Doncaster Safeguarding Children Board

Working to make our children's lives safer

Learning from the Multi-Agency Audit – Children's Mental Health

Why….

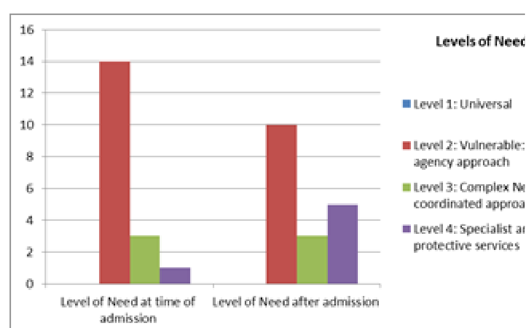
Performance data evidenced an increase in the number of children and young people who have been admitted to acute wards via A&E due to attempted suicide. We wanted to undertake a review of these children and young people to inform how we undertake preventative work.

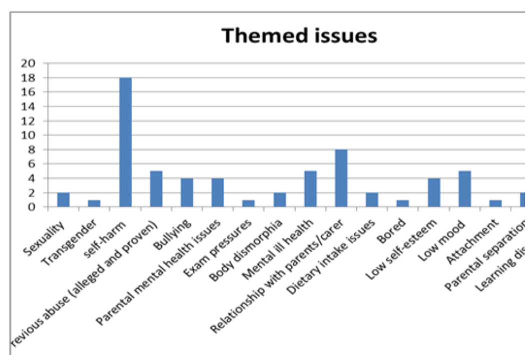
What……

The aim of this audit was to undertake a 'deep dive' into the thresholds, services and support to 18 individual young people who were admitted to an acute ward due to attempting to take their own life.

Who was involved in the audit….

Doncaster Children's Services Trust, South Yorkshire Police, Doncaster Clinical Commissioning Group, Doncaster Bassetlaw Hospital Foundation Trust, Education providers, Doncaster Metropolitan Borough Council, GPs, RDASH, practitioners and





What was working well and what were we worried about……..

- In some cases the young people we looked at would have been more accurately described as having self-harmed; however, 13 out of the 18 young people had made a serious attempt to end their life.
- The majority were seen by a mental health practitioner within 24 hours with follow up meetings evidenced.
- The response by DBHFT was appropriate and timely in all cases.
- Effective multi-agency working did not take place for most young people. Children's mental health was seen in isolation of their other needs and there was evidence that once referred to CAMHS it was left for CAMHS to manage.
- CAMHS assessments were based on the medical and current needs and were not holistic. CAMHS practitioners are treating the symptoms and responding to crisis management (self-reported) and not focussing on the root cause, to which a multi-agency response is needed.
- Only 3 young people had an enduring mental health diagnosis. The remaining young people had other issues relating to parenting capacity, family and environmental issues. All young people had been self-harming for a while.
- Interventions for children/young people who are experiencing mental health difficulties need to start at a much earlier point to ensure that children and young people are supported as soon as problems arise to prevent more serious problems developing.
- The audit evidenced that children/young people in a T4 service require a children and families assessment at an earlier stage, ideally at the point of referral and not at the point of discharge.
- Evidence of support and challenge offered to parents/carers to support good mental health for their children was lacking.

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Recommendations

What needs to happen..........

A whole child and whole family approach for children/young people who are experiencing poor mental health. At the earliest opportunity an Early Help Assessment should be completed and supported by a multi-agency Team around the Child/Family.

Develop a joint protocol to ensure that children accessing T4 services receive a timely multi-agency assessment (before a discharge meeting), which is implemented and embedded in practice.

There needs to be a co-ordinated approach to self-harm providing children/young people support in the community.

There needs to be improved attendance at team around the child/family meetings by CAMHS practitioners.

There needs to be improved attendance at discharge planning meetings by social workers.

More evidenced-based support and challenge to parents/carers to promote good mental health in children.

More involvement with adult mental health services to support families where there are known parental mental health issues, as there is a strong link with parental mental health and children's mental health. All agencies need to increase the use of goal setting and standardised measures to evidence impact and progression.

Good practice tips............

At the earliest point complete an Early Help Assessment in order to gain a full understanding of the child/young person's world.

Seeing the child/young person on their own without parents is good practice and will enable the child/ young person to speak freely.

Use your electronic systems well to evidence the work undertaken. Use titles, types and subject areas to ensure the information flows and can be found.

Ensure supervision and conversations around the case are evidenced on your electronic case management systems.

Be clear where your source of information has come from record the person's title and agency.

Ensure you gather information for your assessments from the all appropriate health teams.

"Professionals told me I needed to go to A&E if I felt really bad. I have to ride my panic attacks out and talk to people when I felt like self-harming (I don't self harm now)" (Child F, aged 13).

Next Steps............

DSCB Quality and Performance Sub-group to monitor the action plan to ensure actions are completed and impact is evidenced.
DSCB receives regular updates around progress and impact of the Local Transformation Plan.