specific assessment and intervention of parental impairment. It also has the potential to diminish stigma or prejudice against those with mental illness. That is it is not the mental illness itself that requires a protective intervention but rather substantial and specific impairments in parenting. Parenting function may be impaired due to intrinsic factors within the adult person or through surrounding contextual factors impacting on the function of that particular adult. Within the adult mental health services there is a need to increase awareness, knowledge and capacity with assessing parental function and designing intervention to support and improved parental and family functioning (developmental and family focused practice).

7. There is experience at looking at the impact on families for adults with mental illness through the FaPMI (Families where a parent has a mental illness) initiative. While this program has many positive aspects it is relatively small and yet to have a more global impact on adult mental health services.

8. The Multiple and Complex Needs Initiative

This is not an exhaustive list and other examples could be found. However it is recognised that there is not a drawing together of these broad body of experiences and literature into a coherent strategy that can be deployed across and from ‘top to bottom’ through the various mental health (including drug and alcohol) and child protection systems. Because of this much mental health intervention for children in care or at risk of entering care is done in a "business as usual" way which is recognised as inadequate for this group of children.

A number of conceptual issues need further development and refinement within the various services including –

1. Complexity and issues around its measurement and formulation to deal with the complex families and systems of care around these families. The current service systems are not geared up to manage high levels of complexity in an integrative and comprehensive fashion. Rather they are good at and designed to attend to more single focus problems. For example single focus mental health problems are well-managed within mental health systems. One could see that the various services are historically divided into "silos" and it is difficult to cross the boundaries between these to provide integrated and appropriate responses to complex families
2. The issue of developmental risk (as opposed to just psychiatric risk or protective risk) and its use in determining access to intervention and directing or setting goals for intervention. This is discussed further below.

A number of recommendations are suggested –

A broader concept of mental illness is required

There is a need to adopt a broader concept of mental health both within infant, child and youth mental health services and adult mental health services. Mental health, and as a consequence access to services, is narrowly defined using symptom clusters, diagnoses from a current diagnostic Systems (i.e. DSM) and risk around suicide and self harm. Such a narrow definition acts to exclude children with high levels of disturbance consequent to disrupted attachments and trauma based psychopathology from abuse, neglect and family disturbance. A broader conceptualisation of mental health including concepts of relational (attachment) disturbance, impaired regulation of affect and emotion, psychosocial impairment and developmental risk (meaning current or future risk of failing to achieve healthy psychosocial and relational development) would include children with high levels of psychosocial and developmental disturbance but without necessary a clear psychiatric diagnoses or immediate risk of suicide or self harm. Such a broader definition would also allow a broader set of interventions and goals within mental health. There is a clear research base and models of psychopathology and intervention that would allow this. However it would also be resource intensive providing treatment to a larger number of children to a greater extent and hence would have issues around funding and costs.

A broader concept of mental health within adult mental health services would include developmental issues (i.e. parenting) and family systems issues. That is a person's psychosocial role or developmental task (i.e. parent) would be more directly assessed and addressed within the mental health intervention. A broader concept may also allow access to treatment for some parents with mental illness that are not severe enough under a narrow definition of mental illness to access treatment but nonetheless his mental health difficulties have a severe impact on their parental functioning and as a consequence on the risk to the children. This would allow treatment of parents that child protection (and infant, child and youth mental health services) sees as in need of mental health treatment. Such an approach could also bring greater integration between infant, child and youth mental health services and adult mental health services and improve this interface. Once again this has considerable implications for resource allocation and costs. There are also implications for training. In particular there is a need for adult mental health services to have training in developmental and family focused aspects of practice. There is also a need for adult mental health services to understand the needs of child protection through training and interchange opportunities.

Establishment of a system of leadership within the services to develop a direct statewide change

We do not have a specific answer to the interface issues between child protection and mental health services. Rather we recommend that an appropriate mechanism be put in place to develop servicewide policy and direction for the interface. It is also recognised that such an interface is probably an ongoing process of negotiation between the services rather than a single cross sectional decision.

Our recommendation is that leadership for developing the interface be identified at a senior level within the organisations. One possibility is that this could be led by the relatively new position of the Child and Adolescent Psychiatrist who is Deputy Chief Psychiatrist representing mental health (infant, child and youth mental health and adult mental health) and the Principle Practitioner representing child protection. Leadership from these positions could influence both top and lower levels of the various systems to bring about a statewide change in culture, organisation and practice. The Deputy Chief Psychiatrist position could act to bring to the interface both child and adult mental health systems. Part of the task would be to bring together the various literature and valuable experience within the services into some unified policy, direction and action. The aim would be to have mechanisms to bring a 'joined up', integrated and comprehensive response to these children and their families with such complex needs. It could address all levels from the ground through to policy, funding and planning.

5. The appropriate roles and responsibilities of government and non-government organisation in relation to Victoria's child protection policy and systems.

No response given.

6. Possible changes to the processes of the courts referencing the recent work of an options put forward by the Victorian Law Reform Commission.

No response given.

7. Measures to enhance the government's ability to:
   - plan for future demand for family services, statutory child protection services and out-of-home care; and
   - ensure workforce that delivers services of a high quality to children and families.

No response given.

8. The oversight and transparency of the child protection, care and support system and whether changes are necessary in oversight, transparency and/or regulation to achieve an increase in public confidence and improved outcomes for children.

No response given.