Understanding mental health difficulties in a child protection context Practice Paper

1. Introduction

The purpose of this practice paper is to provide Department for Child Protection (DCP) staff with an understanding of mental health difficulties in a child protection context. It explores difficulties relating to mental health and/or social and emotional wellbeing for children and young people as well as their caregivers (which can include parents and carers).

A person's mental state can be understood as existing on a continuum, with positive mental health and wellbeing at one end and diagnosable mental health difficulties at the other. Positive mental health in this context does not mean that a person has no unpleasant feelings or experiences but, rather, that they are able to effectively manage these.

Many caregivers whose children come to the attention of the child protection system experience mental health difficulties. Common mental health conditions include depression, anxiety, posttraumatic stress disorder, psychotic illnesses and personality disorders. Personal and intergenerational experiences of trauma are also common and may underpin and/or exacerbate mental health difficulties. Refer to the Trauma Practice Paper for further information.

Note that while the language of mental health is used in this paper, it is acknowledged that the notion of social and emotional wellbeing may hold more meaning for Aboriginal and Torres Strait Islander peoples. The term 'social and emotional wellbeing' describes the holistic view of wellness that encapsulates domains including the physical, mental, social, emotional, spiritual and cultural wellbeing of a person. Thus, for the purpose of this practice paper, the term 'mental health' should be understood as encompassing (or interchangeable with) social and emotional wellbeing (see also 4. Considerations for Aboriginal and Torres Strait Islander people).

2. Why are caregiver mental health difficulties a concern in child protection?

Mental health difficulties are very common in the general population. Many people with mental health difficulties parent their children safely and well; the experience of mental health difficulties does not, in itself, represent a parenting risk. It is only when mental health difficulties impact on parenting, significantly impairing a caregiver's parenting capacity and compromising a child or young person's safety and wellbeing, that child protection concerns arise.

A caregiver's mental health difficulties can compromise their ability to consistently meet and respond to the needs of their children, ultimately impacting negatively on the attachment relationship between child/ren and their caregiver. A lack of nurturance and stimulation by the caregiver can also lead to children and young people experiencing delays in growth and development. Refer to the Attachment Practice Paper for further information.

Parental mental health difficulties can lead to a range of adverse outcomes for children and young people including physical, emotional and/or sexual harm and developmental trauma. Harm to children and young people may be caused by acts of commission (such as the caregiver physically harming the child whilst unwell) or omission (for example, when a parent fails to meet a child's basic needs, including food, hygiene, emotional nurturance and supervision).

When a caregiver's mental health difficulties are unmanaged, children and young people do not get to experience and develop the adaptive coping strategies that support good mental health. Being exposed to the unusual behaviours (such as delusions) associated with a caregiver's unmanaged mental health difficulties can also be extremely frightening, confusing and upsetting for children and young people. Further, caregivers may be too unwell to appropriately supervise or safeguard their child, thus increasing their vulnerability and exposing them to the risk of harm from other individuals.

2.1 Pregnancy, early parenthood and mental health difficulties

The first 1,000 days of a child's life represent a critical period of rapid physical, cognitive, social, and emotional development. What occurs, or fails to occur, during this time has profound and lasting impacts on a child's health, wellbeing, and development across the lifespan. Infants are especially vulnerable to the effects of caregiver mental health difficulties due to their complete dependence on adults to meet both their physical and emotional needs. Hormonal changes, stress, and sleep deprivation associated with the perinatal period can either/both exacerbate existing mental health challenges or give rise to new concerns.

For some caregivers, past trauma may be reactivated during this time, intensifying psychological distress. When mental health difficulties are unaddressed in the perinatal period, the caregiver's ability to consistently respond to their infant's needs may be impacted, posing significant risks to the infant's safety and emotional development. Personality disorders, in particular, can affect a caregiver's capacity to emotionally attune to their infant, increasing the likelihood of attachment difficulties. Refer to the Working with infants Practice Paper for further information.

3. Relationship between mental health and other risk factors

Mental health difficulties, alcohol and other drug use and domestic and family violence are commonly recognised as important risk factors for child abuse and neglect. The co-occurrence of mental health difficulties, in particular, with other risk factors can contribute to greater risks of harm for infants, children and young people. For example, a caregiver's alcohol and other drug use may exacerbate their mental health difficulties resulting in their parenting capacity being further compromised.

It is critical that practitioners understand the relationship between mental health difficulties and other risk factors and how this affects parenting and the ability to provide safe care. For example, mental health difficulties and alcohol and other drug use often co-occur and, importantly, interact; alcohol and other drug use may trigger a first experience of mental illness or exacerbate pre-existing symptoms. In addition, people

often account for their alcohol and other drug use as 'self-medication' or an attempt to self-manage the symptoms of mental health difficulties.

Mental health difficulties may also interact with domestic and family violence. For example, research suggests a link between the trauma histories of perpetrators and victim-survivors, and their subsequent use of, or vulnerability to, domestic and family violence. While mental health difficulties do not cause domestic and family violence, a perpetrator's use of violence may increase when their mental health is unmanaged. The experience of domestic and family violence can also impact on the mental health of victim-survivors. For victim-survivors with existing mental health difficulties, this can include the perpetrator preventing them from accessing mental health and support services. Refer to the Domestic and family violence Practice Paper for further information.

4. Considerations for Aboriginal and Torres Strait Islander people

Aboriginal understandings of health emphasise the social, emotional, physical, cultural and spiritual dimensions of wellbeing. Mental wellbeing is viewed holistically as one, but not the only, component of social and emotional wellbeing. Social and emotional wellbeing is, in turn, significantly affected by social, economic, historical, and political determinants of health. Thus, past practices relating to colonisation, including the dispossession of land, cultural dislocation, racism and the Stolen Generations, have fundamentally shaped the current social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples (TIMHWB, 2021) For further information, refer to the TIMHWB Fact Sheet: Social and emotional wellbeing.

The disconnection of Aboriginal and Torres Strait Islander people from family, community, culture, Country and spirituality, and associated intergenerational trauma places them at risk of adverse health, psychological and educational outcomes. Applying a cultural lens when working with Aboriginal and Torres Strait Islander people is therefore essential (refer to the Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper and Practice Principles – Cultural safety pillar for further information). For example, supporting Aboriginal and Torres Strait Islander people's connections to their family, community, Country and culture is critical for promoting positive outcomes across multiple domains of social and emotional wellbeing.

Recognising the significance of culture for strong and positive identity is central to culturally safe practice, in particular the role this plays in enabling the health, wellbeing, self-esteem and development of Aboriginal and Torres Strait Islander infants, children and young people. Efforts to ensure that Aboriginal and Torres Strait Islander infants, children and young people have an ongoing connection to culture, family, kin, community and Country are therefore critical, and a key responsibility for DCP. So too is addressing the overrepresentation of Aboriginal and Torres Strait Islander infants, children and young people in out of home care, requiring recognition of the strengths of Aboriginal and Torres Strait Islander approaches to parenting and the importance of Aboriginal and Torres Strait Islander family led decision making, as outlined in the Aboriginal and Torres Strait Islander Child Placement Principle and enshrined in legislation.

Early intervention and consultation with a Principal Aboriginal Consultant is critical to ensure that targeted and culturally safe supports and services are implemented to preserve connections and promote the social and emotional wellbeing of infants, children, young people and families.

5. Considerations for people from culturally and linguistically diverse (CALD) backgrounds

The mental health experiences and outcomes for culturally diverse groups, including first and second generation immigrants, refugees, asylum seekers and their families, are shaped by a range of unique factors. Language barriers, family separation, the stresses of migration and settlement, trauma experienced prior to migration, racism and discrimination can all contribute to mental health difficulties. The stigma surrounding mental health in many communities is a major issue that is important to acknowledge. Stigma can discourage individuals from seeking help, increase feelings of shame or isolation, and reinforce barriers to accessing appropriate care. In addition, systemic issues such as cultural insensitivity and misunderstandings within services further compound these challenges.

Building trust and creating a safe, non-judgmental environment is therefore essential in supporting people from a CALD background. Strategies such as involving workers or services with shared cultural backgrounds, drawing on community strengths, and using culturally safe, strengths-based approaches can enhance engagement. Practitioners should actively address stigma by normalising conversations about mental health, challenging misconceptions, and promoting positive narratives about help-seeking. At the same time, they should seek common ground (such as child and family wellbeing) while respecting cultural differences, with the goal of fostering shared understanding and collaborative action.

6. Assessment and intervention considerations

Research shows that diagnosis, severity and chronicity of mental health difficulties and compliance with treatment all significantly affect the vulnerability and safety of children and young people. Understanding a caregiver's mental health difficulties, including how they affect personal functioning, parenting capacity, and the presence of other risk factors is essential for assessing the potential risk of harm to children and young people.

Consideration of the following points provides a solid basis for assessments involving people with mental health difficulties:

- if the person has a diagnosis, the name and details of the condition/illness and the name/role of who diagnosed this
- the history of mental health issues/difficulties, including first experience of symptoms and progression over time
- indications that a person's mental health is deteriorating and/or support is needed
- factors that may trigger a decline in mental health (for example, alcohol and other drug use, noncompliance with treatment)
- past/current intervention/s including their effectiveness and outcomes
- the person's response and/or commitment to treatment or therapeutic support (both historical and current)
- the person's insight into mental health difficulties, the impacts on their personal functioning, parenting and children, and the influence of other risk factors
- the person's supports, both existing and potential (including extended family), family strengths and other protective factors.

Refer to Appendix F of the Assessment Framework for further guidance.

Supporting people to speak openly about their mental health difficulties is critical to quality assessment. Relationship based practice is important for encouraging caregivers to speak openly and honestly about their challenges. Refer to the Relationship based practice Practice Paper for further information. For Aboriginal and Torres Strait Islander infants, children, young people and families, taking the time to establish trust is fundamental to relationship building and involving Aboriginal Community Controlled Organisations (ACCOs) and/or Aboriginal health services (ACCHOS such as Nunkunwarrin Yunti) can prove invaluable. Not all Aboriginal and Torres Strait Islander infants, children, young people and families will want to engage with an ACCO or ACCHO and a range of options for providing culturally responsive support should be explored.

There are significant benefits to working collaboratively with a caregiver's support network including family members, friends and professionals. Working from a strengths based perspective also supports meaningful engagement with people with mental health difficulties. Refer to the Strengths based practice Practice Paper for further information. Efforts to strengthen family support and connections are also an important focus for practitioners given the relationship between mental health difficulties and social isolation. For example, access to quality childcare is recognised as offering significant benefits including providing caregivers with respite and enriching children's social experiences and connections.
When working with families it is also important to ensure they have adequate supports for both managing any existing mental health difficulties and fostering overall wellbeing. For example, this could include support with skill development, stress management, etc. as well as addressing grief and loss issues where relevant.

It is further important to acknowledge the potential impact of DCP involvement on people's mental health. Whether or not they usually experience mental health difficulties, the presence of DCP in people's lives can generate or exacerbate feelings of fear, anxiety and distress. For example, fear of child removal might lead caregivers to minimise their mental health difficulties and/or overstate their capacity. These fears might be especially acute for people with a history of childhood trauma and Aboriginal and Torres Strait Islander peoples for whom the systemic removal of children has constituted widespread cultural and intergenerational trauma.

Refer to the Trauma lens Practice Paper for further information about trauma informed practice and healing from trauma.

6.1 Consultation for understanding mental health difficulties

Understanding how a caregiver's mental health impacts their ability to provide adequate care and protection for children and the parent–child relationship is a key priority for practitioners. Information about the nature of their diagnosis (if any), the severity and chronicity of symptoms and the presence of other risk factors, as well as the age and stage of children, provides a critical basis for assessment.

Consultation with relevant specialists, as outlined below, contributes to child-centred and culturally responsive practice:

- Consultation with a DCP Psychologist or other mental health professional can inform practitioners in their assessment, providing a clinical perspective about the needs of both adult caregivers and children and young people, and the potential implications for parenting.
- Establishing contact with a person's treating mental health professional (past or current), if they have one, is important, providing practitioners with the opportunity to seek specific and focused information. Given the mental health professional's likely focus on the adult (as their primary client), it is critical that

practitioners remain attuned to the impacts for children and young people. This means being clear about the role of that professional, the nature of their expertise and the scope of their work. Consultation with a DCP Psychologist or practice leader may support practitioners in understanding the implications of this information for risk and child safety.

- Consultation with a Principal Aboriginal Consultant can support practitioners in understanding a caregiver's mental health difficulties from a cultural perspective, within the context of social and emotional wellbeing.
- Consultation with the DCP Multicultural Services practice leader supports practitioners to consider how cultural identity, migration experiences, family roles, and community or spiritual connections influence wellbeing and the expression of distress. By drawing on culturally informed perspectives, practitioners can engage respectfully, recognise strengths, and provide more holistic and effective support to caregivers and their families.
- Consultation with a practice leader can support practitioners to explore the needs of and impacts for children and young people including for the purpose of informing case conceptualisation. Refer to section 8 of the Assessment Framework for further guidance.

Refer to the Practice and cultural consultation Practice Paper for further guidance.

Practitioners considering specialist mental health assessments for a child or young person should refer to the 'Seek an examination or assessment of the child or young person' section in Conduct the investigation: Engage with and assess the child or young person key step of the Intake, investigation and assessment chapter of the Manual Of Practice.

7. Trauma and mental health

The relationship between mental health difficulties and the experience of trauma is both complex and hard to disentangle. Taking a trauma-informed approach to practice, or applying a 'trauma lens', acknowledges the significant and wide-ranging impacts of trauma while recognising the ways in which systems and practices can exacerbate these. Refer to the Trauma Practice Paper for further guidance.

Trauma-informed principles emphasise the importance of practitioners focusing on the following elements in their engagement with adults, children and young people:

- Safety – paying attention to physical, cultural and emotional safety
- Trust – ensuring consistency of service, clarity of purpose and sensitivity to individual needs
- Choice – focusing on opportunities for choice and control
- Collaboration – striving to 'do with' rather than 'do to', for example, by sharing decision making
- Empowerment – demonstrating an enabling focus (for example, skill building)
- Respect for diversity – acknowledging diversity and demonstrating sensitivity in responding to this.

Refer to the Trauma lens Practice Paper for further guidance.
These principles highlight a strong working relationship as a critical prerequisite for exploring a person's experience of trauma. Refer to the Relationship based practice Practice Paper for further information. Responding to disclosures of trauma in a way that demonstrates compassion and sensitivity is equally critical.

7.1 Trauma and children and young people

The experience of trauma for children and young people is associated with a range of adverse outcomes. Although the impacts of trauma vary significantly between individuals, it is recognised that children aged 5 – 12 years are especially vulnerable to the negative effects of trauma.

Trauma responses among children and young people can include:

- behaviour changes (such as aggression, angry outbursts and non-compliance)
- emotional distress (including crying, self-blame, moodiness)
- intrusive thoughts and memories (including nightmares)
- avoidance (of school, of friends and family, of particular subjects)
- changes in arousal and reactivity (evident in irritability, hypervigilance, nervousness, trouble sleeping)
- changes in mood and thinking (for example, appearing flat, loss of interest in previously enjoyed activities)
- physical complaints (such as persistent headaches, stomach aches, skin rashes)
- changes in appetite
- anxiety about their own or other people's safety (for example, evident in increased clinginess).

Early intervention is critical when children and young people have experienced trauma, with referral for professional assessment and intervention a particular priority for ameliorating long-term negative impacts.

Treatment can help to relieve children and young people's immediate symptoms while supporting their overall flourishing and ensuring challenging behaviours do not become engrained.
Refer to the Trauma Practice Paper for further information.

References

Emerging Minds. (2022). *Trauma responses in children aged 5-12 years*. https://d2p3kdr0nr4o3z.cloudfront.net/content/uploads/2022/08/16141115/Tipsheet-Trauma-responses-in-children-aged-5-12-years-final-Aug-22.pdf

TIMHWB. (2021). *Fact Sheet: Social and emotional wellbeing*. Transforming Indigenous Mental Health and Wellbeing (TIMHWB). https://timhwb.org.au/wp-content/uploads/2021/04/SEWB-fact-sheet.pdf

SNAICC – National Voice for our Children. (2025). Aboriginal and Torres Strait Islander Child Placement Principle. https://www.snaicc.org.au/our-work/child-and-family-wellbeing/child-placement-principle/

Wraith, R. (2014). *Signs of possible trauma in children and adolescents*. Trauma & Grief Network. https://tgn.anu.edu.au/wp-content/uploads/2014/10/Signs-of-possible-trauma-in-children-and-adolescents_0.pdf.

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