HOW PSYCHIATRISTS/ PSYCHOLOGISTS MUST CONDUCT A PSYCHIATRIC ASSESSMENT FOR A FAMILY COURT (Note Para. 4.4.4. (iii). i.e. an assessment MUST be made of both parties.

Complaints regarding a psychiatrist's conduct in carrying out such assessments should be made to the Australian Health Practitioner's Registration Agency and should set out how the psychiatrist may have failed or incorrectly carried out these procedural requirements.

4.4.4 The framework used by an individual clinician will depend on his or her judgement about the best and most effective approach to take in each individual case. A useful guide to such a framework is as follows for a psychiatric evaluation which includes all parties:
(i) Unless very young, children should be seen individually, and adequate time should be allowed for careful assessment of their physical and psychological status. If they are able to verbalise a stated preference regarding custody and access this should be recorded. When a family comprises several children, they should be seen individually, then together, if appropriate.
(ii) The children should be observed in interaction with each applicant, where possible.
(iii) Psychiatric evaluation of each adult applicant to the proceedings is essential, even when actively resisted. The associated spouse or de facto of each new household should also be assessed whenever possible.
(iv) Conjoint assessment of the ex-marital pair and conjoint family assessment should be attempted if possible.
(v) Where the psychiatrist considers that the evaluation would be enhanced by an assessment by a psychologist or social worker, appropriate referral should be made, and these assessments should be included in the final report. Medico-legal issues

From the website below.
- **Ethical principles on medico-legal reports (ethical guideline 1, 2005)**
- **Conducting independent medical examinations and preparing reports (practice guideline 9, 2003)**
- **Independent medical examination and report preparation (ethical guideline 9, 2003)**
- **Certification of opinion according to non-clinical criteria (practice guideline 8, 2002)**
- **Family court proceedings (practice guideline 3, 1990)**

https://www.ranzcp.org/Publications/Statements-Guidelines.aspx

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Psychiatric Evaluations in the Family Courts

It has become a common practice for psychiatrists, forensic clinical psychologists, and others, including unqualified psychologists, Independent

Children's Lawyers, Family Report Writers etc, to attach mental health labels to individuals engaged in Family Court proceedings. Even psychiatrists involved in Family Law proceedings rarely spend more than an hour with those individuals and yet attach labels such as Borderline Personality Disorder (formerly titled feeble-minded), Delusory Disorder, Dissociative Disorders, Munchausen Syndrome By Proxy, Parental Alienation Syndrome (or its substance) etc and which have immense impact on the lives of the individuals concerned with social stigmas, and isolation and in Family Law cases, frequent loss of all contact with their children.

As can be seen below and in the attachments, a psychiatric evaluation is a very long and complex process which can take up to six months to complete. Therefore in any Family Court case the person who makes the assertion of mental illness should be challenged as to their authority to do so, and in the case of psychiatrists and forensic clinical psychologists who have such authority, should be asked why they have not adhered to the APA Practice Guidelines in these matters and therefore whether their evaluations and assertions constitute unprofessional conduct.

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HOW LONG SHOULD IT TAKE TO MAKE A PSYCHIATRIC DIAGNOSIS?.

AMERICAN PSYCHIATRIC ASSOOCIATION PRACTICE GUIDELINES

General Psychiatric Evaluation

A general psychiatric evaluation has as its central component an interview with the patient. The interview-based data are integrated with information that may be obtained through other components of the evaluation, such as a review of medical records, a physical examination, diagnostic tests, and history from collateral sources. A general evaluation usually is time intensive. The amount of time necessary generally depends on the complexity of the problem and the patient's ability and willingness to work cooperatively with the psychiatrist. Language competence needs to be assessed early in the evaluation so that the need for an interpreter can be determined. Several meetings with the patient, and in many cases appropriate family or relational network members, may be necessary. More focused evaluations of lesser scope may be appropriate when the psychiatrist is called on to address a specific, limited diagnostic or therapeutic issue.

The aims of a general psychiatric evaluation are:-

1) to establish whether a mental disorder or other condition requiring the attention of a psychiatrist is present;

2) to collect data sufficient to support differential diagnosis and a comprehensive clinical formulation;

3) to collaborate with the patient to develop an initial treatment plan that will foster treatment adherence, with particular consideration of any immediate interventions that may be needed to address the safety of the patient and others or, if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accordance with new perspectives gained from the evaluation; and

4) to identify longer-term issues (e.g., premorbid personality) that need to be considered in follow-up care.

In the course of any evaluation, it may be necessary to obtain history from other individuals (e.g., family or others with whom the patient resides;

individuals referring the patient for assessment, including other clinicians). Although the default position is to maintain confidentiality unless the patient gives consent to a specific intervention or communication, the psychiatrist is justified in attenuating confidentiality to the extent needed to address the safety of the patient and others (10, 11). In addition, the psychiatrist can elicit and listen to information provided by friends or family without disclosing information about the patient to the informant.

http://psychiatryonline.org/content.aspx?bookid=28§ionid=2021669

https://www.ranzcp.org/Publications/Statements-Guidelines.aspx