Welcome

Learning from Serious Case Reviews - Mental Health
Contributors

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* *Oxford Health NHS Foundation Trust
Oxfordshire Safeguarding
Children Board

Maggie Blyth -
OSCB Independent Chair
What is the Safeguarding Children Board?

- **Created by:** Children Act 2004
- **A formal board** (network) of organisations
- **Members:** police, social care, education, NHS, probation, district councils...
- **Includes:** lay members and community representation

**Aim:** to improve how local organisations work together to ensure children stay safe
Who is part of the Oxfordshire Safeguarding Children Board?

What is the OSCB?

Please visit our website: www.oscb.org.uk...
What is the role of the OSCB?

- Safeguarding & Child Protection Procedures
  (available on the OSCB website: www.oscb.org.uk)
- Multi-Agency training
- Quality Assurance: checking and scrutinising
- Communicating & raising awareness
- Serious Case Reviews
The executive group

Child Death Overview (CDOP)
Review of cases (CRAG)
Quality assurance & audit

Training

Multi agency working
- CSE
- Procedures
- Disabled children

Health & wellbeing Board
Children’s Trust
MAPPA
Community Safety Partnerships
OSAB
Domestic Abuse

Comms
- Area groups
- Education
- Health

Children in Care Council
Oxfordshire Youth Parliament
Sounding Boards
Safeguarding forum

Chief Executive of the County Council

Oxfordshire Safeguarding Children Board
LSCBs are responsible for commissioning a serious case review (SCR) when there has been a death or serious injury to a child/children.

A panel decides whether an SCR should be undertaken. Each agency involved is required to provide a report detailing their involvement with the child/young person or parents.

An independent author produces an overview from all these reports, highlighting learning points and making recommendations for the agencies.
Meeting Chair: Dr Nick Hindley
Aims of Today’s Event

* To provide an overview of issues in relation to mental health arising from SCRs
* To provide a practical overview of local mental health services for children and adults
* To show examples of mental health practice between agencies
* To identify potential difficulties for other agencies in relation to mental health and safeguarding practice and highlight how these may be overcome
* To allow those attending to consider practice-based examples
* To encourage feedback about what mental health services might do better
Understanding the Child or Young Person’s Perspective

Young People’s Experiences of Mental Health and Self-Harm

https://www.youtube.com/watch?v=vzmfdECUvxM

https://www.youtube.com/watch?v=0h2gPiKWiTY
Mental Health and Safeguarding 2

Local and National Lessons From SCR’s and Elsewhere

Hannah Farncombe and Dr Nick Hindley
Mental Health has been a factor in a number of serious case reviews in Oxfordshire and nationally, both within children and parents/carers.

Local serious case reviews and audits featuring mental health:

- Domestic Homicide Review
- Unpublished Serious Case Review
- Child R Partnership Review
- Mental Health Multi-Agency Audit
Local SCR Findings

Include:

• Professionals not recognising the impact on the child
• Lack of early help for the child
• Professional assumption that care automatically protects children
• Thresholds acting as barriers to support
• Professionals not responding to disclosures/needs
• Over optimism
Local SCR Findings (cont’d)

And:

- Lack of available support for ‘chaotic’ children
- Listening to the child
- Recording and sharing information
- Not knowing how to manage self-harm and suicidal behaviours
National Findings from SCRs

Include:

• 2007-2009 Biennial Review of SCRs
  27% parents with MH problems
  6% children with MH problems
• timely and thorough assessments needed
• alertness to changes in risk and need
• good communication with, and involvement of parents, in the treatment and support of vulnerable young people
• parents with delusional disorders involving their own or other children must have consultant psychiatrist input
Parents with mental health difficulties:

- Proportion of adult community and inpatients who are parents? 20-50% community; 25% of inpatients
- Proportion of parents in contact with children’s social care with mental disorder/substance misuse? 13%/20% but higher in child protection cases.
- CAMHS parents with mental illness? 30%; 1/3 of children referred have parent with mental disorder
- Significance of mental disorder/substance misuse in SCRs and follow-up studies? 35% (25% perpetrators, 10% partners of perpetrators)

Children:

- With disability (inc. mental health) 3x more likely to experience maltreatment
Mental Health and Safeguarding 3

Introduction to mental health services for children and young people

Linking across agencies to ensure safeguarding needs are met

Dr Nick Hindley and Matt Kent
Mental health is complex

- Mental health and responsibility for it rests with everyone
- Advice and assessment in response to professional or family concerns should be available from qualified and helpful professionals
- Intervention/support may require
  - specialist skills, techniques and provision (from mental health services)
  - and/or alternative input (e.g., education, housing, safeguarding)
- Where there are safeguarding issues and mental health concern single agency responses are unlikely to provide the solution
Role of mental health services?

- Response to concern
  - Advice and consultation
  - Assessment
  - Treatment and intervention

- **Liaison with other agencies**
  - *crucial* and frequently overlooked
  - establishing protocols *and* relationships
Universal Child & Adolescent Mental Health Services

* Services and agencies working with young people all have broad mental health remit:
  * Social and health care
  * Education
  * Voluntary sector
  * GP’s and paediatricians; health visitors
  * Criminal justice system
  * Youth services; substance misuse
  * Primary CAMHS
Health-based Child & Adolescent Mental Health Services

* Provide assessment, interventions and support for specific mental disorders in young people
  * Evidence based where possible
  * Usually based in mental health or other NHS trusts
  * Individual/family/group
  * CBT/systemic/psychodynamic/play
  * Psychopharmacology

* Should work with children families and wider systems in a variety of ways

* May have acknowledged areas of specialism
  * Neuropsychiatry / infant / liaison / forensic
Conceptual Structure of young People’s Mental Health Provision

TIER 1
Non-specialist Practitioners

TIER 2
Specialist Independent Practitioners

TIER 3
Specialist CAMHS Teams

TIER 4
Highly Specialist CAMHS Services
Implementation of Conceptual CAMHS Service Model

- GPs / Health visitors / School nurses / Voluntary agencies / Youth workers / Social workers / Paediatricians
- PCAMHS Teams / School workers / YOT / Paeds Clinics / Youth services
- Locality Specialist CAMHS MDT Teams
- Inpatient Units / Forensic / Infant MH / Neuropsychiatry / Assertive Outreach
A comprehensive mental health service for children and young people
Oxford Health NHS FT Children and Young People’s Directorate: Integrated Services for Young People

**Specialist Oxfordshire Services**
- CAMHS Local Area Teams
- CAMHS OSCA Team
- CAMHS LD Service
- CAHBS Service
- Youth Justice L and D Team
- Early intervention in psychosis
- Children’s Community Nursing
- Children’s Integrated Therapy Service
- Health Visiting

**More Specialist Mental Health Services**
- In-patient Service (Highfield)
- FASS and IPPS Teams
- Forensic CAMHS
- Neuropsychiatry

**Public Health /Preventative Services**
- Dental Services
- Contraception and Sexual Health Services
- TB Service
- Smoking Cessation Service
- Children’s Safeguarding Service
Access to Specialist Mental Health Services for Young People

* Via PCAMHS
* If ongoing concerns not being addressed in a coherent way – please persist and ESCALATE
Cross Agency Working in Young People’s Mental Health

- Step up, step down group
- Education complex cases group
- North Oxon Self-Harm network
- Oxon Multiagency Complex Cases Panel
- Cross agency risk assessment and management tool
Adult Mental Health and Thinking Family

Dr Arabella Norman-Nott General Adult Consultant Psychiatrist, Named Doctor for Safeguarding Children

Mrs Lisa Lord Senior Named Nurse for Safeguarding Children
What Are Adult M H Issues?

* Age: 18 to 65yrs
* Short episodes crisis to severe and enduring
* Disturbance in the way think/feel/behave
* Significant impact on functioning/risk
* Eg anxiety, psychosis, addiction
Where to get help?

* **Non statutory Agencies:** Samaritans, private counselling, cruse, MIND, alternative practitioners etc
* **NHS Primary Care:** GP, Nurse, counsellors
* **NHS Secondary Care:** Community teams, in patient wards.
How to choose where to go?

- **Patient**
  - Crisis/routine
  - Type help wanted
  - GP usual route into secondary care
  - If unwell but not wanting help and not deemed high risk/capacity…

- **Professional**
  - Educate/encourage
  - Primary care for diagnostic issues or health concerns
  - If patient unwilling to seek help but appears ill, lack capacity and risk….MHA?
Thresholds

* Primary care: screen physical health, diagnose MH and usually start treatment plan.
* If presentation complex, 1st line treatment failed/risks high – secondary care
* If patients refuse help they can only be forced to have treatment if risks high and mental disorder diagnosed
Oxford Health NHS FT: Adult Mental Health Provision in Oxfordshire

**Specialised Services**

- Adult Mental Health Assessment and Treatment Teams
- Inpatient Wards (includes Psychiatric Intensive Care Unit)
- IAPT and Psychological Services
- Psychological Medicine
- Complex Needs
- Eating Disorders Community Team

**More Specialised Services**

- Forensic Services
- Prison Services
- Luther Street
- Addictions Services
- Eating Disorders inpatient services
Community Mental health services

- Adult Mental Health Teams (AMHTs) - assessment and treatment functions
  - Local adult mental health teams
  - Professionals: social workers, nurses, occupational therapists, doctors, support workers
Other Adult Services: MH and LD

- Learning disability services by another trust (Southern Health NHS FT)
- Forensic, harm minimisation, eating disorder, psychological services, complex needs service, early intervention services, in patient facilities, acute day hospital facilities and community teams.
Adult Community Mental Health Teams

- Work with other agencies
- Need patients consent to work with them unless under section
- Can work with patients in order to engage, educate and risk assess even if refusing medication or other help offered.
- Often support primary care to deliver health care. Flexible at reopening cases.
Think Family
What is Think Family

- *Think Family* practice – making sure that the support provided by children’s, adults’ and family services is co-ordinated and focused on problems affecting the whole family

- Strategic work to support this approach
Why so important?

* Between one in four and one in five adults will experience a mental illness during their lifetime.
* At the time of their illness, at least a quarter to a half of these will be parents.
* Their children have an increased rate of mental health problems, indicating a strong link between adult and child mental health.
* Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting can impinge on adult mental health.

* The mental health of children is a strong predictor of their mental health in adulthood.
* The two per cent of families who suffer the combined effect of parental illness, low income, educational attainment and poor housing are among the most vulnerable in society.
Family Model

- Risk, stressors and vulnerability factors
- Child mental health & development
- Adult / parental mental health
- Parenting task and impact on parent-child relationship
- Protective factors and available resources
Think Family Update OHFT

- Awareness sessions
- Family rooms
- Audits
- Standard Operating Procedure
- Policy
- Intranet
- Support / co-working
- Projects
Prompts for all Professionals in Cases where Mental Health may be an Issue

* Are there children in the family, how many?
* How are they being cared for?
* Are there any concerns about the care? What are they?
* What support does the family have?
* How are the children kept safe?
* With whom are the children able to talk with?
Questions
Refreshment Break
Mental Health and Safeguarding

Preventing delays, confusion and risk in safeguarding process: a mental health perspective

Nick Hindley
A clinician’s view: preventing delays, confusion and risk in safeguarding process

* if there is an immediate safeguarding concern refer to MASH before you do anything further
* if you feel blocked by an individual practitioner: escalate (but with courtesy)
* if you have a genuine safeguarding concern which requires cross agency validation insist on a prompt response (professionals’ meeting/teleconference)
* beware ‘thresholds’ and ‘criteria’; use structured guides or provide clear written descriptions of concern
* if your concerns are responded to but not as you wish consider escalation or ask for written rationale
* most organisations have dedicated safeguarding leads who can help (internally or externally)
A clinician’s view: preventing delays, confusion and risk in safeguarding process

* in complex cases combine rather than hold separate review meetings (LAC reviews, education, CP)
* remember how important schools and education are/can be in terms of young people’s well-being and mental health
* beware of ‘referring on and closing’ cases without good evidence that they are being actively picked up
* do not confuse agency involvement with active or continuous intervention and risk management
* If you remain concerned PERSIST (and escalate again)
Knowing how to ‘escalate’

* Relates to within and beyond your agency or team

* If concerns not being heard:
  * repeat them and back up in writing (short and clear with good evidence)
  * if no clear response still, raise within your team/organisation and, if agreed, ensure senior colleagues in your and other agency discuss
  * If no clear response still ask safeguarding lead to raise with their counterpart in other agency
  * ensure outcome is clearly documented

* If after this no further action deemed necessary, do not give up:
  * keep situation under review and if further concerns arise: start again...
View from SCRs: preventing delays, confusion and risk in safeguarding process

**Good Practice** – Ensure that you are using all available tools and resources, and take advantage of all relevant training

**Escalation** - seek senior managers advice on difficult or stuck cases e.g. use the Complex Case Panel

**Communication** - Ensure the child is listened to and supported to communicate about their feelings

**Support the child** – Refer to CAMHS or PCAMHS for support, and young carers services if appropriate

**Support the parent/s** to engage with services for their own needs which will help them in their parenting
View from SCRs: preventing delays, confusion and risk in safeguarding process

**Peer support and review** – can lead to concerns about families being shared and noted, and cases being referred to the Complex Case Panel.

**Multi-agency** assessments and attendance at key meetings

**School** – teachers and school staff play a key part in supporting the young person and identifying concerns
Discuss case studies and consider:

* What is needed?
* Who would do it? You or others?
* When should there be action? If immediate action is needed, are there longer term issues to be considered?
* How will you achieve what is needed if there are delays or obstacles?

* Discuss also:

In general: what sort of things could mental health services do better?
Going forward......

- Learning from Serious Case Reviews
- Listen to your own concerns
- Communicate concisely and well: verbally and in writing
- You are not alone: use hierarchies within and beyond your organisations
- If you don’t know what to do someone else will
- ESCALATE and PERSIST

- Please complete an evaluation form