Cafcass study of child and adolescent mental health issues

Aim and context

This small-scale study was commissioned by the Cafcass Chief Executive to identify the prevalence and nature of child mental health concerns raised in Cafcass cases; to identify the services received by the children and young people; and to consider the policy implications.

Cafcass' role within family law proceedings provides an insight, through our reports to court, into the mental health of children subject to both private law (divorce and separation) and public law care proceedings. In private law, some children are exposed to high levels of parental conflict which may prove damaging to their mental health and wellbeing, particularly where proceedings are protracted or where there are safeguarding concerns.[1] While many children in proceedings – either in private or public law – will experience short-term adverse effects, research suggests a 'significant minority' will suffer enduring or more severe effects.[2] In public law, data published by the DfE in 2013 showed that the emotional and behavioural health of around half of looked after children is either borderline or a cause for concern.[3] Looked after children and care leavers are between four and five times more likely to self-harm or attempt suicide in childhood.[4] There is a strong link between child/adolescent mental health and adult mental health; half of all those with a lifetime mental illness first experience symptoms by the age of 14.[5]

Method

The data was obtained from 20 recently filed reports to a family court (10 in public law and 10 in private law). The reports were selected at random from across all 17 Cafcass local service areas. Only one case from any individual practitioner was considered, and cases were excluded where the eldest child was aged 3 or under.

A broad definition of mental health problems was adopted to include references, in court reports, to anxieties and behavioural problems, as well as matters which had been subject to formal diagnosis by specialist services. Two examples of children diagnosed as autistic were included, even though autism is generally considered to be a life-long disability, as both children were in receipt of mental health services.

The services received were coded according to the CAMHS four-tier strategic framework.[6] This is described in more detail below. Where more than one service was being provided, we recorded the highest tier of service received by the child.

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[1] Safeguarding concerns are identified in around 50% of private law cases, see Hunt, J. and Macleod, A. (2008) *Outcomes of applications to court for contact orders after parental separation or divorce.*

[2] Lester Coleman and Fiona Glenn, 'The varied impact of couple relationship breakdown on children: implications for practice and policy' (2010)

[3] Department for Education (2013) *Outcomes for Children Looked After by Local Authorities in England, as at 31 March 2013.*

[4] Department of Health (2012) *Preventing Suicide in England: A cross-government outcomes strategy to save lives* and Department of Health (2012) *Report of the children and young people's health outcomes forum.*

[5] Kim-Cohen J, Caspi A, Moffit T et al. (2003) Prior juvenile diagnosis in adults with a mental disorder: developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry* 60. 709-717

[6] http://webarchive.nationalarchives.gov.uk/20100202100434/http:/dcsf.gov.uk/everychildmatters/healthandwellbeing/mentalhealthissues/camhs/fourtierstrategicframework/fourtierstrategicframework/

Findings

Of the 20 cases reviewed, ten (one-half) featured concerns, set out in the court report, concerning the mental health of 12 children subject to the proceedings. Five of the cases in which a child was receiving services were private law, and five were public law. This may be rather surprising (as one might anticipate that public law children, the vast majority of whom have suffered significant harm, would be more likely to be receiving mental health services than their private law counterparts). Caution is advised as this finding may simply be a function of an extremely small sample.

It was encouraging to discover that all children identified as having mental health problems were receiving some support at the time the report for court was filed, albeit in some cases at a low level (essentially a supportive school environment). This finding should also be treated with caution in view of the sample size and methodological approach, which entailed looking only at reports (and, in some cases, the report examined was filed towards the conclusion of lengthy proceedings).

Of the 12 children receiving services, eight were male and four female. The children ranged in age from 4 to 16. We note that in five of the ten cases at least one parent had a serious mental health problem.

We note with interest (though it is beyond the scope of this study to explore this matter in detail) that there were some families in which one child was manifesting mental health difficulties, whereas siblings were not. We do not know whether this relates to the innate resilience/vulnerability of children, their experiences, or other factors such as their age or gender.

Case	Law type	Child mental health	Tier of service	Details of Tier
1	Private	Anxiety	2	School providing an external counsellor
2	Private	Behaviour problems	3	Receiving CAMHS support
3	Private	Anxiety	1	School 'team around the child'
4	Private 16.4	Low resilience, high vulnerability	3	CAMHS referral
5	Public	Suicidal ideations and eating disorder	4	Hospitalised, counselling
6	Public	Autism	3	Specialist services
7	Public	Behaviour, anxiety	3	CAMHS assessment
		Emotional, behaviour	1	School support
		Autism	3	Specialist personal care and supervision
8	Public	Emotional	2	Counselling
9	Private	Anxiety	1	School support
10	Public	Vivid nightmares	1	School support

Examples of concerns evidenced in reports to court

Tier 1

Cases were coded into this category when there was evidence of some impact on the welfare of the child; seemingly a short term adverse effect likely to be related to the proceedings, and likely to

abate should the conflict be resolved. In one case a school reported a child who 'on occasions, without any trigger, will cry'; in another a child who 'appeared to be experiencing feelings of insecurity and confusion'. A strong attachment to siblings was cited as a factor that promoted resilience. One Cafcass Family Court Adviser (FCA) advised the court that 'continuing proceedings are having a detrimental effect on [the children]', and that the children 'need to be able to get on with their lives without the intervention of the authorities'.

Tier 1 services in this sample were provided by the school. This seems to have entailed placing a 'team around the child' to respond supportively to distress. One child who experienced anxiety had a 'time out' card which permitted her to leave the classroom at any time, and another had been receiving speech and language help at school.

Some children in this tier appeared to be experiencing 'support fatigue', particularly among older children who had been receiving support from social workers or other professionals for an enduring period. One FCA reported that a brief interview occurred with a child who was 'very reticent about discussing issues in the family home, with professionals'.

Tier 2

Tier 2 services include professionals working with the child such as counselling services. Such children (just two in our sample) were distinguishable from those in tier 1 by their degree of distress and vulnerability. For instance, one child was described, within a psychological assessment, as being 'low in mood…poor self-esteem…high in vulnerability and low in resilience'.

One child was receiving support at school to help with emotional resilience. It was expected by the FCA that the child 'will need continuing support to express himself freely with his parents'.

Tier 3

Tier 3 services consist of specialist multi-disciplinary teams such as CAMHS. The provision of tier 3 services in our small sample included children with diagnosed autism, and children with behavioural issues for which they were either already receiving support from CAMHS, or were in the process of being referred to CAMHS. A young child with autism was reported to have 'difficulty in seeing things from the perspective of others', while an older child with the diagnosis required an 'exceptionally high level of personal care and assistance'.

The range of behaviours for which children were referred to CAMHS included 'unusual emotional and behavioural presentation' from a child who had experienced enduring periods of neglect, and a child exhibiting 'aggressive, erratic and self-harming behaviours'. In one protracted private law case, the local authority had previously referred the children to CAMHS, though it was not possible to undertake a therapeutic intervention while the children remained 'in a chaotic harmful environment'.

Tier 4

There was just one case that fell into this category, involving an older child who had been hospitalised following suicidal ideations. The FCA reported that the child 'requires safe and consistent care'.

Discussion

A sample of 20 cases represents a tiny fraction of the stock of Cafcass cases and the results should consequently be treated with caution. There are many variables which might affect whether, and how much, distress is experienced by the child. For instance, in one case a child had sustained significant harm and previously had a fragmented care history, but had made a 'significant degree of progress' in their foster placement, with the Cafcass Officer observing 'rewarding and emotionally sustaining positive attachments [to the foster carers] despite having undergone a very distressing experience'.

It was encouraging to note the following:

- All children who were identified, within the reports to court that were examined, as having mental health problems, were in receipt of services.
- Different types of support services were provided to children in line with their identified needs.
- Schools seemed to be attuned to children's needs and to be providing low-key support.
- Five children were receiving tier 3 services, a high number given the significant pressure that CAMHS is under.

A number of the difficulties experienced by children seem to have been relatively minor. We might expect that many such difficulties are derived from parental conflicts and antagonism, and thus likely to abate should the conflict diminish. In this regard mediation may have an important role, as may the dispute resolution work of Cafcass, where it is safe to take this approach. Cafcass is currently undertaking a number of pilot projects (family meetings, consultation with psychologists) which may be shown to boost FCAs' capacity to identify and respond to the welfare/mental health needs of children in proceedings.

The Government recently published a response to the findings of the Children and Young People's Mental Health Taskforce, stating that 'we mustn't think about mental health in a purely clinical fashion…we must make it easier for a child or young person to seek help and support in non-stigmatised settings'.[7] This (very modest) study suggests that the mental health needs of children in proceedings are many and varied, and that a flexible approach is required if hard-pressed services are to meet their needs. In terms of the apparent prevalence of such needs, our findings seem to align with many of the themes in the current campaigns, notably the need to invest in supporting children with mental health needs.

Cafcass Policy Team and National Improvement Service, March 2015.

[7] Department of Health (2015) *Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.*