

catch
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Missing and Emotional Wellbeing

December 2021



BACKGROUND

Child and adolescent mental health has been a growing area of concern for the past few years. Recent studies estimate that the prevalence of mental health problems in children and young people is 1 in 8, an increase on the previous estimate of 1 in 10¹. When looking at children's self-reported difficulties, as many as 1 in 5 report high levels of mental health difficulties². The mental health of the UK's children and young people was deteriorating before the pandemic, but whilst a small proportion of children and young people thrived during the first COVID-19 UK lockdown, 'the deterioration [was] clearest among those already struggling'³.

INCREASE IN MISSING EPISODES RELATED TO EMOTIONAL WELLBEING

Since the pandemic, Catch22 Missing Services have recorded an increase in the proportion of missing incidents caused by children and young people's emotional wellbeing, as reported by children and young people themselves during Return Home Interviews.

Having raised this with the National Police Chiefs Council Missing Persons lead, further research into the issue using Police prevention interviews (conducted by Officers when a child initially arrives home) confirmed that this is a widespread phenomenon. In some cases, raw missing numbers in 2020 were down on previous years due to successive lockdowns and the introduction of new missing reporting protocols for children in care. However, the number of mental-health related incidents as a proportion of the total had increased: in one large Police Force area, the percentage of missing incidents attributed to poor mental health rose from 5.7% in 2019/2020 to 8.5% in 2021/2022 (year to date). Another Force produced figures for the past 18 months, which again demonstrated that the proportion

of incidents attributable to a child's poor mental health rose from 7.6% to 13.9% during that time. A senior member of that Force stated, 'The figures for 2021 are also higher than 2019 which I consider to be the base level prior to the pandemic. These figures do confirm your concerns.'

Proportions of emotional wellbeing cases in Police Prevention Interview data are lower than in Catch22 data from the return home interview (RHI), which is a debrief with an independent person to check the child is OK and to find out what can be done to prevent the child going missing in future. This is consistent with all information yielded from RHIs as children are less likely to speak in depth to Police Officers about why they went missing and what happened, probably due both to their anxiety over speaking to authority figures and to the short timeframe of prevention interviews, which take place immediately after their return.

¹ NHS Digital. Mental Health of Children and Young People in England, 2017: Summary of Key Findings. Government Statistical Service, 2018.

² Deighton, J., Yoon, Y. & Garland, L., 2020.

³ Ford, T., John, A., & Gunnell, D., 2021

'There are a lot of mental health issues with young people currently that show as reasons for missing. The mental health concerns are very serious.'

Catch22 Missing Service Manager

One of the Police officers working in a Missing Persons Unit stated:

'I have definitely seen an increase myself from looking daily at reports.'

There is a strong perception amongst all return home interview case workers that this is the case too:

'Definitely. Mental health comes up loads in RHIs. I feel like it's never been this bad before.'



Further analysis of Catch22 data shows that emotional wellbeing was a contributory factor in approximately one third of all missing incidents covered by a RHI last year (April 2020- April 2021). In the first strict lockdown- which overlapped almost completely with Quarter 1 (April-June 2020)- it was the primary reason for 40% of the incidents where an RHI was conducted. Highest numbers were recorded in Quarter 1 and Quarter 3 (October- December 2020) when we were subject to national lockdowns and school closures as a result of the COVID-19 pandemic. It is probable that this negatively impacted children's emotional wellbeing. However, since COVID restrictions have ended, the rate of children missing due to their emotional wellbeing has not fallen. This suggests that it is not merely a pandemic issue but that the pre-existing rise in the proportion of children going missing due to their emotional wellbeing before COVID has simply been accelerated by events of the past 18 months.

35% of individual children stated that their mental state had contributed to their decision to go missing. In a small number of cases, children had left home or care in order

to self-harm and a few stated it was because they were contemplating taking their own life. In Summer 2021, for the first time in the history of one of our Catch22 Missing Services, a child with significant mental ill-health was reported missing and was later found to have taken their own life. The child was 14 years old.

Our Catch22 case management system records 'emotional wellbeing' as opposed to mental health. We acknowledge that this will encompass both persistent mental health issues as well as transient upset caused by a one-off event. However, the above data suggests the widely recognised worsening of children's mental health and the long wait for access to mental health support services, alongside the impact of a global pandemic, is likely to be affecting numbers of missing incidents for children



CASE STUDIES

ALICE

Alice* is 15. She has a difficult relationship with her parents and feels that she 'can't breathe' at home because of the extremely strict boundaries set by her mum and step-dad. She identifies as non-binary and has several neuro-divergent conditions, but she feels they 'just want me to be normal' and she puts herself under enormous pressure to conceal her mental health struggles from her family. Alice has found remote education during the lockdown difficult and has felt increasingly isolated from friends. She also found that being in the house all the time meant she had no opportunity to get a break from a place where her personal identity was not being respected. There have been quarrels over school work and being allowed to mix with others, even in ways that were compliant with COVID regulations. Alice has now been missing on a number of occasions because, as she says, 'I just need to get away. I can't cope at home.' Alice has also begun to self-harm- a fact which she tries to conceal from her parents.

LEVI

Levi* is 16 and has been suffering serious mental health issues for a while, involving self-harm, impulsive and risky behaviour and possible psychosis. Levi's mum is at the end of her tether, stating that she can't cope any longer and is not receiving the help she needs despite repeated requests. The other siblings in the house are also suffering from the impact of the situation. In Summer 2021, Levi started to go missing, sometimes for hours at a time, to random destinations. Levi was usually aiming to find someone connected with the family in some way, but would end up lost and disorientated, often having 'forgotten how I got here' and was returned home by the Police. Levi's mum herself is suffering from poor mental health as a result of what has been happening and also went missing on one occasion, stating she was 'emotionally and physically exhausted' and that she did not feel that anyone cared as she had been asking for help for the last six months but that "nothing was ever done". Levi is now under a mental health team and is receiving drug therapy.

*All names have been changed to protect the identity of the individuals concerned.



CASE STUDIES

LEO

Leo* is 16 and living in semi-independent accommodation. The first few years of his life were turbulent, spent with his mother who was heavily addicted to drugs and neglectful of his needs. Other family members were also drug dependent and unable to care for him, so he was taken into the care of the local authority whilst still very young. However, he feels lonely and unwanted and thinks he doesn't belong anywhere. Recently, he has been reported missing on several occasions, When visited by our case worker, he revealed that there have been further missing episodes which have not been reported. When asked why he has gone missing from his placement, Leo replied that he feels low most of the time. 'I think I suffer with my mental health. I just feel like nobody cares.'

SCARLETT

Scarlett* is 13. During Summer 2021, she was alone in the family home with her mother while her father had taken the younger siblings out. On his return, her Dad realised that his partner had attempted to take her own life. Emergency services were called and Scarlett's mum survived. Within the next few days, Scarlett was reported missing from home. When she spoke to the Catch22 case worker for her return home interview, it became clear that there was family conflict which pre-dated the suicide attempt. After the attempt, Scarlett had conducted intense internet searches on 'death by overdose', 'how to kill yourself' etc. It was unclear whether these searches were an attempt to understand what her mum had done or reflected Scarlett's own suicidal ideation, as she had stated that she blamed herself for what had happened. Catch22 made a safeguarding referral and are continuing to work with Scarlett on this and other risks which have come to light.

OLIWIA

Oliwia* has additional needs and has found successive lockdowns and school disruption extremely difficult and stressful. This has had an impact on Oliwia's behaviour in the home. Her parents have increasingly struggled to meet her needs but feel she is simply not getting the support she requires from her school or other agencies. They stated that she can be 'challenging' and 'violent'. 'We just can't go on like this. I know she's in a bad place, but you know what, I'm in a bad place too. My mental health is really bad. Some days I feel suicidal.' Tension in the home has led to increased conflict, and when an argument flares up, Oliwia either becomes violent or just runs away. There have been several missing incidents to date, but her mum feels this will continue or even escalate unless some effective support for the family is put in place very soon.

SECONDARY MENTAL HEALTH ISSUES

There has been a well-documented rise in domestic abuse during the COVID pandemic. During Quarter 1 2020-2021, there was a 65% increase in calls to the National Domestic Abuse Helpline⁴. The police recorded 259,324 offences flagged as domestic abuse-related in the period March to June 2020. (This represents a 7% increase compared to the same period in 2019.)⁵ In addition, adult mental health has also suffered during this period. Multiple population measures revealed deteriorations in adult mental health and wellbeing between March and May 2020⁶, and a large study of adults aged 18 and over found that 26.1% of respondents reported self-harm thoughts and 7.9% self-harm behaviours at least once between March 2020 and May 2021.⁷ Our data suggests that children do not just go missing because of their own emotional wellbeing; a small proportion go missing due to the secondary impact of poor mental health of their parents/carers. (see Scarlett*'s case study above)

IMPACT ON STAFF

Catch22 frontline staff have reported on the impact that frequent contact with children in distress can have on their own wellbeing and the frustration when children do not seem to receive the mental health support they need. Many case workers have detailed the significant amounts of time and energy they were spending trying to secure appropriate and timely mental health support for young people and frustration that the support was sometimes simply not accessible. Latest data from half of England's specialist child mental health services found one in five young people seen since the pandemic waited longer than 12 weeks for care.⁸

'I was told CAMHS are so short staffed that at that particular time they had no specialist nurses or clinicians working.'

Catch22 case worker

This sense of helplessness can take an emotional toll on case workers. One of the actions following from a Return Home Interview is to ensure the child has appropriate support in place to prevent future missing episodes. Where this doesn't seem possible, case workers report feeling discouraged and feel they risk looking ineffective to the young people and families they aim to support.

⁴ House of Commons Library 2021

⁵ Office for National Statistics/

⁶ Public Health England

⁷ Paul & Fancourt, 2021

⁸ BBC News report 21.09.21



RECOMMENDATIONS

- 1** Timely access to mental health support is required when children disclose poor mental health during a return home interview (RHI). Having been reported missing or being at risk of exploitation should be supported by a fast-track referral into Child and Adolescent Mental Health Services. Where immediate expert support at the appropriate level cannot be accessed due to waiting lists and thresholds, interim support should be put in place – ideally by a professional with a good existing relationship with the child- in order to prevent, monitor and manage risks and escalate concerns where necessary. Support could include providing regular wellbeing check-ins with a child, sources of immediate online or telephone support etc.
- 2** When a parent/carer calls to report that child missing, Police call-handlers should ask explicitly about the child's state of mind in the run-up to the missing episode and at the time of going missing. This will support accurate risk assessment and appropriate response and investigation.
- 3** There should be an appropriate flagging process on Police systems for children known to be suffering with poor mental health. These should be used consistently and taken into account when decisions are made about response to the missing report.
- 4** Where children disclose during a prevention interview or RHI that a parent's emotional wellbeing is suffering, there should be a mechanism to record this which then triggers follow-up support. This should be accompanied by systems to ensure this has taken place.
- 5** Follow-up contact by the person who conducted the RHI should take place where poor mental health has been disclosed. This should happen within a week of the initial RHI, in line with research that suggests the risk of repeat missing episodes is especially high in the first couple of weeks⁹. Commissioners should consider this as part of Missing Service specifications.
- 6** Information-sharing protocols should be put in place whereby educational establishments such as schools and colleges can be alerted that a child has had a missing episode (subject to consent to share from child and parents/carers). This will make key staff at the school aware that the child may need additional support at this time and enable them to check on a child's state of mind.

⁹ Sidebottom, A; Boulton, L; Cockbain, E; Halford, E; Phoenix, J; (2020) Missing children: risks, repeats and responses

‘When a child first speaks about their mental ill health, it is important for them to know that they have been heard. Children told us that the initial response from a professional makes a real difference...’¹⁰



¹⁰ 'Feeling Heard': findings from JTAI into responses to children with mental ill-health, 2020

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