

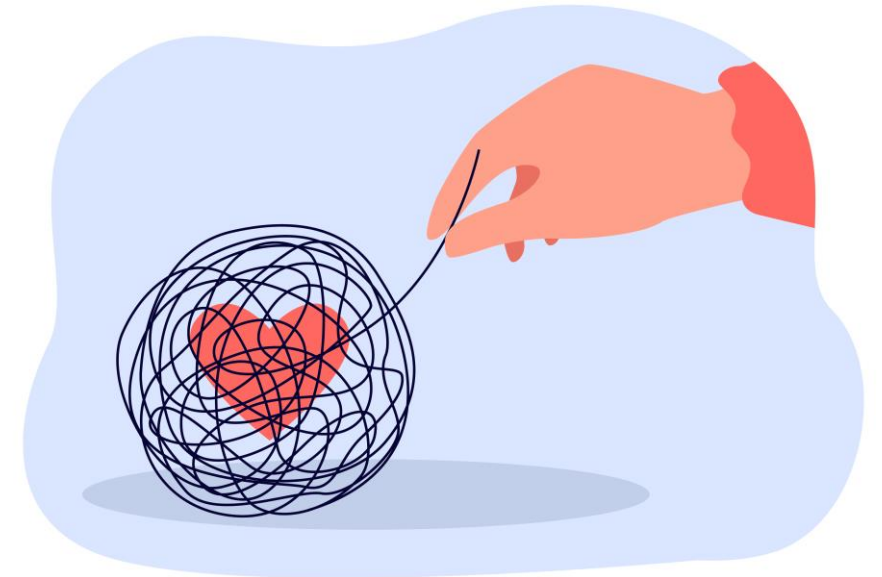
**How are young people with social work  
involvement's social needs characterized by  
CAMHS?**

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# Mental health & young people with a social worker

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- There is evidence that care experienced young people are six times greater than their non-care peers to experience mental illness
- Any childhood contact with social services is a risk marker for death by suicide and sudden death in young adulthood
- Some of the mental distress may be explained by early experiences of trauma and adversity but features of the social care system also particularly distressing.
- a higher number of placement providers was significantly associated with increased likelihood of having difficulties with emotional regulation and conduct, with peers, and hyperactivity



# Social determinants of young people's mental health

- Young people's mental health are widely known to be shaped by social determinants which are defined as "non-medical factors that influence health outcomes".
- Children from low-income families are 4 times more likely to experience mental health problems than children from higher-income families (Morrison Gutman et al, 2015)
- Key social determinants for young people also should include parents and carers well-being
- Most serious mental illness develops by 14



# Inequalities in CAMHS

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- Concerns that current system not suited for young people with social work involvement
- CAMHS in the UK is chronically under resourced, while referrals are increasing.
- The Children's Commission found that in 2021-22, 32% of referrals (approximately 238,000 children in England) did not result in treatment.
- Emerging evidence that young people from deprived backgrounds were rejected at higher rates from therapeutic pathways
- Clinician's assumptions about being in care and young people's social relationships shape referral and diagnostic practices
- Equity a national policy priority but also an under-researched area



## Children's Mental Health Services 2021-22

March 2023



# Aim

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- How do social factors shape CAMHS referral and diagnostic decision-making practices for young people with social work involvement?





# Methodology

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- Analysis CAMHS notes from the *Clinical Record Interactive Search (CRIS) dataset based in the South London and Maudsley NHS trust*.
- These records include unstructured fields, referral documents, and correspondence, progress notes and demographic data.
- Ethics approval by the University of Oxford (Ref: 08/H0606/71+5)

Sampling criteria:

- Aged 12 to 18 years old at the date of the extraction 1<sup>st</sup> February 2022.
- Have at least one safe-guarding concern noted in their case note.
- Maximise the diversity of the sample in terms of ethnicity and gender.
- Final sample: **70 cases** including **16566 unique case notes**. Cases ranged from 33 to 912 (mean= 236).

Characteristic	Number of participants
<b>Ethnicity</b>	
Black British	21
White British	21
Mixed Heritage	9
Asian	6
Other ethnicity	8
White other	5
<b>Gender</b>	
Female identifying	30
Male identifying	30
Gender diverse	10
<b>Age</b>	
12- 15 years old	20
16-18 years old	50
<b>Safe-guarding needs</b>	
High (two or more safe-guarding need)	35
Low (one safe-guarding need)	35



# Analysis

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- Framework analysis is a qualitative approach that enables a deep dive within individual cases and comparisons and contrasts to be made across cases.
- Transformed each young person's case into a pen portrait to capture chronology of their service involvement
- Looked for themes across cases
- Analysis guided by experts-by-experience through weekly analysis meetings to ensure our approach grounded in lived experience







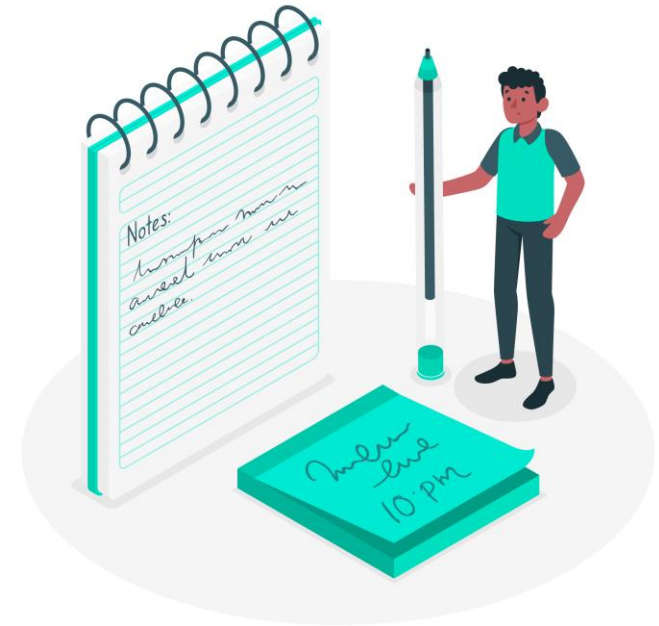
# Social needs provide context

- Social needs were a main reason for a referral to the CAMHS service
- for a successful referral, social needs had to be transformed into psychological symptoms that were treatable by psychological services
- The social was framed as not psychological and therefore not in the remit of CAMHS **OR** psychological in a way that made it the responsibility of the family



# Social factors and the psychological lens

- Young people with social work involvement were often framed through a trauma and attachment lens
- This often resulted in parenting being the focus of interventions
- Assumptions about early trauma and attachment were thought to contextualize psychological diagnoses
- These assumptions could also complicate diagnoses





# Stabilising the social

- CAMHS did not want to intervene where the social was not stable
- Stabilisation of placement
  - Concern that social workers and families are being rejected for seeking support pre-emptively
  - Some therapeutic justification
- Stabilisation of any safe-guarding enquires before providing care



# Social determinants and service engagement

- Clinicians acknowledged that social determinants heavily shaped family's and young people's ability to engage with CAMHS
- Barriers: Insecure housing, parental illiteracy, linguistic barriers, competing care demands were, not having enough money to travel to appointments, no phone credit
- Some attempts to alleviate barriers but typically these were a reason for being discharged
- Parental mental health viewed ambivalently



# One or the other

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- If social needs were being met elsewhere then CAMHS was reluctant to intervene, for example, where the school was very involved or counselling was already being offered
- CAMHS also sign-posts to other community services (e.g. CANDLE project)
- 16-18 year olds often asked to sign-post themselves
- Young people asked for help in ways that connected their social and psychological needs

# Jack's reflections

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# Implications

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- High thresholds leading to legitimate social needs not being addressed
- Emphasis of social needs being attended to by families, schools, social work or charity sector – underlying issues not addressed
- Stabilisation of social needs mean young people are not getting care in vulnerable moments
- Need more research around attachment and ADHD diagnostic practices for young people in care





# Questions for the audience

- 1) Were any of these stories/ themes surprising?
- 2) Do the care leavers in the room feel that these are reflective of your experiences with services?
- 3) What are your perceptions of multi-disciplinary working around young people with safe-guarding needs accessing CAMHS?
- 4) When is CAMHS the appropriate route for social needs?
- 5) When are other sources of support preferable?
- 6) What suggestions if any would you make to improve young people with social work involvement's experiences of mental health services?