

## Child Protection Issues for Mental Health Services - Risk of Harm Assessment Checklist

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**Functional Sub group** Clinical/ Patient Services - Mental Health  
Clinical/ Patient Services - Baby and child  
Clinical/ Patient Services - Maternity

**Summary** This Policy Directive is to be implemented in all Mental Health settings. This policy aims to direct mental health clinicians assessing pregnant women and carers of children (parents and others) in recognising and responding appropriately to specific risk factors associated with symptoms of mental illness. The policy targets all mental health settings where the NSW Standardised MH\_OAT Clinical Assessment Protocols and Modules Policy is implemented.

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, NSW Dept of Health, Public Hospitals

**Audience** Mental health services, all clinical staff

**Distributed to** Public Health System, Community Health Centres, Divisions of General Practice, Government Medical Officers, Health Associations Unions, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

**Review date** 12-Jan-2012

**Policy Manual** Not applicable

**File No.** 05/4764

**Status** Active

### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

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## CHILD PROTECTION ISSUES FOR MENTAL HEALTH SERVICES: RISK OF HARM ASSESSMENT

### BACKGROUND AND JUSTIFICATION

Children of mentally ill parents are among the group at highest risk for developing mental health disorders, relationship difficulties and lifelong under-achievement. However, not all children will be adversely affected and some children may experience difficulties at different stages in their development.

The following subgroups need to be considered by mental health staff undertaking assessment and intervention:

- Children who are coping adequately with parental mental illness at the time of the assessment,
- Children in need of time and support, including information about parental mental illness,
- Children who undertake a caring role for mentally ill parents who may be more or less burdensome at that point,
- Children experiencing difficulties including emotional, behavioural, educational, relationship difficulties, in need of intervention,
- Children encountering difficulties who experience suboptimal care and who are exposed to actions or circumstances which affect their emotional, cognitive, physical wellbeing as direct or indirect consequence of parental mental illness,
- Children at risk of grave danger or serious threats to safety as direct or indirect consequence of parental mental illness.

The Policy Directive refers to the latter 2 subgroups but it is vital that the needs of all children living with or in contact with adults/carers with mental illness are considered.

In order to ensure that this can be achieved, all staff must at first point of contact, establish and document, which adults referred to mental health services, have contact or are carers of dependent children. This approach will ensure parents with mental illness and their children receive appropriate and timely support. This represents a key opportunity for early intervention and prevention of child abuse and neglect.

*The Policy Directive* Child Protection Issues for Mental Health Services: Risk of Harm Assessment has been developed to assist mental health staff to identify and address child protection issues when conducting an assessment resulting in the completion of the '**A1-Assessment of Current Presentation in the Adult or the Aged Care Mental Health Clinical Module**' of MH-OAT.

The Policy Directive is relevant to all staff conducting and documenting mental health assessments according to *NSW Standardised MH\_OAT Clinical Assessment Protocols and Modules* Policy Directive PD2005\_358.

The NSW Policy Directive PD2005\_299 *Protecting Children and Young People* outlines the responsibility of public health organisations and health workers in protecting children and young people and operationalises the responsibilities of NSW Health under the Children and Young Persons (Care and Protection) Act 1998. **PD2005\_299** should be read in conjunction with this policy directive.

## **This Policy Directive is to be implemented in all Mental Health Settings**

**The goal of the Policy Directive is** to meet the needs, including safety and protection of infants, children and young peoples who live with or have contact with parents experiencing mental ill health.

**The aims of the Policy Directive are to:**

- Provide mental health professionals with a tool identifying specific circumstances leading to risk of harm to children with parental/carer's mental illness.
- Assist mental health professionals to consider factors, including domestic violence and substance misuse that can complicate the symptoms of mental illness and are known to expose children to risk of harm.
- Assist mental health professionals to respond appropriately to child protection issues once risk of harm has been identified whilst conducting an assessment.

## **Definition of Risk of Harm**

A child or young person is at risk of harm if current concerns exist for their safety, welfare and well-being. Risk of harm refers to the likelihood that a child or young person may suffer physical, psychological or emotional harm as a result of what is done or not done by another person (NSW Health Frontline Procedures for the Protection of Children and young People, 2000).

## **RISK ASSESSMENT TOOL**

Mental health staff should refer to the risk assessment tool once the mental health assessment has identified that the person cares for or is in regular contact with children (through access visits or sharing residence). A risk assessment should also be undertaken if the person is pregnant.

The tool is to be used in conjunction with:

- The *NSW Health Frontline Procedures for the Protection of Children and Young People* or
- *NSW Health Policy Directive 2005\_299 Protecting Children and Young People*, which contain guidelines for assessing risk and reporting that risk to the Department of Community Services (DoCS)
- The MH-OAT assessment (A1 section, case planning, case review and discharge).

**Is the child exposed to risk of harm as a result of any of the following circumstances:**

Mental Health staff should check each of the **5 following circumstances** to determine whether there is a need for reporting risk of harm to DoCS.

<p><b>1. Child's or young person's basic physical or psychological needs are not met</b></p>	<p><i>Examples</i></p> <ul style="list-style-type: none"> <li>• <i>Parent/caregiver reluctant to engage with service.</i></li> <li>• <i>Substance misuse, which significantly impairs parent/carers capacities.</i></li> <li>• <i>Cognitive dysfunction of parents or carers leading to poor judgement and difficulty providing for the child.</i></li> <li>• <i>The child or young person is observed during the assessment of the carer to care of the adult to a degree interfering with his/her psychological health/ability to access education.</i></li> </ul>
<p><b>2. The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care as a result of their mental illness.</b></p>	<p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>Parent has paranoid ideations towards General Practitioner or Emergency Department</i></li> <li>• <i>Parent fears that child will be removed from her/his care</i></li> <li>• <i>Parent is too preoccupied or too cognitively impaired to organise the necessary care</i></li> </ul>
<p><b>3. The child or young person has been or is at risk of being, physically or sexually abused or ill-treated</b></p>	<p><i>Example</i></p> <ul style="list-style-type: none"> <li>• <i>Parent/carer with homicidal, infanticidal, suicidal, hostile thoughts towards child.</i></li> </ul>
<p><b>4. The child or young person is living in a household where there is a repetition or an escalation in frequency or severity of violence in the household due to exacerbation of parental mental illness . As a consequence, the child or young person is at risk of serious physical or psychological harm.</b></p>	<p><i>Examples</i></p> <ul style="list-style-type: none"> <li>• <i>Excessive parental irritability, agitation and poor self-control leading to violence</i></li> <li>• <i>Parental inability to protect the child because of impaired cognitive functions including poor judgement</i></li> </ul>

<p><b>5. A parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm.</b></p>	<p><i>Example</i></p> <ul style="list-style-type: none"><li>• <i>Child's involvement in adult symptoms such as delusions, obsession, hallucinations.</i></li></ul>
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**If one or more of the above 5 issues are identified the clinician is required to make a report to DoCS, complete the NSW Health Child Protection reporting form and file it with the MH\_OAT assessment.**

## **RISK ASSESSMENT FOLLOW UP**

- A written plan, which details follow up care, should be completed for all consumers with children. The care plan will address parenting substance use issues, child behaviour issues and whether child and family specific services are involved or need to be involved. Child safety issues should be reviewed at regular intervals as part of the care plan including case review, hospital discharge (including w/end leave) and case closure. When an adult client is acutely unwell child safety issues should be closely reviewed. The written plan should be recorded in the MH-OAT A1 Module, under the section 'initial plan'.
- If the consumer is an inpatient and risk issues have been identified, a multidisciplinary case conference should be convened to formulate a discharge plan for both the parent/carer and the child's need.
- Pre-natal reporting is not mandatory. However a health worker who has reasonable grounds to suspect before the birth of a child, that the child may be at risk after they are born, may make a report. The intention of pre-natal reporting is to provide an opportunity for early support and assistance and reduce the likelihood of the need for out-of-home care after the child is born.
- If a health worker has doubts about whether a report is required, they should consult with their manager, PANOC (Physical and Emotional Abuse and Neglect of Children) Services, designated child protection staff in the clinical area or Sexual Assault Services.

Robyn Kruk  
**Director-General**