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Social Work Contribution to the Multidisciplinary Team in Preventative Approaches for Children and Young People at Risk of Mental Health Issues: Evidence from Practice

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Introduction

This report provides the analysis of work carried out with practitioners in relation to the social work contribution to examining preventative approaches for children and young people at risk of mental health issues. This report aims to complement the work don on gathering evidence from published research and from applicable improvement approaches and knowledge. This practitioner engagement took the form of:

- A focus group with:
    - The Child Protection Coordinator, East Dunbartonshire Council
    - A Social Worker, East Dunbartonshire Council
    - A Senior Practitioner, East Dunbartonshire Council
    - The Depute Manager, Fearndale Children's Residential Service, East Dunbartonshire
    - A teacher from Lenzie Academy
- Three interviews with:
    - The Police Local Authority Liaison Officer
    - A Consultant Child Psychotherapist
    - A third sector partner

Key messages

The multi-agency team often struggles to:

- Identify the best approach for children and young people who are presenting indications of mental health problems
- Provide evidence that the child or young person meets CAMHS criteria

The multi-disciplinary team can be supported to develop preventative approaches for children and young people at risk of mental health issues by:

- Recognising the increasingly complex cases that they are working with
- Continue to develop multi-disciplinary engagement in case conferences
- Developing a better understanding of each other's roles
- Having more knowledge about
    - What works
    - Systems and processes across the sectors
- Multi-disciplinary training on preventative approaches for children and young people at risk of mental health issues – followed up and supported by:
    - Supervisions
    - Time to reflect on practice

The Issue

Three case scenarios, outlined below, were described in the focus group, which provided a description of the issue that the multi-disciplinary team in East Dunbartonshire want to address.

Case A demonstrates:

- The importance schools in working with children and young people who are presenting indications of mental health problems
- The importance of social workers working with schools staff in working with children and young people who are presenting indications of mental health problems
- The time consuming nature of working with children and young people who are presenting indications of mental health problems
- The need to develop flexible and innovative approaches in children and young people who are presenting indications of mental health problems
- The challenges for non-mental health professionals in working children and young people who are presenting indications of mental health problems

Case A scenario

In one case – a 12 year old girl – the Social Worker has worked closely with school staff. This has involved lots of hours, with the Social Worker going into the school every day. She presents as selectively mute when she's challenged. Her mother is also selectively mute, and has borderline personality disorder. We think that the girl could be learning her behaviour from her mum. We worry that the girl is becoming dependent on us as a means of avoiding class. We've discussed this a lot, which is really difficult because we don't have a lot of time, so we've increased the number of staff working with the girl – the school nurse. We need to empower teachers to work with her e.g. by giving her wee jobs to do, like helping with stapling. We [teachers] need to be creative, flexible to get

her into school, for example, her job is to make my cup of coffee every morning. But school systems don't help us to be flexible. There's no mental health worker for the girl, and we've no expert contact to ask – mental health and CAMHS staff are very thin on the ground.

Case B demonstrates:

- The challenges in gaining access to – and securing access to – psychiatric help.
- The complex family issues involved in working with children and young people with mental health problems.
- The importance of providing the child or young person with a trusted, stable and secure relationship with an adult.

Case B scenario

We have a young woman who's been in and out of residential care – she has a range of problems: autism spectrum disorder, Asperger's, OCD, anxiety, self-harm … She came to our attention in her teens. It worked well with the psychiatrist. Her mum advocated for her, sought support, but the young woman wanted to be away from her mum so she absconded from hospital when her mum came to visit. Because she'd absconded, she was discharged from hospital, and sent instead to the residential children's unit. She's been doing well now for about a year – but now her key worker has moved on, and that's she her back. Developing relationships is so important – but the nature of the job means that folk move on.

Case C demonstrates:

- The challenges in supporting young people with mental health problems in the transition to adult services.
- The negative impacts of the myriad challenges for non-mental health professionals in working with children and young people who are presenting indications of mental health problems.

Case C scenario

We [residential unit] also had a girl who had so many mental health problems, including mental capacity issues, so we wanted to get a Guardianship Order[1]. She affected the other kids in the unit, so I got in touch with the Mental Welfare Commission and a psychiatrist, but I couldn't get it in writing from them that she needed a Guardianship Order[1]. There was a real resources issue – it cost so much to keep her safe. There's a battle about whether she meets the criteria for adult services, and she needs a diagnosis to get access to mental health services. I feel very disheartened about it now, I've really struggled with it – and I'm experienced.

I [Senior Practitioner] didn't feel supported by management – they're not up to speed with adult mental health legislation and process – I just had to find out about what to do about mental incapacity. We're not health professionals, but we could see an emerging personality disorder – we just can't access the services for her.

All three cases demonstrate the complexity of the cases that staff – who are not mental health staff – are increasingly working with.

Improvement

Referral to Social Work

East Dunbartonshire Social Work Department has recently "overhauled" its admissions process. The Police Officer noted the importance of sharing information across the police and social work:

- There's an unwritten rule that if a child or young person offends then it's robustly policed – we actively seek information from social work, and we [police] disclose all our information to them.

[1] http://www.publicguardian-scotland.gov.uk/guardianship-orders

The Police Officer also noted that his police colleagues are often “frustrated” at the apparent slowness of the social work response – despite his work to try to explain the social work process:

- We [police] get frustrated operationally – we do our bit and pass it over to other agencies, and it can be very slow. Police work quickly, and we want quicker solutions for these young people. Strategically we’re aware that systems and protocols are in place, and that they’re focused on the individual, but we’re frustrated that they take so long – maybe we don’t know how long these things take. I explain to the officers how things work [in my role as local authority liaison officer] – maybe a flow chart to show what happens when the police hand over a case would help.

- We [police] have a mother and son with various mental health issues. Their neighbour calls maybe a dozen times a month about disturbances, and wants an anti-social behaviour order on them. But it’s all about mental health issues, so we’re working with social work on it – but it’s very slow.

The Police Officer welcomed the inclusion of the police at case conferences, and stressed the importance of the relevant police officer attending, rather than simply reading the report:

- If a youth offends we discuss it at the hub and refer to the relevant social services department. We’ve [police] made 3 referrals in the last 3 months – that’s normal. Then there’s a case review – I get the reporting officer to go to the case conference rather than just reading the report. It works well locally.

The focus group noted that the multi-disciplinary team at the case conference “often struggles to identify the best approach” for children and young people who are presenting indications of mental health problems.

- Once they are referred, a case conference is set up to plan the best approach for working with the young person. The team often struggles to identify the best approach: the young people are usually already involved in several pro-social activities, so it's clear that this has not protected them from the impact of their parent's mental health problems.

Child and Adolescent Mental Health Services (CAMHS)

Initial discussions in planning the research stressed that the multi-disciplinary team struggles to secure CAMHS support for the young person. There is a clearly documented analysis of the gap between need for CAMHS and the provision of CAMHS nationally. Discussions in East Dunbartonshire noted that access to CAMHS – in particular for children and young people who are not presenting acute mental ill-health – may be because:

- Their mental health symptoms are too vague and dispersed to meet the criteria for CAMHS.
- CAMHS may ask for the child or young person to be removed from the parent with mental health problems (or vice versa) to provide the child with some stability before CAMHS intervenes.
    - However, there are not always established grounds for referral to the Children's Report to seek a statutory Order.
    - The team consider that – depending on the case – removing the child from the home could be just as harmful to their mental health.

- We can get the multi-disciplinary team working together – but the system makes it difficult: it's all about resources and there are

inflexible criteria for access to mental health services. That means that we can't do the preventative work.

Interviewees also noted the challenges in providing evidence that the child or young person meets CAMHS criteria:

- Part of the issue is that CAMHS won't work with the child because she's still living at home, which is the problem.
- There was a case when a child was selectively ejected from the family – the whole family was emotionally abusing the child. Social work and the school raised concerns, saying that it merited mental health assessment and intervention. They didn't provide us with enough evidence, so social work and education complained, so [consultant child psychotherapist] was sent in and the child eventually got to CAMHS.
- CAMHS asks what's wrong – that's not the right question. They look for a diagnosis without taking the context into account. They look for evidence for a diagnosis, but often there's very little evidence – and part of the issue is what counts as evidence.

A key challenge in working with children and young people who are presenting indications of mental health problems is that the multi-disciplinary team needs to prevent that escalation into acute ill mental-ill health – which qualifies for CAMHS intervention.

Schools

The focus group noted the importance schools in working with children and young people who are presenting indications of mental health problems:

- There are cases where school staff – without specialist skills in mental health interventions – who have worked closely with young people, in an unstructured way, may have been just as beneficial for young person as e.g. a specialist CAHMS intervention.

It also stressed the importance of support from other professional groups for school staff in this work:

- If we [school] have a mental health issue e.g. self-harming, then we go to the residential unit to find out how to deal with it.
- A lot of our [teachers] learning comes through being involved in social work case reviews – but it difficult to get the time to attend these.

The teacher, however, noted that there are challenges for teachers in engaging with social work processes – notably time, and limited understanding of processes, concepts and professional jargon:

- My [teacher's] understanding of social work paperwork is limited – so I need to google to find out.

Multi-disciplinary working

The focus group and interviews indicate that the multi-disciplinary team could work better – notably by developing "good professional communication", involving health more, and by developing a strategic approach to multi-disciplinary work:

- There was no consistency with meetings/case conferences about the young woman – different staff came each time. Good professional communication is the key.
- Could health work with schools to work with kids living with parents with mental health issues to free health up for the higher tariff cases?
- Strategically it might work to set up multi-disciplinary sub-groups to focus on specific issues, and get people working together on these.

One interviewee considered that multi-disciplinary working would be enhanced if staff had a better understanding of each other's roles:

- It would help if officers on the beat had a better understanding of what social work and mental health professionals do – an awareness of each other's roles.

The focus group and an interviewee noted that the role of a social worker in preventative mental health work was unclear:

- What is the role of the Social Worker/Social Care Worker? – the published evidence is weak on this
- Social workers are losing their confidence because they're trying to be quasi-psychologists. They need to be enabled to not simply look for quick fixes. They're missing what they're good at, which is developing and managing relationships with their clients – it's a role definition issue. It's about reclaiming social work.

Working well in East Dunbartonshire

Despite the challenges, the focus group and interviewees generally considered that it's working well in East Dunbartonshire:

- *East Dunbartonshire is a small local authority, so if there are issues of concern they can be very responsive.*
- *It's a small staff group, so communication is easier – but it more than communication, they actually know the families.*
- *It's a small local authority, so we [police] have a good working relationship with social work and mental health – mainly in relation to adults.*
- *I've [consultant child psychotherapist] been impressed with how people work together in East Dunbartonshire – the established practice is good.*

Knowledge into practice support

The need to have more knowledge

The focus group and interviews show that – in working with working with children and young people who are presenting indications of mental health

problems – the multi-disciplinary team needs to have more knowledge – notably in relation to what "works best", and accessing resources:

- Staff in the team have the skills set/s to deliver mental health interventions e.g. self-esteem groups; however they don't have the knowledge of what interventions work best.
- We've created our own little resource library [in the residential unit] – CAMHS come in and we steal their approaches.
- Charities and trusts can help us to access resources – the Moira Anderson Foundation[2], the Interventions for Vulnerable Youth (IVY) project[3] - but there's no directory of resources for therapeutic interventions.

There's also a need for more knowledge of systems and processes across the sectors:

- I've been in this job for 11 years, so I have a good knowledge of systems and processes – you need nouce and persistence. It's all about communication.

The focus group also noted a lack of research evidence about the impacts of living with a mother with a personality disorder on children and young people:

- I've never seen any positive outcomes for a child or young person with a mother with a personality disorder [all agreed] – there are no protective factors, only vulnerability factors – and early intervention is not happening. There's very little published evidence about this.

An interviewee commented that more knowledge could enhance staff confidence:

[2] http://www.moiraanderson.org/home
[3] http://www.cycj.org.uk/about-us/what-we-offer/interventions-for-vulnerable-youth-ivy-project/

- It's about our confidence as workers. A better understanding of the research evidence would help – especially for insight into brain development.

Training

The focus group and interviews all stressed the need for training to support the multi-disciplinary team in working with children and young people who are presenting indications of mental health problems – and there is an optimism that the development of Integrated Joint Boards and Health and Social Care Partnerships will make training more available:

- We [residential manager] try to bridge the gap [when staff move on] with training. We used to use the free courses at CELCIS[4], but now they charge. We've developed an in-house behaviour management course, which focuses on relationship building. We also do multi-disciplinary training.
- We're trying to train the trainers and cascade learning to equip ourselves with knowledge.
- It looks like there's more training coming through just now because of the new health and social care partnership. Hopefully it'll help us to hook in with other agencies – the issues all dovetail: autism, ADHD, domestic abuse, child sexual exploitation.

The following were mentioned as being particularly helpful for the multi-disciplinary team:

- The multi-disciplinary training on the Named Persons was really helpful for understanding how different practitioners view risk.
- The Community Learning Development programme of learning lunches open to all partners is a good system.

[4] https://www.celcis.org/training-and-events/

Some people engaged in the research expressed a reservation that training is not the single answer:

- We've done a lot through networking, and that can be better than formal courses.
- How do you prepare someone [a teacher] for working with a self-harming selective mute? Training couldn't do that – it's all about developing strategies through trial and error.

The focus group considered shadowing:

- We've thought about school staff shadowing social work staff, but there are confidentiality issues.
- We do get less experienced social workers to shadow more experienced ones.

One interviewee stressed that it was important that training was supported by supervision to ensure improved and safe practice:

- But training without supervision and consultation to practice doesn't work.

Reflection

The focus group considered that it would be helpful to have more time to reflect on practice as a multi-disciplinary team:

- We should have [non-compulsory] reflective meetings.
- We need to feel safe with each other to challenge each other as practitioners, to develop reflective practice. We need to trust each other

An interviewee offered access to reflective forums:

- The West of Scotland Child Protection Managed Clinical Network sometimes run Joint Thinking Forums which are a form of consultation

to practice, and are designed to provide a space with freedom to think. These sessions are run by [a Consultant Clinical Psychotherapist] with a Systemic Family Therapist or a Systemic Practitioner.

Tools to support practice

One interviewee pointed to the potential usefulness of the implementation of shared assessment tool across the multi-disciplinary team:

- The West of Scotland Child Protection Managed Clinical Network has developed an Emotional Abuse Assessment Framework, and practice guidance. They also provide training. This would be really helpful for social work and school staff.

The focus group and an interviewee commented that in developing a preventative approach to mental ill-health in children and young people, it would help to provide children and young people themselves with more information and understanding of mental health issues:

- Kids know how to keep quiet about issues at home – it would help to provide information for kids about living with parents with mental health issues.
- We need to get health professionals into schools to talk to the children and young people about living with parents with mental health issues.