Child mental health: learning from case reviews

Summary of risk factors and learning for improved practice for professionals working with children struggling with their mental health

May 2023

Introduction

It's important to think about the potential implications for child protection and safeguarding when working with children struggling with their mental health.

Published case reviews highlight the detrimental impact adverse experiences, such as abuse or neglect, can have on a child's mental health. They also demonstrate how mental health problems can lead to safeguarding concerns. For example, in some case reviews a child's mental health problems led to self-harm or situations which put themselves or others at risk of harm.

This briefing is based on learning from a sample of case reviews involving children with a wide range of different mental health problems; from diagnosed or undiagnosed mental health conditions, to wider concerns related to mental and emotional wellbeing.

Reasons case reviews were commissioned

This briefing is based on case reviews published between 2021 and 2022. In these case reviews, children died or suffered serious harm as a result of:

- suicide
- self-harm
- neglect
- sexual abuse or sexual exploitation
- physical abuse
- criminal exploitation
- murder.

Key issues

Case reviews highlighted examples of good practice, including persistent efforts by individual practitioners to engage with and support young people struggling with their mental health. Reviews also highlighted issues for learning.

Listening to children

Professionals didn't always talk directly to children about their mental health or explore how it might impact their everyday life.

- In some circumstances, professionals accepted young people's verbal assertions that everything was fine, without considering signs to the contrary.
- Professionals didn't always consider the barriers children faced in talking about their mental health, including: not having the vocabulary or understanding to talk about what they were experiencing, not wanting to worry their families,

social stigma, or a belief that nobody would understand or take their problems seriously.

- Professionals didn't always explore the reasons behind a child's behaviour. This led to the professional response addressing the behaviour, rather than the underlying mental health concerns.
- Professionals sometimes accepted information provided or decisions made by parents about their child's mental health without question, and without talking to the child directly.
- Professionals didn't always have the knowledge or skills to identify, explore or respond to the mental health problems experienced by d/Deaf or disabled children.
- One case review described a child's repeated disclosures of abuse being ignored due to a belief that the disclosures were a manifestation of their mental health condition.
- Young people's talk about low mood, self-harming behaviour or suicide ideation was sometimes dismissed as 'typical' teenage behaviour.
- Professionals sometimes worried that talking about a problem could make the situation worse. This was particularly true in cases involving self-harm or suicidal thoughts. By not discussing concerns, some young people were left feeling that no one noticed or cared about what was happening to them and were not given the encouragement they needed to seek and engage with support.

Learning about death by suicide is explored further in the NSPCC Learning briefing **Suicide: learning from case reviews**.
<https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/suicide>

Engaging with children

Professionals sometimes found it hard, or felt unable, to engage with young people who were struggling with their mental health.

- Mental health support was sometimes withdrawn if a child wasn't brought to appointments or seemed reluctant to engage with services. Efforts to engage with the child weren't always renewed as their situation or needs changed.
- Mental health workers sometimes felt unable to work with a child whilst a criminal investigation was ongoing. There was a lack of clarity around what support a child could receive before a verdict had been made.
- In some case reviews, a child's deteriorating mental health made it increasingly challenging for them to attend school. This led to some children being educated at home. This decision wasn't always based on a proper assessment of the child's needs or the parent's ability to meet those needs.
- There was sometimes confusion about when a young person aged 16 years or over had the legal capacity to make decisions around their own mental health care under the Mental Capacity Act.
- Services didn't always consider or address the reasons behind a young person's reluctance to interact with services. In some cases, young people had a history of negative interactions with services, or deep-rooted problems with trust and relationships which were never addressed.

Taking a child centred approach

The professional response sometimes reflected the needs of the service, rather than those of the child.

- Concerns about the emotional demands of therapy meant specialist mental health services were sometimes reluctant to begin work with a child whilst they were living in an unstable environment. This meant interventions were sometimes postponed indefinitely.
- Transitions between children's and adults' mental health services were sometimes determined by the chronological age of the child, rather than the child's level of emotional or psychological development. This sometimes led to an inappropriate drop-off in support.

- Restrictive measures were sometimes put in place to protect a child from harm. Although these measures were sometimes required during times of crisis, on other occasions they were inappropriately used to address ongoing concerns.

Seeing the big picture

Professionals didn't always consider how children's experiences might affect their mental health, or vice versa.

- Professionals didn't always recognise the potential impact of traumatic events or significant life changes on a child's mental health. This meant that timely support wasn't always identified or available.
- Times of mental health crisis were sometimes treated in isolation; without addressing the complex issues and ongoing concerns involved.
- Professionals weren't always aware, or didn't consider the impact, of a child's online life on their mental health and wellbeing. Children sometimes disclosed worries about their mental health or sought out information on suicide or self-harm online without the knowledge of the adults in their lives.
- Children's mental health problems can heighten vulnerability to abuse, exploitation or bullying. A focus on mental health concerns sometimes overshadowed safeguarding concerns.

Working with parents and carers

Parents didn't always feel equipped or supported to meet their child's complex needs.

- Parents spoke of feeling like they had 'failed' their child, whilst others felt blamed by professionals.
- Practitioners sometimes overestimated the capability of parents to support and protect their child. This meant that parents didn't always have the skills and

weren't always provided with the information they needed to properly support their child at home.
- Kinship carers didn't receive the same training and support as foster carers to prepare them for caring for children who had experienced trauma.

Assessing and managing risk

Assessments didn't always consider the full range of issues a child faced.

- Mental health assessments didn't always consider how the child's mental health was affected by other factors in their life, such as substance misuse or social isolation.
- Different agencies used different vocabulary, systems, measures and scales to describe and assess levels of risk. Assessments of risk, and the rationale behind them, weren't always easy for people who did not work within those specific disciplines to understand.
- In some specialist mental health settings, repeated exposure to children's self-harming led to the behaviour becoming normalised. This resulted in an underestimation of the level of risk the behaviour posed to the child.
- Evaluations of risk sometimes relied too heavily on the child's own accounts of their thoughts, feelings and actions; rather than drawing additional insight from the people around them.
- Assessments weren't always revised in response to changes in the child's situation.
- Assessments sometimes focused on strengths, without fully considering risks. For example, in one case review the fact that the parents were committed to keeping their child safe was understood as a strength, but the difficulties they faced in achieving this goal were not recognised as a risk factor.
- Sometimes safeguarding assessments overlooked the potential risk of harm a child might pose to themselves.

Interagency working and information sharing

Concerns were sometimes raised about how professionals worked together.

- Some children's needs were very complex and involved work from a wide variety of different professionals. There was often a lack of coordinated response.
- Professionals sometimes focused on getting the child support from mental health services. This was sometimes at the cost of identifying other, more readily available, sources of support.
- Mental health professionals weren't always kept informed of changes in the child's life, or appropriately involved in child protection processes.
- Child and adolescent mental health services (CAMHS) practitioners didn't always communicate risks posed by a child's mental health problems clearly to colleagues in other agencies. The language used wasn't always easy for people to understand who did not work in the health sector.
- Other professionals weren't always notified when CAMHS involvement ended, and weren't always updated on the outcomes of interventions.
- There were issues around record keeping practices including: absent, poor quality or seriously belated records; and failure to make notes accessible between services.

Making referrals and accessing specialist child mental health support

A number of case reviews raised issues around the availability of suitable support for children with mental health concerns, linked to a lack of funding and resources.

- There were sometimes significant delays before professionals referring concerns to CAMHS received any response. In some cases, services had to make multiple referrals before receiving a response.

- Practitioners sometimes felt falsely reassured that, once a referral had been made, a child would receive the help they needed. This sometimes meant that children were left unsupported.
- A focus on commissioning specialist mental health services sometimes limited funding available for early intervention services to support young people before their mental health problems became entrenched and severe.
- There was a lack of suitable residential options for children with severe mental health problems. This led to children being held in inappropriate settings, including police stations or psychiatric hospitals a long way from home.

Learning for improving practice

Listening to, and collaborating with, children

Talk directly to children about how they are feeling, listen to what they say and, where appropriate, act on their wishes.

- It's important to create an environment in which children feel able to talk about their mental health. Schools have a key role to play in raising awareness and opening conversations around mental health and wellbeing.
- Mental health practitioners should help the children they work with understand their mental health conditions, to reduce stigma and enable them to recognise their personal triggers.
- Children's views about the support they need or receive should be understood, considered and, where appropriate, acted upon.
- If it's not possible to safely act on a child's wishes, it's important to explain why.
- An advocate can help children get their views, wishes and feelings across.

Engaging children

Ongoing efforts should be made to engage with children in need of support.

- Professionals should consider how children's mental health and wellbeing might impact on their ability to engage with services; and put in place measures to address any barriers.
- If children's current circumstances make it difficult for them to engage in an intensive therapeutic intervention, or if there is a waiting list to access services, thought should be given as to what other support can be provided.
- Disengaging from services should be recognised as an indicator of heightened risk and receive a safeguarding response.
- Children should be offered ongoing opportunities to access the help they need.

Taking a child centred approach

Professional responses should be focused on the individual needs of the child.

- Transition arrangements between children's and adults' mental health services should be developmentally appropriate and take account of a range of factors including cognitive maturity.
- Providing young people with appropriate treatment requires understanding of their capacity, insight and competency to make sense of their own mental health. Mental Capacity assessments are time specific and should be revisited as the child's circumstances change.

Working with parents and carers

Parents and carers should be supported to provide their child with the care they need around their mental health issues.

- Mental health professionals should help parents to understand their child's mental health condition. This can help parents better understand their child's behaviour; and stop them from blaming their child or themselves. Support should include information on how to respond to concerns, and sources of help.
- Professionals should make sure they have a realistic understanding of parents' capacity to support the mental health needs of their child. They should identify ways to support the family as well as the child.
- Training, advice, or opportunities for buddying and peer support can all help parents provide their child with the care they need.
- When identifying suitable placements for children in care, careful consideration should be given to their mental health needs. Carers should have a clear understanding of the child's lived experience and mental health.

Seeing the whole picture

It's important to understand the lived experience of children with mental health concerns.

- Professionals should have a shared understanding of the child's lived experience and use this information to inform the support they receive.
- It's important to consider the potential impact of children's mental health problems in the context of the wider family, including siblings.
- Frontline practitioners should have regular reflective supervision meetings, to help them take a wider view of children's needs and amplify the child's voice.

Assessments

Assessments should consider the full range of factors influencing children's wellbeing.

- Assessments should consider how other risk factors, such as adverse childhood experiences including exposure to domestic abuse and substance misuse, interplay with children's mental health concerns.
- Mental health assessments and diagnoses should be collaborative and draw upon family history and considering social, cultural, and biological factors.
- Risk assessments should be transparent and articulate risk in a way that can be understood by practitioners in other settings. Professionals should be able to explain the findings to children and parents.

Working together and sharing information

Agencies need to work together to achieve the best possible outcomes for the child.

- Agencies need to work together to meet all the child's needs. This includes ensuring that children who do not meet CAMHS thresholds, or are on a waiting list to access services, receive alternative support.
- It can be helpful to appoint a lead professional to coordinate the response and act as a point of contact for agencies, parents and the children themselves.
- All agencies working with a child should be involved in any multiagency safeguarding activities. This should include specialist mental health services.
- Specialist mental health services should share information with other agencies about how to support the child and how to identify and respond to any signs of relapse or deterioration in their condition.
- All professionals working with children should have training in mental health 'first aid'. They should also be aware, and able to apply the principles, of 'trauma informed practice'.
- Risk minimisation plans can help distribute roles and responsibilities, so mental health services can focus on treating the child's mental illness, while children's services help the family to keep the child safe.
- Professionals should be made aware of, and consider, local early help services available for children with mental health issues.

- There should be a thorough, multi-disciplinary process for planning the long-term care of children (especially looked after children) who are about to be discharged from in-patient care. Discharge from an in-patient environment should not happen without making sure that a risk management and care plan is in place.

Further reading and resources

A **list of the case reviews** analysed for this briefing is available on the NSPCC Library Catalogue.
<http://library.nspcc.org.uk/HeritageScripts/Hapi.dll/retrieve2?SetID=BC1402D0-C119-4D27-B3CA-9341A80DCE14&DataSetName=LIVEDATA>

You can also visit the **national case review repository** to search the most comprehensive collection of case reviews in the UK.
<nspcc.org.uk/repository>

You can find out more on **learning from case reviews** on a range of related issues by browsing our full suite of briefings.
<learning.nspcc.org.uk/case-reviews/learning-from-case-review-briefings>

+ More ways to help you protect children

Take our mental health and wellbeing safeguarding course

learning.nspcc.org.uk/training/mental-health-emotional-wellbeing-safeguarding-education

Sign up to our weekly current awareness email newsletter

nspcc.org.uk/caspar

Visit **NSPCC Learning** for more information and resources about child mental health

learning.nspcc.org.uk/child-health-development/child-mental-health