

Mental health issues in child protection cases

A study of protective cases in the Family Division of the Children's Court, Victoria

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This article discusses the problems which confronted the Family Division of the Children's Court, Victoria, in the management of cases in which there were mental health issues. Mental health issues were one of the major reasons for protective concerns in one in four cases presented to the Court during this study. They were cases which were often difficult to decide both because magistrates did not have knowledge about mental health problems and because there was a lack of expert information to assist them. Contributions by specialist mental health practitioners to the assessment of child protection applications were negligible and this meant the mental health problems were not identified for the Court. A more cooperative system which allows mental health professionals to work closely with the child protection service would be of greater assistance to the Court.

This article is based on a paper presented at the Association of Mental Health Social Workers' Conference, *From Micro to Macro: the social work contribution to mental health services*, held in Melbourne, October 1996.

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This study of magistrates' decision-making in child protection at the Children's Court, Melbourne, was commenced in 1993. The study aimed to discover what factors influence magistrates when making decisions about child protection cases. The researcher observed the work of magistrates in the Family Division of the Court, interviewed fifteen magistrates who had worked, or were currently working, at the Children's Court and analysed the Court records of the cases observed. The study was completed in 1995. The findings which are the basis of discussion for this paper emerged from the researcher's observation of the magistrates' work during her three month attendance at the Court. They are based also on the data which emerged from the researcher's interviews with the magistrates.

Cases presented at the Children's Court are there because the Child Protection service, the mandated child protection agency in Victoria, believes there is a need for statutory protection of the child. Protection applications are presented to the court by protective workers who are employed by the Department of Human Services, Victoria. This Department is also the main employer of mental health social workers in Victoria. All protective workers have either social welfare or psychology qualifications; around 40% of protective workers have a degree in social work. Protective workers generally do not have specific mental

health training other than whatever knowledge of this area might have been gained through their social welfare qualification.

It became plain during the study that certain groups of cases and certain protective concerns were regularly presented at Court. The children of parents with a psychiatric disorder formed one of these groups, and the nature of their difficulties was a challenge to the Court. There were also parents with substance abuse problems, with an intellectual disability, and with very poor parenting skills, who may not have a recognised psychological disorder but whose inadequacies as parents clearly involved psychological sequelae. Other child protection issues plainly influenced by mental health issues were present in cases of homeless adolescents, young teenage mothers and children alleged to be sexually or emotionally harmed.

Whilst there may be no observable mental health problems reported to the Court, the problems of these children clearly involved psychological sequelae. This possibility was not generally acknowledged within the protective assessment prepared for the Court, nor in the Court's management of these children. That is to say, the Court response to the children did not accommodate a specific response to psychological issues which might arise from protective concerns. What was also apparent was that there was little,

if any, reference at Court to mental health professionals, be they mental health social workers, psychiatrists or child psychologists, in deciding these child protection cases, unless the parent or child had a clearly identifiable psychological disorder. There was scant evidence of reference by protective services to theoretical and practice frameworks about mental health matters as a necessary strategy to improve the statutory responses in child protection. Where there were concerns about a child's emotional health, or a parent's mental health functioning, the inclusion of information about such concerns would assist the court in its decision about a protection order and the conditions to be included in such an order.

THE CHALLENGE OF MENTAL HEALTH ISSUES FOR THE CHILDREN'S COURT

The magistrates in this study all indicated that the decisions they make in the Family Division of the Children's Court are more difficult than decisions magistrates are required to make in other jurisdictions. This is because the decisions in the Family Division are psychologically and cognitively difficult rather than legally difficult. This difficulty arises from factors such as the frequent lack of clear evidence in child protection cases, the competing interests of parents in these matters, and the distress which surrounds child abuse cases.

Magistrates interviewed in this study stated that they rely on fact-finding to decide cases yet very often, as just noted, there is no clear forensic evidence in child protection cases. The evidence about child protection concerns that is provided is derived from the professional assessments made by welfare, and perhaps health, practitioners in reports to the court. Magistrates have considerable discretion to decide cases of 'significant harm', or 'likelihood of harm', or 'failure to protect' – the criteria for deciding protection applications. However magistrates rely on professionals to provide information about what course of action is in a child's best interests.

The lack of clear definitions about terms such as 'significant harm', and the lack of criteria on what behaviours constitute these actions, means it is left to the individual magistrate to decide what these terms mean. These are not legal terms, and there are no legislative guidelines in the Children and Young Persons Act 1989 (Vic) to assist them. They turn to their own knowledge and life experience to assist them. The variation in individual magistrates' experiences and values therefore produces a range of views on what constitutes a problematic family situation, and what living situation is tolerable for a child and family.

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Obviously details of concerns were provided but few conceptual links were made to explain, for example, that specific behaviours were harmful to childhood development, or disrupted a child's capacity for emotional attachment. There were few references in court reports, or in evidence to the court, about consultation with mental health professionals and very few appearances by such practitioners, unless the case was being energetically disputed by parents. Where a Children's Court Clinic report was available to the court, magistrates found this to be of great assistance. Such reports were only available if parties agreed to them taking place and, more importantly, if the professionals involved in the case applied for the clinical assessment to be undertaken.

Yet in 25 of the 92 cases observed by the author during her three months at

the Children's Court, mental health problems were identified as the major reason, or one of the reasons, for protective concerns about children. If the court heard any information about mental health issues, it came generally from child psychiatrists or child psychologists. An appearance in court by a mental health professional – a child psychiatrist – occurred in only two of the cases observed. Information about mental health problems which was aired in court generally focused on cases where parents had long established and diagnosed psychiatric disorders and was provided by their health practitioners. Overall however there was negligible reference to specialist mental health information and the expertise of mental health social workers was absent both in court reports and court appearances.

Yet magistrates in their interviews stated that parents with psychological problems present the court with particular difficulties. The first difficulty is with information about psychological disorder. Magistrates do not routinely have access to information to assess the extent of mental health problems, their likely impact on a child, and a parent's capacity for rehabilitation. The second difficulty is getting a sense of the reality or permanence of psychological disorder, given that the impaired functioning of parents with such a disorder may not be obvious, may be variable, and may or may not respond well to treatment. The third difficulty concerns whether or not the presence of a psychological disorder affects an individual's functioning as a parent. Magistrates generally do not view the presence of such a disorder as rendering a parent incapable; while a parent's condition may render them incapable, they might still be caring parents. It is difficult to establish what degree of impairment places a child at risk and magistrates depend on appropriate experts to assist these decisions. This information is very often not supplied to the Court.

Magistrates emphasised the specialist nature of Children's Court work yet they receive no specific training for it. The training they have is as legal practitioners and, while a number of magistrates have worked in family law, they are not trained to work within a welfare-minded context. The need for

magistrates to assess welfare concerns is central to Children's Court decisions yet it is an unfamiliar process for magistrates and a source of tension for them.

Magistrates depend on the evidence placed before them to direct their decision-making. Therefore, how a child's and/or parent's problems are framed by welfare reports or legal representatives for the court, directly influences how a case proceeds. If the mental health problems of a child or parent are not appropriately framed for the court, then the real issues in a case may be overlooked or misunderstood. The problems of schizophrenia in a parent in a case of child abuse, for example, are not adequately addressed if the problem is framed for the court as one of alcohol abuse or inappropriate discipline or a lack of accommodation. Court orders to attend alcohol rehabilitation programs or parenting programs do not then really tackle the central problem contributing to the protective concerns. Without the contributions of mental health social work to child protection workers this situation remains. Without knowledge about the impact of mental illness on adults and children being presented to the court, legal practitioners' attempts to disguise what might be the real nature of a parent's problems is not challenged.

THE PROBLEMATIC NATURE OF MENTAL HEALTH ISSUES FOR THE CHILDREN'S COURT

Mental health issues in the child protection cases observed in the Family Division in the Children's Court during the study formed the following categories:

- i) parents with a diagnosed psychiatric disorder which directly contributed to protective concerns;
- ii) parents whose maltreatment of their children was in part due to a psychological disorder, which might be a diagnosed mental health problem or be suggestive of it;
- iii) parents whose personal history and problems indicated the need for a psychological assessment in order to assist in arriving at a judgement

about their capacity to parent their children more appropriately;

- iv) parents whose presenting problems were associated with their intellectual disability, parents with substance abuse problems, and the problems of both these groups which may contribute to co-existing psychological problems;
- v) young people presented at court who are homeless, and cases at court because of issues of adolescent rebellion;
- vi) children who are victims of sexual or emotional abuse by their parents, or significant others.

In the two latter categories it was clear that there might be significant psychological issues which needed to be explored. This would only happen if it was requested by the parties or there were demonstrable signs of psychological disorder.

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Parents with a personality disorder, parents with a schizophrenic disorder, and parents with a history of psychotic episodes were the majority of parents with mental health problems in 25 of the 92 cases observed in this study. In nine cases, the parents clearly had a personality disorder, based on the behaviours and actions they visited on their children, and on the DSM IV classification of personality disorder. As a group of parents they often lived a transient lifestyle; they had an inability to form stable relationships, very often having serial relationships; they lacked insight into their children's problems; and they appeared to have little appreciation of the seriousness of the

problems. The protective concerns raised about this group of parents were often based around their transience, their lack of cooperation with protective workers, their unwillingness to participate in parenting programs and consistently attend maternal and child health services, and the exposure of their children to serial relationships which may expose them to violence.

Parents with a history of schizophrenic or psychotic episodes have generally had a number of hospital admissions and so their mental health problems are publicly noted in court. Parents who have a personality disorder cannot be acknowledged in court in this way as they do not typically have such a medical history. Unless there is such a history, there appears to be a reluctance by the court to look for psychological explanations of parent problems.

CASE ISSUES

The court response to two young infants, each the child of a teenage mother, demonstrated this reluctance to seek psychological explanations for the infants' predicaments. The mother of one child had been in and out of residential programs to assist her parenting; in the other case, 40 child protection notifications had been made about suspected child maltreatment of the infant in the five months of his life. In neither case was there any psychological assessment provided as evidence to the court, and the child protection case did not draw on mental health expertise. The magistrate in each case ordered the infants remain in the care of their mothers because the court's belief that a mother can always bond to her child was not challenged by any other framework, or theoretical knowledge about bonding and attachment.

The case of a thirteen-year-old girl with encopresis, an emotional disorder with physical symptoms, demonstrated the limits of the court response to mental health concerns. The girl was prevented by her vexatious step-father from having medical treatment. Her mother had a depressive disorder and lacked the capacity to assist her child. The parents' right to block treatment for the girl succeeded over some months. The stepfather was successful in his endeavours to keep protective services

at bay because neither the child's nor mother's problems were framed as mental health problems which could allow the court to seek a mental health assessment. However, in the case of a fifteen-year-old girl who was in hospital for treatment for anorexia and who refused to return home to her parents, the court was made aware of her condition as a psychiatric report was presented. The mental health issues could therefore be dealt with appropriately alongside the response to the protective concerns.

Whether or not mental health issues were involved in families in which the child's parent was low functioning was not assessed as the problems presented to the court usually focussed solely on those of intellectual disability. In only one of three families where the sole parent was brain injured was there a report for the court which confirmed the parent's affliction. There was, however, no explanation about the impact of this on a child as the parent's problem was framed more as a health problem than as a mental health problem.

The following cases exemplify issues created for the court, both in terms of management and case planning, where mental health issues were involved.

The three-year-old child of a twenty-year-old mother had been in and out of care most of her life as her mother was unsure that she wanted to keep the child. The court decided however that the child should remain with her mother. There was no psychological assessment of the mother, or assessment of the impact of the mother's behaviour on the child.

A mother with schizophrenia had previously been ordered by the court to use support services and join parent programs to address parenting deficits and the inadequate care of her 2½-year-old child who was suffering from neglect and malnourishment. The mother had not properly complied with the orders, and testimony suggested concerns were still significant. Yet the court ordered the mother to persist with the programs, and the support services to continue to provide her with services. There was no discussion in court, nor information supplied, about schizophrenia and the impact of this particular mother's disorder on her child.

Without knowledge about the impact of mental illness on adults and children being presented to the court, legal practitioners' attempts to disguise what might be the real nature of a parent's problems is not challenged.

The level of anger which might present as a part of a parent's psychological disorder can create difficulties, and perhaps disruption, in court. The court process is predicated on dispute resolution, on negotiation, and the court has few mechanisms for dealing with parents who cannot do this. A disruptive parent is not viewed by the court in terms of what is contributing to their disruptive behaviour, nor what that might mean for the making of court orders about a child, nor what it means for a child to live with such a difficult parent. This behaviour is a particular issue in court decisions about access between parents and children, when a parent cannot participate in these decisions, nor acknowledge the need for limits, and the need to work within orders and agreements. Anger expressed by a parent in this context is viewed as anger about a child being under a protection order, not as a sign of, or a consequence of, a psychological disorder. This view remains unchallenged unless the court is given a framework which suggests issues the court should consider for understanding this behaviour.

In the case of a nine-year-old child, the mother would not keep to access arrangements agreed to in court and continually sought from the court other arrangements which created difficulties for the child. In another case, the mother of a 10-year-old child would not cooperate with the access conditions, and made unreasonable demands in court about the location and times of access, without regard to the employment of the child's carers, the child's

school, etc. The case of a 7-year-old boy displayed the same issue. The child was placed with his maternal aunt and this was a successful arrangement threatened by his mother's inability to agree in court to any access plan.

The psychological factors central to these difficulties are unacknowledged, as the difficulties created by such parents are seen as part of the protective dispute. The legislation framework of family preservation, combined with a lack of mental health information for magistrates, means this behaviour is not seen as part of a larger picture of psychological disorder. A more extreme example of this was seen in a case in which two girls, aged 10 and 7, were returned to their mother on her release from prison, although the children had been living with their grandmother for two years and wanted to remain with her. Psychological information about the children's needs and the impact of past experiences on them might have given the court another framework for deciding this case.

Requirements by the court for parents to attend treatment programs, parenting programs and anger management programs are equally problematic. The court response to protective concerns about parents is very often to order parents into programs based on a belief in rehabilitation and a belief about parents' innate bonds to their children and their desire to care for them. Parents with a psychological disorder very often have problems with attendance at programs, the programs are unsuitable for them, or the problems cannot be addressed in this way.

The lack of psychological information which might suggest otherwise means the court very often continues to order programs in the belief that they are the best help. Certainly this was the case in the matter of the 2½-year-old boy whose mother had schizophrenia and who had irregularly attended programs and whose home-based carer found her resistant. The child remained at risk, yet the court ordered more programs because there was no information to suggest another response. The homeless teenage mother with a four-month-old baby was ordered to re-attend a residential parenting program. Her incapacity to previously do this was not

acknowledged in court and so the court ordered her to persist with the program. It is similarly not acknowledged in court when children are in and out of foster care while their parents are in and out of programs, yet this process may also have an impact on a child's psychological development.

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The issues of parental behaviours likely to lead to mental health problems are often not addressed. There can be 'mad-making' consequences of moving children in and out of care, of changes in schools, and of exposure to violent partners. Orders are made to attempt to limit these adult behaviours and actions but they are made very often without input on how these behaviours harm children psychologically, and possibly put them at risk of developing psychological disorders themselves.

The issues of substance abusing parents and domestic violence are also examples of adult behaviours which put children at risk. The failure by professionals to see these behaviours not only as protective concerns but also as a potential to create substantial psychosocial damage in children, and their failure to put this information before the court, limits the court's response to such children. The psychological component of these situations is unacknowledged because health, human development, and mental health links are generally not made in court reports and are therefore not frameworks to which magistrates can refer for decision-making.

DECISION FRAMEWORKS

What we know from the literature about how people make a decision is that it is:

...a process by which a person, group, or organisation identifies a choice of judgement to be made, gathers and evaluates information about alternatives, and selects from the alternatives (Carroll & Johnson 1990:19).

Certainty, uncertainty and risk play a role in decision-making as does the availability of information about the problem to be solved. Decision-making in a context of uncertainty creates particular tensions for the decision maker, especially when there is a lack of familiarity with the problems encountered, there is little knowledge of possible alternative solutions or information available, and where the decision maker has little control over the elements which are central to the problem's resolution. MacCrimmon and Taylor (1976) found decision makers develop strategies to reduce uncertainty; these strategies are influenced by their perceptions about the decision situation, their experience with the problem, and whether the past experiences were successful.

Within organisations individuals make decisions which are sometimes compatible with their personal goals but occasionally are not. Incompatibility between personal and organisational goals can bring further conflict into a decision (Jabes 1982: 55).

This incompatibility is heightened when decision-making alternatives are unattractive, or where they are 'unprogrammed' decisions. This is characteristic of child protection decision-making. Decision-making in complex situations involves a number of demands on the decision maker, to balance situation, information, expectations, and resources. Decision makers rely on their memory and intuition to assist them, so how a person conceptualises the world, the meaning they give to information, and the cues they construct between relationships shape their judgements (Hogarth 1987).

When decision makers have to make choices about information useful to them, they often rely on stereotypes and the ease with which they can recall an event. People develop judgement

frameworks or heuristics to do this and this is evident in legal decision-making. Individuals prefer to rely on individual case information to make decisions rather than hear about general information. The implication of this for child protection cases at court is that appropriate case-specific information must be available to the magistrate if protective services are to achieve the court outcomes they desire. Hogarth (1987) found judicial decisions were informed by the judge's individual assessment of the defendant and their experience with similar cases. The lack of a framework to explain child abuse and the conflicting paradigms of professional practice between law and welfare, means there are no shared sets of assumptions to be drawn on by the legal and the welfare decision makers when trying to resolve child abuse cases.

Information plays an important part in any decision-making, particularly in legal decision-making. The provision of social information about children and families is of immense significance to judicial decision-making because of the lack of clear guidelines about what are acceptable and unacceptable parenting behaviours. This, combined with the judicial decision maker's individual assessment and their need to meet legal requirements, shape their decisions. The Parker, Summner and Jarvis (1989) study of English magistrates in juvenile justice matters found welfare reports were a major source of influence for the court. Brown's (1991) study of juvenile courts in England and her interviews with magistrates, observation of court hearings and analysis of reports, confirmed that reports were an important influence on court decisions. The Children's Court depends on welfare assessments but they must give an objective and comprehensive picture if they are to be of use to the court.

The court system is of great importance in child protection. Wattam (1992), in her UK study of protective workers, found the court's response was more positive when evidence of harm was provided in a case, or where the concerns in the case made sense to the magistrate and presented issues for the court to tackle. The court's need for this specific information is essential given

that Dingwall, Eckelaar and Murray (1983) report that:

...abuse and neglect are the products of complex processes of identification, information and disposal, rather than inherent in a child's presenting condition (1983:34).

Meddin (1984) and Craft et al (1980), in their studies of child protection decision-making, underlined the need for evidence, for information which explains to the court why particular behaviours are perceived as problematic.

The courts have considerable discretion about the judgements they make. This discretion is influenced by the information they have about a case. Decision makers are also influenced by the value judgements they make, and by their individual cognitive frameworks, or cognitive schema, or practice ideology, that they draw on to interpret people, behaviour and events. It is at this level that the expertise of mental health social work is essential. Swain (1989) confirmed the court's wish to resolve complaints of child abuse and assist children and families, but mental health professionals must inform the court in cases where it is appropriate to do so.

THE MAGISTRATES' VIEWS

The magistrates who participated in this study said they relied on professionals' reports to the court, to present the case facts on which they could make decisions. Given that decisions in the Family Division of the Children's Court are as much social and psychological decisions as they are legal decisions, the role of reports is central to the case decision. The evidence provided to the court however was at times not helpful to magistrates. They found the evidence of protective workers was at times incomplete, even nebulous, and that protective workers may not have the necessary experience to adequately assess the protective concerns. Two magistrates summed it up in this way:

Magistrates are used to having to decide cases on the best evidence, decide on the quality of the evidence and then are confronted with evidence here which is often very ordinary (Magistrate [2]).

I was powerless in obtaining material and information I really wanted (Magistrate [1]).

Magistrates looked more to professional experts to assist them as they were ambivalent about the expertise of protective workers. Magistrates drew on the advice of the Children's Court Clinic and other specific professionals they viewed as an assistance to the court:

The people from the Children's Hospital were usually terrific, Children's Court Clinic were very good. I drew a lot of comfort from the most difficult emotional abuse cases if there was a senior social worker from the Children's Hospital and a good child psychiatrist. I'd feel greatly comforted and put considerable emphasis on the evidence, they knew what they were talking about (Magistrate [14]).

The Children's Court Clinic they've got a lot of experience... There are some excellent social workers who just have wonderful knowledge about family functioning, domestic violence (Magistrate [6]).

Where reports and testimony about psycho-social concerns were presented at court, they came predominantly from the Children's Court Clinic, from drug and alcohol workers, from the Royal Women's Hospital Chemical Dependency Unit where infants were concerned, and from special schools. Rarely did child psychiatrists and psychologists provide reports to the court unless a Children's Court report was ordered. Some psychologists did appear in court during this study as expert witnesses when they were retained by the parents' defence. No mental health social work was cited in cases in this study. While it might be expected that protective workers, with their social welfare training, would either incorporate a mental health framework or identify mental health factors for assessment in court reports, the study found this was not the case.

CONCLUSION

Child protection is currently framed as a socio-legal problem and the community looks to the court to resolve child abuse concerns. The Children's Court is a court of law and takes an adversarial

approach to the resolution of disputes between parents and the statutory child protection authority. Courts resolve disputes by looking to the facts of a situation and the merit of the parties' claims. Child protection concerns sit uneasily in this framework. Decisions about risk and harm to a child are very often based on professional judgement rather than actual facts. The information that the court receives about protective concerns, therefore, is essential to the resolution of the protective concerns.

Information plays an important part in any decision making, particularly in legal decision making. The provision of social information about children and families is of immense significance to judicial decision making because of the lack of clear guidelines about what are acceptable and unacceptable parenting behaviours.

If the information magistrates draw on comes mainly from their legal training, from their life experience, from their views about caution in state interference in family life and the belief that parents, generally translated as mothers, always love their children and want to care for them, then it is difficult at times for them to reconcile protective concerns, which require statutory intervention to protect a child from the risk of, or actual, harm, with their personal views and professional training. This is especially difficult for magistrates in child protection matters as often there appears to be, in legal terms, no factual basis to the concerns, and the nature of the protective concerns may not make sense to the magistrate.

Furthermore contemporary child protection practice appears to focus primarily on finding explanations for what has happened, or might happen, to children. This is done in a way designed to enable the court to support the correctness of protective services' intervention and to make a protection order. The practice of child protection is the responsibility and province of those professionals who are designated protective intervenors under the Victorian Act. It has not been constructed as a collaborative relationship between the professional groups, including the court, which come into contact with children in need of care and protection. Greater cooperation between professionals would allow child abuse to be seen also in a broader context than the current socio-legal approach allows. In the recent past child protection concerns were understood as having their origins in psycho-pathology. This was too limited as a framework and also failed to properly consider socio-cultural and economic factors. Current frameworks used to understand child abuse look to structural inequality for explanation. However, a contemporary understanding of child abuse requires a breadth of information about all possible factors, so that the Children's Court has access to the information it requires to make the difficult decisions child protection matters involve. Mental health professionals, including mental health social workers, have experience and expertise which is of central importance to the child protection process. The lack of integration of knowledge about mental health problems into the child protection system, and the lack of partnership of mental health professionals with protective services have serious implications for children at risk. □

The author wishes to thank the staff of the Melbourne Children's Court for their cooperation with the study.

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