

TSI conference

Prioridad al Bienestar y Salud Mental de los Niños, Niñas y Adolescentes

Abordaje de las necesidades de salud mental y bienestar emocional de niños, niñas y adolescentes en el sistema de atención y protección en Andalucía



Child & Youth Wellbeing and Mental Health First

Addressing mental health and psychosocial support
needs of children and young people in care and
protection system in Andalusia (Spain)

Overview of Project, Results and Activities to date



Project Governance



“Child & Youth Wellbeing and Mental Health First”:
multi-country technical support
in Spain, (Andalucia) Cyprus, Italy and Slovenia.

Project leadership :
Regional Ministry of Health and Consumer Affairs of
Andalusia &
Regional Ministry of Social Inclusion, Youth, Families and
Equality of Andalusia

Project Steering Committee
Oversees all planned activities, and is composed of
representatives from UNICEF, DG REFORM, and the
Beneficiary authorities.

Project Advisory Committee:
Oversight and guidance on the main project activities &
contribute to the main project outputs.
Comprised of: representatives of the main institutions
and stakeholders + professionals / experts

Expected Outcomes and Results

Outcome 1:

The authorities of Andalusia are equipped with an **integrated collaboration framework** to address the mental health and wellbeing needs of children and young people in care and protection systems.

Outcome 2:

The authorities of Andalusia (Spain), service providers and professionals have the necessary **capacity and tools** to implement the proposed collaboration framework.

Output/Result 1:

Analysis of state of play of mental health and wellbeing support for children in child care and protection system and recommendations

Output/Result 2:

Proposal of an **integrated framework for interdisciplinary and multi-agency collaboration** to address comprehensively the mental health and wellbeing needs of children in care and protection system

Output/Result 3:

Capacity-building to implement the proposed collaboration framework

Output/Results 4:

Communication, consultation and dissemination activities

Overview of Assessment Results and ongoing work on Integrated Collaboration Framework

Mixed methods assessment has generated informative situation analysis and actionable recommendations

Item	Description
Quantitative survey	A quantitative survey of care and protection service providers to identify mental health needs among children of different ages in different types of residential care and in Family Treatment Programmes. Twenty-seven (27) providers submitted data for 497 children and young people.
Administrative data	Analysis of existing administrative data on the number of child-focused health professionals as a ratio to the child population and the population of children in the system of care and protection in each province.
Mapping	Mapping of the institutional set-up and services including existing coordination, collaboration and communication mechanisms and tools between the different sectors, professionals.
Qualitative interviews and focus groups	Qualitative data collection among professionals from primary health services as well as mental health services and the care and protection system involving 218 professionals and caregivers in four provinces.
Online survey	Online survey with 208 young people in the care and protection system aged 14-17 years and 87 (f=30 and m=56) care leavers aged 18+.

Key findings: **demand** for mental health services

Children in residential care and FTPs are referred to mental health services usage to a greater extent (22-31%) than the children in the general population (6.3%)

Behavioural issues drive 57% of mental health referrals from residential centres and FTPs, with most resulting in treatment

Unaccompanied migrant children and young adults in the system of care and protection underutilise mental health services (6.1%)

Professionals report critical service gaps and increasing demand for mental health support in the care and protection system

Key findings: Structure and Capacity of Mental Health Services Supply

Provincial networks face significant staffing shortages for child-specific mental health services

Only 19 clinical psychologists exclusively serve children across all of Andalusia

Day hospital capacity is limited to just 92 places region-wide, many below minimum standards

20,000 more children are using mental health services in 2023 compared to 2018

Service usage is highest in Cadiz, Huelva, and Sevilla; and lowest in Jaen, Almeria, and Granada

Two-thirds of service users are boys, one-third are girls

The most common diagnoses are anxiety disorders, autism spectrum disorders, and ADHD

Key findings **supply:**
Psychotherapeutic
Intervention Service
(PIS) dedicated only
to children in care
and protection

530 children from the system of care and protection served across Andalusia in 2023

Coverage reaches 10.8% of children in residential care and 7.2% in family care

Provincial variations are notable: 25% coverage in Cordoba vs. regional average of 10.3%

However this is reflected in staff-to-patient ratios ranging from 1:16 in Malaga to 1:29 in Cordoba

Just 17 mental health professionals serve the entire PIS system region-wide

Service design based on four-component therapeutic model focused on trauma recovery

Professionals' perspectives

- The specific needs of children in the system of care and protection are not consistently addressed in intersectoral protocols on identification and response to specific mental health conditions
- Significant waiting times (3-6 months) and limited number of appointments can compromise mental health treatment continuity (as can coordination and communication between health and child protection professionals)
- The care environment is critical for child and adolescent mental health and wellbeing. A lack of resources is contributing to residential staff turnover resulting from burnout, low pay, challenging working environment and conditions which contribute in turn to poor care environments and increased mental health challenges for children. Non-standardised approaches to ensuring a nurturing care environment may also be increasing stress that impacts child mental health
- Professionals need more information about the specific mental health support needs of children from the system of care and protection.
- Children and young people who have experienced trauma or who have had adverse childhood experiences may behave in ways that seem like mental health conditions but could be responses to the stress of entering care or being in care for protracted periods.
- Some children may be treated by a number of different professionals and children say they find this overwhelming
- Promising practices include social paediatric units, Family Treatment Programme, psychotherapeutic intervention service, working on prevention and reintegration, outreach approaches, and examples of effective interdisciplinary coordination on mental health prevention and response

Perspectives of
children in care and
protection and
young adults who
have left care and
protection

Boys and unaccompanied minors report better mental wellbeing than girls in care and protection

Relationships with friends, family and caregivers significantly impact mental health and wellbeing

22% reported access to mental health services

Immediate improvements needed: more empathetic staff, better communication, greater autonomy

Continuity of support during transitions between placements or when leaving care is critical

Recommendations

- **Developing an integrated framework** is essential to optimise the use of mental health resources across care and protection services. This framework should establish clear assessment criteria, referral procedures, and care standards that adequately address mental health needs, ensuring cohesion between disparate system parts.
- Alongside this structural change, **investing in prevention** through strengthened FTPs would expand their capacity to provide a broader range of interventions and maintain links to community mental health services, ultimately preventing unnecessary placements into care.
- System coordination requires **harmonised protocols** that ensure mental health considerations are included in child protection procedures, and that children in care are explicitly considered in existing mental health protocols such as those for ADHD and suicide prevention. Joint training would facilitate crucial information exchange between professionals across sectors, breaking down traditional silos.
- **Prioritising access to mental health services** is critical to address immediate service gaps. This involves introducing mental health screening upon entry into care and periodically thereafter, expanding psychotherapeutic intervention services, creating fast-track referral systems with safeguards against over-pathologising, and identifying dedicated child protection clinical specialists using trauma-informed, attachment-informed approaches.
- Supporting this effort, **standardised assessment tools** should be developed alongside training for all professionals in identifying specialised mental health intervention needs, focusing on early identification and prevention.

Recommendations continued...

- The environment of care and protection significantly impacts mental health outcomes, necessitating enhanced standards through trauma-informed, strengths-based approaches. **Improving care environments** requires providing wellbeing support for staff and caregivers, developing specialised training for various care settings, standardising communication and discipline methods, reducing placement changes, and establishing key worker systems that foster trusted adult relationships for children in care.
- Infrastructure improvements are equally important, including developing **interoperable information systems** with unified assessment, referral, diagnostic, and follow-up capabilities across sectors, with robust outcome monitoring indicators.
- This technical infrastructure must be **enhanced through continuing professional development, which involves** systematic, integrated approaches to mandatory pre-service and in-service mental health and child protection training for all relevant professionals.

Recommendations continued

- The care and protection system should also **reassess the provision of long-term residential care**. This type of care service can often exacerbate stress and trauma for children and young people. Prioritising family-based or community-centered alternatives may provide a more stable and supportive environment for their mental well-being and development.
- Simultaneously, developing **robust peer support mechanisms** – including structured mentoring programmes, facilitated peer groups, and alumni networks of care-experienced young people – can provide children with valuable emotional support, reduce isolation, and create opportunities for shared understanding with others who have similar lived experiences. These peer connections often prove invaluable during transitions between placements and when leaving care altogether.
- Finally, **promoting mental health awareness** among children in care and ensuring their meaningful participation in decisions affecting their lives will embed a rights-based approach throughout the system.

Overview of work on Integrated Collaboration Framework

1. Introduction

Concise overview of conclusions and recommendations from assessment, rationale for the ICF structured in components

- Governance
- Interdisciplinary collaboration
- Training and capacity building
- Communication, referral and monitoring
- Stakeholder engagement and participation (at all levels in both sectors)

Principles and values:

- Preventive
- Proactive
- Nurturing
- Equitable
- Etc...

2. Governance roles and responsibilities

Intersectoral working group / commission comprising PSC members with following roles and responsibilities:

- **Oversee the implementation** of the Collaboration Framework by **meeting every six months** to hear from the responsible health and child protection entities about progress in implementing the actions foreseen in the Framework. **Additional meetings can be called to address specific issues** as they arise
- **Take decisions** on key aspects of the Framework – practice models, protocols, case management methods, training and capacity building
- Ensure the implementation of the Framework is **adequately resourced** from each sector's budgets or with additional funding as required
- **Find solutions to problems** that arise and to **make adjustments** to the Framework as required during implementation
- **Decide on any extension or further development** of the Framework after the first period of implementation is complete
- **Monitor** the efficiency and effectiveness of the Framework implementation by **reviewing regular monitoring reports** and **commissioning research** as required
- **Invite other stakeholders** to participate in specific meetings as the need arises including, but not limited to: professionals from health and child protection, provincial authorities, representatives from child protection service providers, representatives of caregivers including kinship and foster carers, academic community
- **Publish an annual report** on progress in implementing the Framework

3. Interdisciplinary collaboration

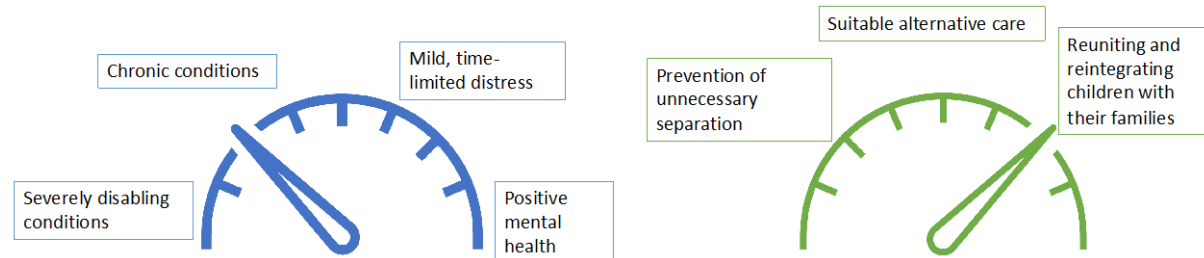
A common understanding across disciplines and sectors of the unique needs and specific challenges relating to mental health support needs of children in care and protection and of the continuum of mental health and alternative care

- Prevention and promotion
- Focused interventions (delivered by non-mental health professionals)
- Specialised services (in health)

The continuum

... of mental health, emotional wellbeing, and psychosocial support

... of alternative care



3. Interdisciplinary collaboration

- Creating new protocols for interdisciplinary and intersectoral working
- Screening tools – based on national and international practice – for use at primary levels in CP, health, education by doctors, caregivers, teachers, professionals
- Allocating more powers to treat to CP psychologists (FTP and service providers) – professional supervision mechanism from Mental Health
- Case management protocol – a key worker/case manager who has convening powers assigned to any child entering care
- Health involvement in oversight of PIS – expanding functions? Short and long-term perspectives
- Prevention – improved care environment; expand focused interventions; expand specialized interventions (FTP and Social Paediatrics; in situ treatment? Dedicated units on call?
- Language and cultural barriers

4. Training and capacity building

- Develop an integrated competency framework – each sector and common/joint competencies
- Develop and implement a long-term plan for building competencies in workforce across sectors
- Joint and separate training
- Pilot modules with training institutions during the TSI project
- Monitoring

5. Communication, referral and monitoring

- Data protocols – case management, key worker, screening - and data management plans – working towards interoperability of EMIS, HMIS, CPMIS
- M&E plan for the Collaboration Framework including indicators for monitoring:
 - System and practice changes and improvements (implementation of protocols, introduction of screening tools, changes in knowledge, attitudes and practice at different levels of the system)
 - Improvements in child mental health and well-being for children in the system of care and protection including their mental health and other outcomes as adults compared to overall child population
 - Equity in accessing mental health services and support across the continuum of care and of mental health through disaggregation for age, girls and boys, geography, migrant status, disability including intellectual disability

6. Stakeholder engagement and participation

- At all levels of interventions (from primary/universal services to specialised services and care in both sectors) including:
 - Professionals – health, child protection, allied sectors in education, justice
 - Caregivers
 - Children and adolescents in care and young adults who have left care and protection
 - Service providers
- Periodic satisfaction surveys or, over time, through automated digital responses that can monitor satisfaction in an ongoing way (professionals and service users)
- Child and care leaver survey every two years
- Annual participation in working group meeting
- Triennial conference
- Data hub and resource library online

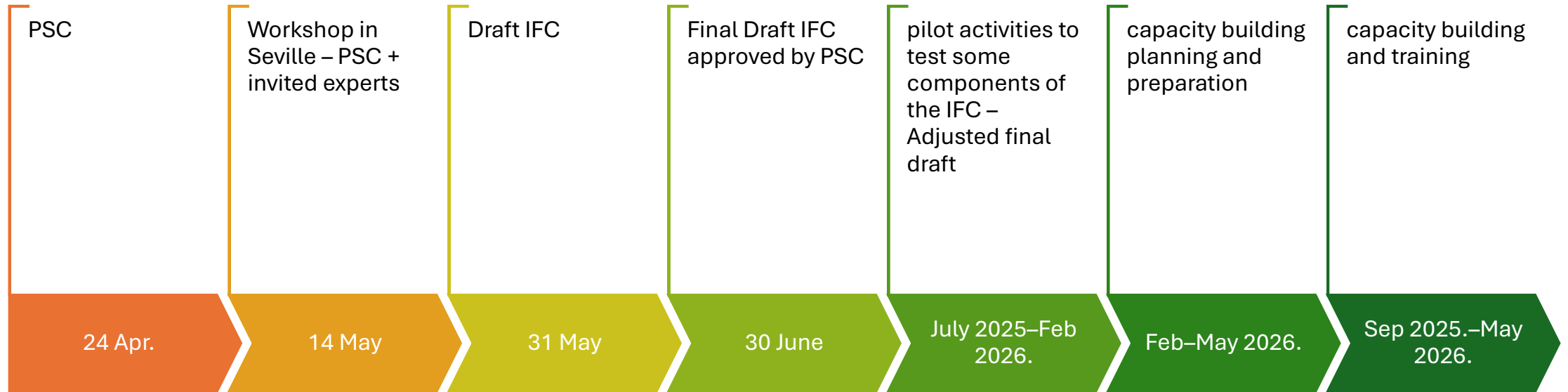
7. Implementation plan (to be developed)

- Pilot description
- Short, medium and long term actions, responsible stakeholders
- Milestones
- Indicators etc

Process for development and next steps

- Consultative workshop May 14th to identify short (pilot), medium, long-term priority areas of collaboration for inclusion in the framework
- Co-development, consensus, ownership
- First draft for approval by PSC end-May
- Pilot design May-July 2025, implementation September 2025-February 2026
- Final draft approved by PSC (and PAC) February 2026

Workplan





Thank You!
