

Law and Severe Mental Illness in the Child-Removal Decision Making Process

When Child Protective Services becomes involved in a case in which either the parent and/or child may have psychiatric issues, how well trained and prepared are they to make informed, reasonable decisions about removal?

By **Christine M. Sarteschi and Daniel Pollack** | May 17, 2021 at 10:00 AM



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Many people have experienced some mental health problems in their lifetime. It can range from feeling slightly depressed to a more serious mental health condition or episode that requires medical treatment. Child mental illness can have an adverse impact on their parents' mental health, and psychiatric disorders in parents

can impinge on the mental health of their children. When Child Protective Services (CPS) becomes involved in a case in which either the parent and/or child may have psychiatric issues, how well trained and prepared are they to make informed, reasonable decisions about removal? Can CPS gain access to mental health records about the children and parents? What other legal implications are there?

This balancing act is evident in state statutes and policy manuals across the country. For instance, according to the [New Jersey Department of Children and Families Policy Manual](#), 5-10-20 [Removal of a Child], “N.J.S.A. 30:4C-1 declares it is the public policy of the state “that the preservation and strengthening of family life is a matter of public concern as being in the interests of the general welfare, but the health and safety of the child shall be the State’s paramount concern when making a decision on whether or not it is in the child’s best interest to preserve the family unit.”

California mother Liliana Carrillo recently admitted in a [lengthy and usually matter-of-fact interview](#) that she killed her three young children. She explained that she drowned them. She said she did it “[softly](#)” and was apologizing as she took their lives. [Official charges](#) indicate that a knife was used as a deadly and dangerous weapon in the killing of the youngest child.

She [explained](#) that she killed her children because she was protecting them from their father and her estranged ex-husband, who she came to believe was involved in sex trafficking. She believed that her children were actively being molested. Allowing them to continue to live meant that she was allowing them to be abused. As their mother and protector, that was something she was no longer willing to do.

[Additional facts about the case](#) include that she was in a custody battle with her ex at the time of the murders. After killing her children, she admitted to attempting to die by suicide but was unsuccessful. She had a history of suicidal ideation and depression. These worsened after the birth of her third child. She was in treatment for a short time but abruptly ended it and subsequently refused psychiatric medications. She began using marijuana instead.

As her condition worsened, her ex repeatedly [sought help from the courts, child welfare services, and the police](#). A physician, Dr. Miller, familiar with details of

the case, also pleaded for help. He explicitly told both the police and child welfare services that the [children were in danger and they should not be left alone with her](#). Dr. Miller even spoke to a social worker for hours, explaining his concerns -- all to no avail. The social worker did not believe the mother would harm the children.

On the morning of April 10, 2021, Carrillo sent an email, [100-pages in length](#), to a judge and to the media. It contained handwritten notes, images, text messages, medical records, and court records, much of which was [described as incoherent and meandering](#). She [wrote](#) that she was “removing myself and my children from this world because nothing will ever be the same. There’s no going back from here.”

Based on what we know thus far, this was a preventable tragedy. There were many indications that Carrillo was a danger to her children. Carrillo’s ex and Dr. Miller repeatedly warned officials, but their warnings went unheeded.

A major failing in the case may involve social workers and child protective workers who did not seem to recognize the signs of psychosis and the subsequent danger her delusion about sex trafficking evidently posed to the children. Social workers, child protective service workers and related social service professionals should receive training on the topic of filicide. Research indicates that the [United States has one of the highest rates of child murder, with the most common perpetrator being the parent](#). Maternal child homicide is most likely to occur when the [mother is under the age of 19, has an education of 12 years or less, is single or has little or no prenatal care](#). [Drowning is among the most common methods of killing along with battering, smothering and strangling](#).

According to [Resnick](#) (2016), there are five main categories of child homicides. Some kill when they are acutely psychotic and are experiencing command hallucinations. Others kill because their children are unwanted, or they died in the course of abuse. Revenge against one’s partner is another common reason. In the case of Liliana Carrillo, she most likely killed for altruistic reasons, also known as “altruistic” filicide. These cases often involve a parent who believes that their child is suffering from real or imagined circumstances.

Parents who kill for altruistic reasons are doing so as a way to protect the suffering of the child or children. [Laurel Michelle Schlemmer](#), a mother in Pennsylvania, drowned her three-year-old in a bathtub and tried to drown her six-year-old, in part because of her extreme anxiety and belief that her two youngest sons would face severe problems and would be better off in heaven.

A similar psychotic idea took hold of [Andrea Yates](#), a mother who drowned her five children. She became convinced that her children were faltering due to her poor mothering and that they would “burn in hell.” She viewed drowning them as the right thing to do because she was saving them from Satan. The essence of these delusions is the belief that the children needed to be killed in order to save them from something evil, bad or a life of suffering.

Ms. Carrillo experienced what appears to be a delusion that her children were being harmed by a sex trafficking ring at the hands of her ex. Thus far, there is no evidence that her ex had abused or mistreated his children, or is involved in sex trafficking. It appears as though Ms. Carrillo was psychotic at the time of these killings and had been for some time. Her use of marijuana could have exacerbated her symptoms. Had the social workers had knowledge of what might have caused a parent to kill their children, or how to recognize the dangers of untreated psychosis, perhaps they would have heeded the dire warnings from the people who had intimate knowledge of her behavior.

Knowledge is power, and in these cases, specific knowledge about filicide could have saved the lives of innocent children.

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