

Young people's experiences of in-patient mental health care

This briefing uses insight from Childline counselling sessions and NSPCC Helpline contacts to highlight the experiences of young people accessing and undergoing in-patient mental health care

February 2024

Key findings

- From 1 April 2022 to 31 March 2023 Childline delivered 105,366 counselling sessions on all mental and emotional health and wellbeing topics.
- 621 of these specifically mentioned being sectioned or hospitalised for mental health, an 18% increase compared to the previous year.
- From 1 April 2022 to 31 March 2023, the NSPCC Helpline handled 2,854 child welfare contacts on all mental and emotional health and wellbeing topics.
- Young people told Childline about a range of experiences, including; seeking informal/voluntary admission to hospital; being detained in hospital; being discharged; and seeking post-discharge support.
- Childline heard that some young people felt they did not receive clear communication about decisions made before admission and while in hospital.

- Some young people shared that they found it difficult to find support post-discharge, particularly when moving from child to adult mental health services.
- There was pressure for young people to get "better" and no longer have mental health issues once discharged, presenting a barrier to seeking out support.

Introduction

Our Helplines Insight Briefings are produced to raise awareness and increase understanding of different topics by sharing the voices of children and adults who have contacted the NSPCC with concerns about a child's wellbeing.

- [Read our other helplines insight briefings on the NSPCC Learning website](#)

Mental health is as important to a child's safety and wellbeing as their physical health. It can impact on all aspects of their life, including their education attainment, relationships, and physical wellbeing. Mental health can also change over time, to varying degrees of seriousness and for different reasons. Mental health issues can sometimes lead to safeguarding and child protection issues, for example if a child's mental health begins to put them or other people at risk.

- [Read more about child mental health and safeguarding on NSPCC Learning](#)

Between 1 April 2022 and 31 March 2023, Childline delivered 105,366 counselling sessions about Mental and Emotional Health and Wellbeing¹. This represented 55% of all counselling sessions delivered in that period.

In 621 of these counselling sessions the child or young person specifically discussed being hospitalised due to mental health or sectioned. This was an 18% increase compared to the previous year where 526 counselling sessions discussed being hospitalised due to mental health or sectioned.

Between 1 April 2022 and 31 March 2023, the NSPCC Helpline handled 2,854 child welfare contacts on all mental and emotional health and wellbeing topics. This represented 5% of all child welfare contacts handled in that period. Less than 10 of these specifically discussed young people being sectioned or hospitalised for mental health.

To be "sectioned" refers to being admitted and kept in hospital under the Mental Health Act 1983 for England and Wales. In Northern Ireland this can be called being "detained" under The Mental Health (Northern Ireland) Order 1986 and in Scotland this is covered by the Mental Health (Care and Treatment) Scotland Act 2003. There are different section and detention types, where rules and length of stay vary, but they all intend to keep a person safe, provide them with treatment, and give them support. It is also possible to receive in-patient mental health treatment as an "informal" or "voluntary" patient

To give an idea of the magnitude of this topic, according to official NHS England figures, in 2022-23, there were 51,312 new detentions recorded for children and

¹ This includes counselling session where the child's main concern was mental and emotional health, self-harm, or suicide

adults under the Mental Health Act [1]. Of these, 997 new detentions were from young people aged 17 and under.

It is crucial that professionals are aware of the challenges children struggling with their mental health may face when accessing or receiving in-patient care. It is known that the experiences of children hospitalised or sectioned for mental health can vary and that listening to the child's perspective can provide valuable insight for creating a child-centred approach [2,3].

This briefing outlines what young people spoke to Childline about when discussing being sectioned or hospitalised for their mental health. This provides examples of considering the need for hospitalisation and additional support, their experience of care while in hospital, being discharged, and the after-effects of having been hospitalised. Our aim is to provide insights about the variety of journeys taken by young people in tertiary care for mental health. These can provide considerations into how to work effectively with young people with mental ill health who have been hospitalised or are being considered for in-patient treatment.

This briefing contains summarised and anonymised quotes from adults, children and young people which contains mention of:

- Mental ill health, self-harm and suicide, abuse in healthcare setting, patient restraint and seclusion

Further support is available from the NSPCC Helpline and Childline. Contact details are listed at the end of the briefing.

Admittance to in-patient care

Expressing the need or desire for hospitalisation

Some young people contacting Childline about mental health recognised that they were particularly unwell and believed they would benefit from treatment in a hospital setting. Some young people expressed they wanted or needed to be hospitalised to avoid harming themselves or others.

Within this, there were examples of young people expressing worries that their parents or carers or mental health teams would not be open to discussing or supporting this option:

“I struggle a lot with my mental health. It’s been getting a lot worse lately and I’m making the decision to admit myself as an informal patient. I have an appointment tomorrow where I’m going to be discussing it with my mental health team. I have done a lot of research about the pros and cons, and what my rights are. I feel like it would be the best course of action for my mental health, but I’m just worried about whether CAMHS or someone else has the power to deny me a place as an informal patient.”

Girl, aged 16

Some young people told Childline they needed an adult other than their parents or guardian to act on their behalf and refer them to a mental health assessment – a nominated person.²

“This might sound weird, but I want to know how I can be voluntarily admitted at a psychiatric ward. I self-harm regularly and have constant suicidal thoughts that led to me nearly killing myself last year. I really think I'd benefit from an environment where talking about mental health is both normalised and taken seriously. I feel like I can't talk to anyone right now, least of all my mum. If I spoke about going to a psych ward, she'd either freak out or assume I was making it up for attention. I know I can't exactly go behind her back, but is there a way I can get an adult to talk to her for me instead?”

Girl, aged 18

The aunt of a young person contacted the NSPCC Helpline to raise her concerns about a parent preventing their child being assessed for mental health needs:

“My niece's been struggling with her mental health, and she told me she's struggling to cope and needs to be in a safer place. I was told it's up to her father to decide whether she'll be considered to receive care in a mental health ward, but I know he's very resistant to his daughter seeking further mental health support. He thinks people in our community will start talking about it and that that will compromise her chances of getting a good husband. It's clear my niece needs further

²A 'nominated person' (also known as an Independent Mental Health Advocate) is someone who can advocate for a young person in relation to their mental health care and treatment, as well as help them to understand and exercise their rights.

support before she overdoses again. Some intervention must happen, but I don't know how to proceed."

Aunt, NSPCC Helpline

Some young people were able to share worries about their mental health and safety with parents or carers and health care professionals. Within these, there were young people who expressed feeling their concerns were not being taken seriously or acted upon appropriately.

"Last week, I got sectioned by police cos I was feeling suicidal, but when I had my assessment at the hospital place of safety, the doctor didn't ask me anything important; nothing to do with my suicidal thoughts or self-harming. They just discharged me with no support other than talking therapy, which is all I ever did with CAMHS anyway and it didn't help. I feel so dismissed by professionals at the moment, it makes me want to kill myself again."

Gender not disclosed, aged 18

There were also examples of young people who expressed they felt they needed to hurt themselves to access further support in a psychiatric hospital setting:

"I'm struggling a lot with getting the support I need - I'm waiting for a referral to CBT [cognitive behavioural therapy] but it's taking too long. My parents tell me to just focus on what's good and be grateful, which is useless advice. I feel left aside, and the only way to be taken seriously is to actually hurt myself badly or try to kill myself. This way they'll have to take me to hospital, where I feel much safer and better. Besides my

boyfriend, speaking to Childline is one of the few things that help me calm down."

Girl, aged 15

Young peoples' responses to being sectioned

While some young people felt disregarded when indicating the need to be hospitalised, other young people played down or hid how they were truly feeling to professionals because of the fear of being sectioned.

"I've recently started with a new therapist and he was not helpful at all. I felt he wasn't really trying to help me but instead was interested in going through a standard set of questions. Some things I said about my patterns of self-harming seemed to shock him, so I stopped being honest. I thought he'd be understanding but instead I'm fearing he'll make me be admitted to hospital."

Girl, aged 18

Childline heard from young people after the decision had been made for them to be hospitalised due to their mental health. Young people told Childline about how they felt when sharing about their mental ill health with a safe adult:

"It took me time to build up the courage to open up to my teacher about my suicidal thoughts. But the moment I mentioned I was having suicidal thoughts she rang 999 and I was taken straight to hospital! I feel kinda betrayed and let down cos I made it clear I did not have a plan to take my life. I just wished she could have listened to me properly instead of jumping to conclusions."

Girl, aged 17

While it can be difficult to convey information to someone experiencing a mental health crisis, some children expressed that they did not feel that they knew what would happen once a decision had been made on their behalf. This lack of effective communication when being sectioned made some young people feel scared, anxious, and confused.

“I went to a meeting at CAMHS today with my parents and the doctor decided to section me as they felt my outpatient care isn’t working. I’m really upset and scared because I don’t know what is going to happen. I’m worried about being in a strange place with new people. I’ve been crying and feel overwhelmed with sadness and anxiousness. I’m now just waiting for the phone to ring to say a bed is free. I will not be able to relax or sleep waiting for that call.”

Girl, aged 13

Young people told Childline the use of restraint prior to admission to in-patient care could be experienced as excessive and intimidating. The practice was described by some as made in disproportionate and abusive ways – that is, for a long duration, too forcefully and/or by many staff at once, or used without trying other approaches to deescalate the situation (instead of as a last resort).

A child aged 11 described the panic they feel when they think police can be involved after a disclosure:

“I keep getting flashbacks to when I was restrained by police. There were literally like five officers pinning me down on the ground. They even put me in handcuffs which really hurt – I still have bruises on my

wrists. I just don't get why they had to use such excessive methods on me. Now I panic whenever I think police might be involved."

Non-binary young person, aged 11

Care in hospital

The environment in hospital

Young people turned to Childline to talk about their experiences during in-patient care. Some explained how they were struggling with being in hospital as they found the environment noisy and busy, or because they were struggling with the restrictions and lack of privacy.

Some young people perceived the support they were given was not tailored to them and that their specific needs were being ignored. This young person compared being restrained when detained to the restrictions imposed on her after being admitted to hospital:

"I can't be in this stupid hospital anymore. I feel like I have no control over anything apart from what I eat and drink. Nobody's listening to me. I just feel so angry at the police officer for pinning me down and handcuffing me; at the stupid social worker for sectioning me; and at everyone for never listening. I think I'm losing my mind and I just need it to stop."

Girl, aged 17

For another young person aged 15, the contact with other patients with the same type of symptoms or coping mechanisms was a challenging aspect of being in a mental health ward:

"I hate it in here. It's not just the noise, the boredom and controlling staff checking up on me every five minutes. It's also the fact I have to be around other people struggling like me. I find it quite triggering, like if I see other patient's scars it makes me want to cut again. Sometimes I worry I'm more at risk here than on the outside world."

Girl, aged 15

The environment in the psychiatric ward was also described by some young people as scary and unwelcoming. An 18-year-old girl told us about their perception of the atmosphere in an adult ward:

"I've been in this adult psychiatric ward for over 2 months, and it's making me worse. It's really hard to get any sleep as there is so much going on all the time with other patients. I'm the youngest here and I can hear others screaming and that gets me agitated. I just want to go home and my room and be next to my siblings."

Girl, aged 18

Conversely, some young people mentioned feeling reassured by being in a controlled and predictable space, which assisted them in their treatment but hindered it when not adhered to:

"I'm autistic so structure and routine are, like, really important to me. Whenever something changes it stresses me out and I don't know how

to cope. It's happening right now in the psych ward I'm on, as so many of the staff keep changing. It takes some time for new staff to understand me and respect my ways of coping, but just when I think they've got me, they suddenly leave! I just want things to stay the same for once."

Girl, aged 14

Childline also heard from young people who wanted help coping with the regulated and controlled hospital setting. One young person shared how even though she could not cope as she would at home, she realised there were still actions that were in her control:

"There's a lot of restricted items that would usually help me but I can't use in here, like spending time with my pet and listening to loud music. It's so boring. But it's good to know there are still some things I can control, like my breath, and how I relate to others."

Girl, aged 18

Involvement in own care and treatment

Young people talked to us about the clinical treatment they received in hospital and their involvement in their own care.

Medication made some young people feel calmer and more in control. Some shared that their symptoms and ability to cope would be far worse without it. Others felt that the medication numbed their feelings, caused extreme tiredness, and made them feel generally worse. Even when the pros and cons were recognised, young people valued being listened to when it came to the type of treatment they were prescribed.

“I have mixed feelings about my medication – I know it helps with my mental health, but they also make me sick and give me brain fog. I have no autonomy to decide if and when to take my medication. I wish I were off them but then it’s better to just comply and adjust to the side effects.”

Girl, aged 15

When a child or young person has been sectioned, there may be times when they receive treatment against their wishes, sometimes involving restraint. Young people valued when professionals reassured them about the therapeutic benefit of whatever protective measures were in place while at hospital. Childline heard from young people grappling with their options of either consenting to or resisting treatment.

“So I’m having issues with my hospital team about my medication. Like I know I need treatment, but the meds they’ve put me on are so intense, I feel like a zombie when I’m on them. I’ve tried asking if they can give me something different or at least lower the dosage, but they don’t listen. It feels like they just want me to be docile and comply. And then if I refuse to take anything, they basically threaten to restrain me.”

Gender not disclosed, aged 15

When speaking of treatment or precautions that they wanted to avoid, some young people mentioned they needed to act and behave a certain way to feel heard by staff. They believed decisions made about their care, such as getting their safety plan removed or being discharged, depended on the perception of how much they seemed to be improving:

"I feel humiliated that everyone knows I relapsed. I need to show the staff they can trust me again. I'll try to get some rest and convince them I'm getting better so I can stop using anti-ligature clothes."

Girl, aged 18

Inadequate support or care

While most young people recognised some benefits from being hospitalised, we heard from instances where young people told us they had received care that was unsatisfactory or inappropriate. Some young people perceived hospital staff to be acting distant and indifferent to the point that they did not feel safe in hospital:

"I feel neglected and abandoned. I'm in a psychiatric ward and none of the staff bother to talk to me and ask if I'm okay. All they do is check to see if I'm in my room or not. I feel like things are not changing, I still feel hopeless and suicidal. I've been left alone in this room the whole time, sometimes I feel like a ghost."

Boy, aged 17

One family member contacted our adult Helpline concerned that their nephew, of primary school age, was not receiving appropriate care in hospital. The child had additional needs and felt they were being sedated and confined by staff who would not otherwise know how to manage them.

"My nephew, who's autistic, was sectioned and is being mistreated in hospital. The room he's staying in is not properly cleaned and he's not receiving the care he needs: every time I visit him, he complains to me he feels lethargic because of too much medication. He sleeps all day, and

I can see he doesn't have the spark he once had. I've tried speaking with the hospital staff but the way they referred to my nephew was just appalling; I know he can get quite aggressive at times, but they treat him like an animal in a cage who can't be let out of his room. I don't think they're trained in understanding my nephew's needs as a neurodivergent boy. I'm helpless on what to do."

Family member, NSPCC Helpline

Discharge decision

Some young people who contacted Childline disagreed with decisions made by hospital staff about when they should be discharged³. This left young people feeling that they were not being heard and that what they thought was best for their own wellbeing and treatment did not matter.

The process of being discharged was described by some young people as anxiety-inducing. Depending on the section, detention or needs of patients, hospitalisation could last for a number of hours or number of months. For those who had been hospitalised for a long time, a difficult step to being discharged was losing a sense of belonging and understanding provided by relationships created while in hospital:

"My psychiatrist wants to send me back home, but I don't think it's the right time to be discharged. I worry that I'll return to my old routine of bottling feelings up to try not to worry my parents. Here I can show how I really feel, and I've bonded really well with some of the nurses. I don't

³ For more information on the types of discharge [4] see <https://www.rethink.org/advice-and-information/rights-restrictions/mental-health-laws/discharge-from-the-mental-health-act/>

want to say goodbye to them yet – I know I'll have to eventually, but I'd rather it was on my terms and when I feel ready."

Girl, aged 17

Young people expressed the need to be supported and empowered to cope after discharge to avoid relapse and a potential readmission. Within this, there were mentions of young people not feeling ready to leave the monitoring and supervision offered in hospital. A young person described how she feared being discharged would pose a risk not only to her own safety but also to that of others:

"I'm in an adult psychiatric hospital cos I keep hearing voices telling me to hurt or kill someone else. The mental health team want to send me back into the community, but I feel I need another in-patient admission for the safety of myself and others. It's hard cos I've been completely honest about everything, that I'm a danger to myself and others, but no one's listening."

Girl, aged 18

While some young people described feeling anxious about discharge because they felt they still need hospital support, others were upset because they felt ready for discharge but professionals did not take that into account. There were young people who looked forward to being discharged and believed they would be better off outside hospital.

"I'm nervous about a meeting with the hospital staff tomorrow where they'll decide if I'm ready to be discharged. Some of them think I've been improving but I'm not sure they'll think it's enough to send me home. I really think they should, as I know going back home will

motivate me to think about my future and all that I want to achieve. I feel like I'm as ready as I'm ever going to be to go home."

Girl, aged 18

After hospitalisation

Struggles to find appropriate support

A concern among young people who contacted Childline after being hospitalised for their mental health was the struggle to find appropriate support post-discharge. They missed the level of support they had in hospital and that found barriers to accessing the care they still felt they needed.

For one girl who developed a good relationship with their therapist in hospital, being discharged meant the continuity and perceived efficacy of her treatment was compromised:

"I feel my therapist in hospital believed in what I was saying. I don't usually trust people and I hated the way my psychiatrist treated me, but I felt my therapist genuinely cared about me. Since I got discharged, I've been seeing a new therapist, but they are not really listening and are very distant. I can't be honest with them like I was with my hospital therapist. I feel like only Childline gets me now."

Girl, aged 17

A young person who spoke to Childline shared that even after having been hospitalised they struggled with having to meet a certain risk threshold. This left them feeling professionals were not taking their mental health problems seriously.

“I tried telling my mental health team about the voices in my head getting louder but no one listened - they just palmed me off to the crisis team who aren't much better. I got so desperate last year, I tried killing myself, but the police stopped me and put me on a 136⁴, as they said I didn't have proper capacity. I've now been referred to a home treatment team and I've got a psychiatrist appointment next week. I'm glad I'm finally getting help, but it also hurts that I had to be suicidal to be taken seriously.”

Girl, aged 18

Difficulties in accessing mental health aftercare made some young people feel hopeless and that they had no option but to be readmitted to hospital where they felt understood and properly taken care of.

“I have tried to hurt myself to get back to hospital, but it hasn't worked. I want to go back as it's an open ward where I get the help I need, and I miss the staff and friends I made there. I don't know what to do and feel stuck.”

Gender and age not disclosed

⁴Section 136 is part of the Mental Health Act and gives police emergency powers to remove a person from a public place to a place of safety when they appear to be suffering from a mental health issue

Young people who turned 18 while or shortly after being in hospital care talked to us about the challenges of moving into adult mental health services post-discharge. This included handling different risk thresholds than CAMHS as well as feeling abandoned and having to face their problems alone.

"I got discharged from a psychiatric unit a couple months ago and since then I've turned 18, so I'm having to deal with adult services. They make you feel small, that all your problems are irrelevant and that you should be able to face it alone with no back up if that fails. What they don't realise is that I'm still struggling: I've not slept all night cos I keep hearing voices telling me to hurt people and to end my life. I tried calling the crisis team before coming to Childline today, but it went straight to voicemail. I wish I could go back to being seen by CAMHS."

Girl, aged 18

One young person spoke to Childline about having their safeguarding arrangements post-hospitalisation suspended they were now perceived to be at decreased risk:

"Nobody cares about me. I have no friends, my parents are constantly shouting at me, and the future makes me really anxious. I've never felt this low before and I don't want to carry on living like this. The crisis team won't see me anymore cos they think I'm doing well, but I'm really not. I've tried to tell them, but they don't listen. I feel like I need to end up in hospital again for me to be valid and taken seriously."

Girl, aged 18

Pressures to get better

After discharge, some young people shared concerns that others expected their mental health illness to no longer be an issue. Family members and friends perceived the young person to be "better" even if they were still experiencing symptoms and receiving follow up care or support.

Within this, there were examples of young people feeling that they had to control their behaviour and appearance, to maintain the impression that their mental health problems had been resolved during their hospital stay.

"I'm really struggling tonight. I'm getting help from CAMHS and am on medication but I'm still feeling bad. I was sectioned a while ago, but everyone keeps telling me I'm on a positive path and doing so much better, but they don't know that inside I still feel the same. I've locked myself in my room to stop myself from running away."

Girl, age not disclosed

"I am a mess and hate it when people think I'm happy. I feel lost, stressed and I hate myself. When I was in hospital, I felt like everyone there knew I wasn't OK, so I didn't have to pretend."

Girl, aged 18

Childline heard from young people stating how life at home post-hospitalisation became increasingly difficult, with family relationships deteriorating and sometimes resulting in arguments. One girl described adjusting to life back at home after discharge:

"I was recently discharged from a psychiatric hospital and I'm feeling crap at home. It's so annoying to be dependent on others to do everything. My family invalidates my feelings and are always losing their patience with me. I do want to get better, but I'm afraid I might be readmitted – I was told I can't feel bad again or have a relapse. I'd feel so guilty if I had to go back, it was so scary in there."

Girl, aged 16

Young people expressed that they did not want to worry their parents who interpreted any relapse as a sign the entire treatment in hospital did not work, rather than being part of a treatment journey which needs to continue post-discharge.

"I do feel better after being discharged but my family now thinks I'm "fixed" and that I won't ever relapse. This just puts more pressure on me to show up as happy. I know my parents mean well, but they couldn't be more wrong – they still think that it's bad to talk about your problems and that it's best to just not think about it, but I've tried this before and I know these feelings won't go away by themselves."

Girl, aged 18

Where young people were discharged under a Deprivation of Liberty Safeguards order (DoLS)⁵, a recurring concern was the lack of privacy and autonomy. A young person described she felt she was expected to not have any setbacks after being hospitalised:

⁵ Defined in the Mental Capacity Act (MCA) 2005 and provides that a patient will be under continuous supervision, have their liberty of movement restricted, and establishes that restraint is a possible way of enforcing it. Due to be replaced by Liberty Protection Safeguards (LPS).

“It’s discouraging that my medical team thinks I have no mental capacity to decide what’s best for me. In fact, they just want to have full control of what I do and where I am. Whenever my next review is due, I have this terrible feeling that I need to be flawless and perfect so I can show they can trust me. I can’t slip away by relapsing or skipping my meds, otherwise I’ll be punished by spending another month under DoLs”

Girl, aged 15

Another challenge faced by some young people post-discharge was returning to school. Some young people spoke of being left on their own as their friends had “moved on”.

“While I was stuck in hospital I missed out on exams and most of the holidays too. All my friends have completed their A-levels and they’re now off travelling or getting ready for uni. I feel like I’ve been left behind and like I’m having to start all over again. I’m supposed to be retaking year 13 in September, and I dunno how I’m gonna cope without my friends to support me. Honestly, just thinking about the future terrifies me.”

Girl, aged 18

Young people shared with Childline counsellors they felt their families were pressuring them to get well quickly post-discharge so they could get back into school. Such pressure left them feeling overwhelmed and fearful of the consequences of a potential downward turn in their mental health state:

“My parents put a lot of pressure on me to study right after I returned from the hospital. And they tell me I might never get a decent job if I keep having these crises, as if I were to blame for them. I feel like anxiety is controlling my life and that I will never achieve my dreams because of my mental health issues. The only thing keeping me going is my friends and Childline.”

Girl, age unknown

Conclusion

This briefing highlights some of the experiences young people had when they have been sectioned, detained or been a voluntary in-patient for their mental health. Although hospitalisation can be necessary for a child's mental health and safety, Childline and Helpline heard about concerns at various stages of their patient journey.

It is evident throughout the briefing that by listening to the voices of children we can learn from and make efforts to improve their experiences. Children, at times, felt that decisions about their care were not always communicated clearly to them or their nominated persons. When young people made efforts to be part of conversations about their mental health treatment plans, they sometimes felt dismissed and not listened to; with children suggesting they had to put their safety at risk to reach a “threshold” where they would get the help they needed. Although communication can be more complex when a young person is in crisis and experiencing mental health issues, this concern was seen from pre-intake, during hospital care and post-discharge – and times of worry are ultimately when young people need support the most.

Transitions back into home and school life came with challenges for some young people; notably the experience that people around these young people did not

understand or acknowledge that their mental health would likely need ongoing assistance. Childline heard how young people tried to navigate this alone and felt they had to hide that they still wanted and needed help. Children need to be supported and empowered to access the right treatment and skills to help them manage their mental health long term.

There were specific concerns from young people placed on adult wards and children with additional or neurodiverse needs. The hospital environment that children and young people find themselves in must be appropriate for them to feel safe and supported. This includes being placed in an appropriate ward for their age and needs, and having staff adequately trained to provide tailored support.

Another prominent issue were the barriers faced by children and young people in accessing effective support post-discharge. The process of discharge was at times described as bringing about anxiety and worry for children, with fears that their voice and perspective would not be factored into the decision of their care. Some young people faced challenges in accessing community-based support: transitioning back into home and school life came with challenges; notably the experience that people around these young people did not understand or acknowledge that their mental health would likely need ongoing assistance. Childline heard how some young people tried to navigate this alone and felt they had to hide that they still wanted and needed help. Children need to be supported and empowered to access the right treatment and skills to help them manage their mental health long term.

It is crucial to not lose sight of the fact that each child experiencing in-patient mental health care is an individual, deserving of appropriate and safe placements, complete with safeguarding oversight. This should extend to their post-discharge care and transitions back into a community which is equipped to support them and their needs. Efforts should be made to hear their voices and include them in their treatment journey.

For anyone with concerns about a child's welfare or a safeguarding risk relating to in-patient care for mental health, the NSPCC Helpline's practitioners are available to listen. Helpline practitioners can provide advice, guidance and signposting to family members and professionals to help keep children safe. The NSPCC **Whistleblowing Advice Line** is also available to offer advice and support to professionals with concerns about how child safeguarding is being handled at their own or another organisation.

References

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Methodology

When children contact Childline, or adults contact the NSPCC Helpline, our trained volunteer counsellors and Helpline safeguarding professionals record what they tell us.

The insights in this briefing are taken from those Childline and Helpline contacts where we recorded information about being sectioned or hospitalised due to mental health. Quotes are created from real Childline and Helpline contacts but all names and potentially identifying details have been changed to protect the identity of children and the individuals contacting the NSPCC.

It is up to children and young people to decide how much, or little, information they want to share with us. Information drawn from Childline counselling sessions is not necessarily representative of the UK child population. Children and young people contact Childline when there is something that they are worried about. They are self-selecting groups coming to us in times of need.

About our helplines

Childline is a free and confidential service where children and young people under 19 in the UK can talk about anything that is on their mind. Our counsellors provide support online and over the phone to children when they need it most. And the Childline website provides children with the information and advice they need to understand their problems, and the tools to express how they are feeling.

The NSPCC Helpline is a service for adults - both the public and professionals - who are worried about a child. The service provides advice, guidance and support and can take action if a child is being abused or at risk of abuse.

When a Child contacts Childline in crisis

When young people contact Childline and discuss being actively suicidal, in a mental health crisis or worried that they will harm themselves, Childline counsellors are trained to provide appropriate support. This usually involves asking the young person about the situation and environment that they are in and trying to make sure that

they are safe. If a young person is assessed as being in a life-threatening situation, Childline will make a referral to external agencies (ambulance, police, children's services, child and adolescent mental health services). Whenever possible this is done with the consent of the young person. Occasionally, to keep them safe, we may need to make a referral without their agreement.

- **Further support and information**



Children and young people can contact **Childline** for information and advice about anything that's worrying them.



Contact the **NSPCC helpline** if you're worried about a child, or if you need support for something you experienced as a child.



Visit **NSPCC Learning** for more information about safeguarding and child protection.

