

Collaboration among child protection and mental health care staff: A systematic literature review

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ABSTRACT

Background: Mental Health Declaration (WHO 2005) for Europe highlights the need for comprehensive evidence-based policies targeted especially for vulnerable groups such as children and adolescent. There are more than 2 million children in institutional care around the world. There is need for better collaboration among child welfare services and mental health care. However, little is known what kind of collaborative ways are working for staff personnel.

Aim: Aim of this literature review is to describe collaboration among mental health services and child protection services.

Method: Systematic literature review. Search was conducted electronically in CINAHL (1981-2010) and Eric (1966-2010) for publications in English on December 2012. The search was up-dated in January 2013.

Result: There were N=99 papers identified throughout the search. Initially n=5 papers were included to the literature review. Four main methods for collaboration between services were raised; 1) knowledge, 2) forms of collaboration, 3) liaison between agencies and 4) joint working.

Conclusion: There is need for collaboration in between child protection and mental health services in staff point of view. Moreover, there are different methods used for collaboration but also several hindering factors for it.

BACKGROUND

Mental Health Declaration (WHO 2005) for Europe highlights the need for comprehensive evidence-based policies targeted especially for vulnerable groups such as children and adolescent. European Communities (2005) have stated that it is worldwide concern is to focus on adolescent mental health services. It has been estimated that about 10 to 20 % of children and adolescents suffer from mental health problems worldwide (Braddick et al. 2009) and 4-6 % of these young persons are need of clinical placement and observations (WHO 2005). It has been estimated that as many as 80 % of young people involved with child welfare agencies have emotional or behavioral disorders, developmental delays, or other indications of needing mental health intervention (Burns et al. 2004).

There are more than 2 million children in institutional care around the world, with more than 800,000 of them in Central and Eastern Europe and the Commonwealth of Independent States (former Soviet Republics) (Unicef 2009). Children and adolescent in out-of-home care may live in several different of possible settings (Akin et al. 2013). These include for example, foster homes, and residential care (Huefner & Ringle 2012).

Nurses constitute the largest health care professionals group (OECD 2011), who are delivering mental health care (WHO 2011). Moreover, social workers are main persons to offer child welfare care and they take part in decision making in child protection (Stokes & Schmidt 2012). There is increasing problem with growing number of children (Bolten 2013) and adolescent's mental health problems (Ford et al. 2007). This affects the need for coordinate across systems and increase child welfare staff to involve in mental health services (Leathers et al. 2009).

Children and adolescents in out-of-home care are at higher risk of mental health problems (Shin 2005, Besier et al. 2009). Although, mental health problems are causing extensive use of health service among normal population, young people living in residential care settings are often lacking adequate and continuous mental health treatment (Besier et al. 2009). Moreover, these young people living in out-of-home care with mental health problems continue to experience mental health problems in adulthood (Shin 2005). Young people who have contact with child welfare agencies but remain in their homes, experience lifetime rates of serious emotional disturbance similar to young people who have been in foster care (Burns et al. 2004).

There is need for better collaboration among child welfare services and mental health care (Darlington et al. 2004) to ensure effective child protection services (Sloper 2004). Collaboration among these two agencies can improve children's mental health service use (Bai et al. 2009). This brings challenges to the staff to know how to use these collaborative methods (Ward 2006). Darlington et al. (2005) has reported some difficulties to the collaboration between these services, such as, information sharing, communication, and negotiating issues of confidentiality. Nevertheless, collaboration can benefit both workers and clients (Darlington & Feeney 2008).

Sloper (2004) has identified in his research several different joint collaboration methods for child protection and mental health services e.g. 1) strategic level

working, 2) consultation and training and 3) multidisciplinary and multi-agency teams. Darlington & Feeney (2008) reported in their study that communication, professional knowledge and skills but also adequate resources are needed to have a good collaboration among child protection and mental health services.

AIM

Aim of this review is to describe collaboration among mental health services and child protection services. Review question is:

1. What kind of collaboration there is between mental health services and child protection among staff personnel?

METHODS

Reporting the review methods, QUOROM Statement checklist (2005) were used to ensure that factors in reporting has been noticed (Turpin, 2005).

Data sources and searches

We electronically searched CINAHL (1981-2010) and Eric (1966-2010) for publications in English on December 2012. The search was up-dated in January 2013. No restrictions were placed on date of publications and each database was searched as far back as possible.

As each database has its own unique indexing terms, individual search strategies were developed for each database. Consideration was given to the diverse terminology used and the spelling of keywords as this would influence the identification of relevant trials. The search strategy used in English were: “(Staff OR Mental health Nurse OR

Nurse OR Social worker OR Youth worker) and (Mental health services OR psychiatric nursing OR Mental health care) and (Social work OR Child welfare OR Child protection OR Foster youth OR Child custody) and (Collaboration OR Collaborative OR Cooperate OR Cooperation) limit to (abstracts and English language). The reference lists and bibliographies of retrieved articles were reviewed to identify any additional research. To complement the search strategies keyword searching was done also in the World Wide Web.

Inclusion criteria

We included studies where either mental health staff members or social workers or child protection workers have been used as a study population. Interest was put to studies that focused on mental health services and child welfare services. Outcomes listed were collaboration between mental health services and child welfare services. All experimental studies were included both quantitative and qualitative methods used.

Data

abstraction

Two reviewers independently extracted data relating to purpose of the study, sample, outcomes used, and reference standard. Each study was assessed against the inclusion criteria independently by two reviewers. The full text of studies relevant for the review was obtained. For studies with unclear titles and abstracts, the full text was obtained as well. Decisions to include a publication in the review were made independently by two reviewers. This was followed by evaluation of the full text of all retrieved papers. Any disagreement was resolved by consensus with close attention to the inclusion criteria.

RESULTS

Study flow

A systematic literature review profile is summarized in the flow chart diagram. See Figure 1. Flow chart.

Place Figure 1 here

A total of 99 papers were identified from the databases. A review of the reference lists and bibliographies of the items retrieved identified 1 additional paper relevant to the topic. All together from 99 papers, 83 papers were excluded because they did not meet the inclusion criteria. Thus, 16 papers were read in full. Eleven papers were excluded due to method (n=6) and a wrong participant group (n=5). Thus, a total of 5 papers were included in the systematic literature review. (Figure 1.)

Characteristics of included studies

As the result of systematic literature search only five research articles were found (Darlington et al. 2005, Brener et al. 2007, Janssens et al. 2010, Berzin et al. 2011, Davidson et al. 2012). Two articles were from USA (Brener et al. 2007, Berzin et al. 2011). Both reported about the relation between mental health and social work in primary - , middle - and high schools from the perspective of mental health - and social workers. Articles were publishes in Journal of School Health. One of the five articles (Darlington et al. 2005) was from Australia and published in Journal of Child Abuse and Neglect. The article described collaborative work between mental health and child protection services in situations of parental mental health problems. Likewise, the fourth article (Davidson et al. 2012) was published in Journal Child Abuse Review, and was investing collaboration and educational needs of mental health and child care workers when working with families with parental mental health problems. The target group of these two studies (Darlington et al. 2005, Davidson et al. 2012) was professionals working in mental health and social services. Fifth article (Janssens et al. 2010) was from Belgium and published in Clinical Child Psychology

and Psychiatry. The article was describing about collaboration between children's services and child and adolescent psychiatry.

A questionnaire was used as research instrument in four studies (Darlington et al. 2005, Brener et al. 2007, Berzin et al. 2011, Davidson et al. 2012). One of the studies (Davidson et al. 2012) collected both quantitative and qualitative data so that qualitative data was obtain from open questions in questionnaire. Janssens et al. (2010) used qualitative approach and used focus group interview to collect the data. Collected data was analysed by using descriptive statistical estimates such as pre cents and frequencies in all of the four quantitative studies (Darlington et al. 2005, Brener et al. 2007, Berzin et al. 2011, Davidson et al. 2012). In addition, Darligton et al (2005) used multivariate analysis of variance and factor analysis. Qualitative date was analyzed by thematic analysis (Davidson et al 2012) and by latent class analysis (Berzin et al 2011). Moreover, Janssens et al. (2010) used grounded theory approach to analyze their qualitative data.

See Table 1. Characteristics of included studies

Table 1 here

Summary of the results of included studies

- 1)* An Australian research by Darlington et al. (2005) investigated the interagency collaboration between child protection – and mental health service focusing the cases in which the parents of the children were suffering psychiatric disorders and concerns for child protection. The purpose of the study was to examine factors facilitating and hindering this interagency collaboration. In this cross-sectional survey 1105 questionnaires were distributed by mail to Suspected Child Abuse Neglect Teams officers and all statutory child protection services, and mental health team workers via team

leaders of which 232 responded. About 60 % of responders were from mental health services and 40 % child protection services. Workers engaged moderate amount of interagency collaboration between child protection services and adult mental health services. The potential barriers in collaboration mentioned by responders were inadequate resources when delivering the services, confidentiality between professionals, gaps in co-operation in interagency processes, unrealistic expectations between disciplines, discrepancy between professional knowledge domains and professional boundaries. In general all the workers were unhappy with the support received from their own agency.

- 2) An American national covering questionnaire survey (n=2068) on characteristics of school (elementary, middle and high) mental health and social services (Brenner et al 2007) showed a significant need for mental health and social service staff in schools, although over 70 % of the states and districts had a co-ordinator for mental health. Nearly all the schools had at least part time counselors; however there were only few counselors in mental health and social services. Mental health - and social workers worked in collaboration of various officials in school and took part in health education, nevertheless the participants were not satisfied on the collaboration, and mental health services were not provided inside the school.
- 3) Janssens et al. (2010) study explored the perception of practitioners of child services and child- and adolescent psychiatry with regard to a future collaborative partnership improving the wellbeing of children in children's services. Eight focus groups were performed and analysed, following the principles of the Grounded Theory. The focus groups revealed that the professionals agree considerably concerning the outlines of the collaboration. They agree upon the primary goal of the partnership, their expected role and tasks. In addition, the partnership should develop in an atmosphere of mutual respect and with the intention to provide the best care for the child.

- 4) The study from the year 2011 by Berzin et al. was a part of a national survey on School Social work in USA. The study tried to identify subtypes of school social workers within the context of collaborative practice and to identify individual and contextual factors associated with these classifications. Social workers (n=1693) from 43 different states responded the questionnaire. Questions were about the frequency of collaboration with different professionals in different occasions. Four (4) different subtypes could be identified. Non-collaborator 10 %, System level specialist 21 %, Consultants 41 %, and Well-Balanced Collaborator 28 %. Nearly all (90 %) of social workers had collaborative relationship with other professional. The level and frequency of collaboration work varied between the social workers belonging to different subtypes. Most common subtype was consultant. More understanding of collaboration between teacher and school social work is warranted. Moreover, there is a need for further research on the collaboration between social workers, teacher, and mental health workers.
- 5) A study from Northern Ireland (Davidson et al. 2012) evaluated the service initiative to improve joint working between mental health and child protection services. This study had qualitative and quantitative parts. The participants were joint workers “Champions” in mental health services and child care, mental health team members and child care team members (n= 109). Six-month follow-up study was targeted to joint-workers and team leaders (N=26). The study investigated the baseline level workers experience about training, interface working and confidence about this aspect of practice, the training needs and difficulties with interface work. Joint workers “Champions roles were also followed over half of the year. The difficulties or barriers in joint experienced in the work was examined and the impact of their role on interface working? It this study it was found that nearly all of the staff (97 %) informed a need for further education in mental health problems in parenting and how these problems would influence on children, nevertheless the staff of

child protection services identified mental health issues in 38 % of their caseloads. Difficulties with interface work and communication between child care and adult mental health care was identified. Staff made recommendations about how to improve the interface between services. Benchmarking and exchange opportunities were highlighted. Front line joint workers “Champions” reported about too high expectations on their work. Further, the lack of time was seen the main obstacle for collaboration between services. The need for joint information systems was frequently mentioned in answers from all participants. As conclusion it can be cited that child protection and mental health workers want to collaborate but they need the necessary structures and resources to do so.

Collaboration

Collaboration between services was reported in all the studies. Three of the studies (Berner et al. 2007, Berzin et al. 2011 and Davidson et al. 2012) reported about moderate amount of collaboration between child protection and mental health services of minor, and Darlington et al. (2005) between adult mental health services and child protection services. Berzin et al. (2011) showed that 90 % of social workers worked in collaboration with teachers, parents and social and mental health services, although the level of co-collaboration varied broadly from non-collaboration to well-balanced, everyday collaboration with all the actors. Similarly, Brener et al. (2007) found solid co-operation between mental health and social services in schools hence, over 70 % of all the states and districts had a co-ordinator for school mental health and social work, although vast majority of mental health and social services were provided in outside of school services. Moreover, Janssens et al. (2010) found that there is collaboration but the true need is in solid open collaboration, not in irregular and case-based collaboration.

Synthesis of collaboration between services raised four main categories; 1) knowledge, 2) forms of collaboration, 3) liaison between agencies and 4) joint working. Knowledge were described as sharing knowledge between these two agencies, using different kind of consultation to share and ask information, provide information to the other agency and to have joint education and training. Forms of collaboration were described as structured collaboration, mutual collaboration, supportive collaboration, reciprocal collaboration, and direct collaboration. Liaisons between agencies was described as getting to know each other's to be able to work together, communication between agencies, pursue the same goal and to have enough resources to able all these activities. Joint work were described as working with different agencies, follow-up with agencies, and contact the other service when needed. See table 2. Table 2. Summary of collaboration.

Place table 2 here

There were several difficulties pointed in the collaborative work specially with interface work and communication between child care and adult mental health work (Davidson et al. 2012) In addition, collaboration between the educational staff and mental health- and social services was not on satisfied level and gaps in interagency process was found (Darlington et al. 2005). Two of the studies included in the final review (Darlington et al. 2005, Davidson et al. 2012) examined also the barriers which hinder collaborative working between child protection services and mental health services. In both of the studies hindering factors were found, such as inadequate training and lack of knowledge from the area of other disciplines. Moreover, both studies reported about inadequate resources for co-operation and unclear structure inside both service systems, and about unrealistic expectations towards other professionals. In Darlington et al. (2005) the questions around confidentiality were mentioned as one of the main hinders for collaboration and

furthermore, lack of time and gaps in transferring information between partners were mentioned as hinders (Davidson et al. 2012).

DISCUSSION

Our systematic literature review aimed to describe collaboration among mental health services and child protection services focusing on staff point of view. To the authors knowledge this is the first review done to explore this phenomena focusing on staff personnel and collaboration between different agencies. As the preliminary evidence suggest that collaboration can benefit both workers and clients in mental health and child protection (Darlington & Feeney 2008). We found only 5 studies out of 99 papers reporting collaboration between mental health and child protection services. This is interesting finding itself as Mental Health Declaration (WHO 2005) for Europe has highlighted the need for evidence-based policies targeted for children and adolescent.

The result of this literature review showed that there are different possibilities for collaboration between mental health and child protection staff member's i.e. knowledge sharing, different forms of collaborative actions, liaison between agencies and joint working. The finding is in line with previous literature (Sloper 2004, Darlington & Feeney 2008) where different methods for collaboration has been described. However, in our literature review there were several barriers and difficulties for joint collaboration also highlighted as inadequate training and lack of knowledge from the area of other disciplines. Moreover, inadequate resources for co-operation and unclear structure inside both service systems, and unrealistic expectations towards other professionals were mentioned as barriers for collaboration.

Based on our literature review it can be stated that collaboration between teacher and school social worker and mental health services was warranted. However, there was an obvious need for further research on the collaboration between social workers, teachers, and mental health workers working in child protection and mental health services. In the other words, there is need for research to show what kind of collaboration works and how. But also, our review raise the need for joint education and training for staff working in child protection and mental health services (Darlington et al. 2005). The need to improve education and training of all the workers of all services, aiming to increase the knowledge and understanding about professional knowledge and methods of the co-operative partners (Davidson et al 2012, Berzin et al 2011).

Strengths and limitations of the literature review

This literature review has both strengths and limitation. First, the strengths of this literature review include a systematic approach to all stages of the review process. Second, the search area was also large and the inclusion criteria broad enough to encompass the broadest range of papers reporting collaboration between child protection and mental health services.

This literature review also has some limitations. Although every effort was made to locate published studies our findings may still include selective reporting. The literature review also involves assessments made by the review authors, and this may lead to bias. In addition, the research papers in this literature review used self-developed questionnaires except Bezin et al. (2011) and this may hinder the results of this review. Due to these limitations there is a risk of overestimating the results of this review. Therefore, there is still a need for further research to evaluate and explore what kind of collaboration there is between child protection and mental health services among staff members.

CONCLUSION

There is need for collaboration in between child protection and mental health services in staff point of view. However, there are different methods used for collaboration but also several hindering factors for it. Based on the literature review, in future there is need for well-structured research to investigate this phenomenon. Lastly, as part of structured collaboration staff members in child protection and mental health services are in need of well-tailored continuing education training.

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ATTACHMENTS

Table 1. Characteristics of included studies

Author, Journal, country and year	Title	Methods	Participants	Data collection and analysis	Instrument
Darlington et al. Child Abuse and Neglect Australia 2005	Interagency collaboration between child protection and mental health services: Practices, attitudes and barriers.	Design: A self-administered, cross-sectional survey Location: Multi center	Participants: N= 232, response 21%. 38 % statutory child protection workers, 39% adult mental health workers, 16% child and youth mental health workers 4% were SCAN Team medical officers	Data collection: Collected via mail, self-administered questionnaire Data analysis: Statistical descriptive estimates % frequencies. Associations measured by multivariate analysis of variance. Principal components analysis by SPSS FACTOR.	Instrument: Self-developed questionnaire. Questions about current agency, practices of consultation and collaboration, attitudes toward other workers, training on mental health problems, attitudes about parents' mental illness, barriers of collaboration, successions for service development and demographic details
Brener et al. Journal of School Health USA 2007	Mental Health and School Services : Results From the School Health Policies and Policies and Programs Study 2006	Design: A national covering survey on mental health and social services in Schools Location: Multi center	Participants: State education agencies (N=51) response 100% School districts (N=702), n=445 response 63 % Schools (N=1315), n=873 response 66%	Data collection: Collected by Computer assessed telephone interviews or mailed self-administrated questionnaire. The questionnaires were sent to participants two weeks before	Instrument: Questionnaire (different to every service level, state, district and school) Assessing staffing characteristics, collaboration between professionals, promotion of services, co-ordinating

				interviews. Data analysis: Descriptive statistical estimates % , frequencies.	arrangement of the services, involvement of the students families in services.
Janssens et al. Clinical Child Psychology and Psychiatry Belgium 2010	Conceptualizing collaboration between children’s services and child and adolescent psychiatry: A bottom–up process based on a qualitative needs assessment among the professionals	Design: Action research Location: Multi center	Participants: N=26 staff member in child and adolescents psychiatric center, N=30 staff members in children’s services	Data collection: 8 focus group interviews Data analysis: The collected data, transcripts and field notes were analysed using a Grounded Theory approach	Instrument: A flexible topic guide containing four prepared open-ended questions was at the moderator’s disposal to maintain and guide the discussion in the groups
Berzin et al. Journal of School Health USA 2011	Meeting the Social and Behavioural needs of Students: Rethinking the Relationship Between Teachers and School Social Workers	Design: Part of National School Social work Survey. Location: Multi center	Participants: School social work associations (n=1639) from 47 states.	Data collection: Collected via mail, questionnaire Data analysis: Descriptive statistics %, frequencies, latent class analysis	Instrument: National School Social work survey Questions were about the frequency of collaboration with different professionals in different occasions.
Davidson et al. Child Abuse Review	Championing the interface between mental health and child protection: evaluation of a	Design: Evaluative study Location:	Participants: 12 Champions in mental health, 12 Champions in child care, 59 mental health team	Data collection: Questionnaire	Instrument: Self-developed questionnaire.



UK 2012	service initiative to improve joint working in northern Ireland	Multi center	members, 26 child care team members	Data analysis: Quantitative data were analyzed using SPSS and qualitative data using thematic analysis	
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Table 2. Summary of collaboration

Knowledge	Forms of collaboration	Liaison between agencies	Joint working
1. Sharing knowledge	1. Structured collaboration	1. Getting to know each other's	1. Working together with different agencies
2. Onsite consultation	2. Mutual collaboration	2. Communication	2. Follow-up with agencies
3. Consultation	3. Supportive collaboration	3. Pursue the same goal	3. Contact the other service
4. Provide information	4. Reciprocal collaboration	4. Resources	
5. Training	5. Direct collaboration		
6. Joint education			

ABSTRACT IN FINNISH**YHTEISTYÖ LASTENSUOJELUN JA LASTENPSYKIATRIAN
RAJAPINNALLA: KIRJALLISUUSKATSAUS**

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Tutkimuksen tausta: Euroopassa tarvitaan lisää näyttöön perustuvaa tutkimustietoa liittyen lasten ja nuorten mielenterveystyöhön. Yli 2 miljoonaa lasta ympäri maailman on sijoitettuna laitoshoitoon kodin sijasta. Lasten ja nuorten mielenterveyspalvelujen tarve lisääntyy jatkuvasti ja samaan aikaan monet lapset, nuoret ja heidän perheensä ovat yhtä aikaa sekä lastensuojelun että mielenterveyspalvelujen asiakkaina. Tarvitaan lisää tietoa siitä, mitä yhteistyötä lastensuojelun ja lasten- ja nuorten psykiatrian rajapinnassa tapahtuu ja miten yhteistyötä tulisi kehittää.

Tutkimuksen tarkoitus: Tutkimuksen tarkoituksena on kuvata systemaattisen kirjallisuuskatsauksen menetelmin lastensuojelupalveluiden sekä lapsi- ja nuoriso psykiatrian palvelujärjestelmän välistä yhteistyötä. Tutkimus on osa RESME-projektia (527793-LLP-1-2012-1-FI-ERASMUS-ECUE), joka on Lifelong Learning Programme (LLP) ohjelman rahoittama kansainvälinen hanke vuosille 2012–2015. Projektissa mukana olevat yliopistot ja ammattikorkeakoulut tulevat Suomesta, Espanjasta, Saksasta, Tanskasta, Isossa-Britanniasta (Skotlanti) ja Liettuasta. RESME:n päätavoitteena on edistää lastensuojelun sijaishuollossa olevien lasten hyvinvointia ja mielenterveyttä.

Tutkimuksen menetelmät: Systemaattinen kirjallisuus katsaus tehtiin elektronisia tietokantoja käyttäen. Kirjallisuushaku tehtiin CINAHL (1981-2012) ja Eric (1966-2012) tietokannoista joulukuussa 2012. Haku päivitettiin tammikuussa 2013. Hakukriteereinä olivat työntekijät lastensuojelussa sekä lasten- ja nuorten psykiatriassa sekä yhteistyö.

Keskeiset tulokset: Systemaattisen kirjallisuuskatsauksen avulla löydettiin 99 artikkelia, joista 83 ei täyttänyt hakukriteereitä. Kaiken kaikkiaan 16 artikkelia luettiin kokonaan, joista yksitoista suljettiin pois väärän metodin (n=6) tai väärän kohderyhmän (n=5) vuoksi. Kirjallisuuskatsaukseen valikoitui N=5 artikkelia, joissa yhteistyötä lastensuojelun ja mielenterveyspalveluiden käsiteltiin työntekijöiden näkökulmasta.

Johtopäätökset: Yhteistyötä työntekijöiden kesken lastensuojelu palveluiden ja lasten- ja nuorten psykiatrian rajapinnalla kuvataan usealla eri tavalla, konsultaation ja tiedon jakamisen ollessa tavallisimpia yhteistyön muotoja. Tutkimuksissa kuvataan

myös useita yhteistyötä rajoittavia tekijöitä, kuten relevantin koulutuksen puutetta. Tutkimusta yhteistyön eri mahdollisuuksista ja puutteista tarvitaan lisää, näin pystyttäisiin vaikuttamaan lastensuojelu - ja mielenterveyspalvelujen välisiin yhteistyökäytäntöihin ja kohentamaan lastensuojelun sijaishuollossa olevien lasten ja heidän perheittensä asemaa.

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