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Continuity of care for children with mental health problems: experiences of children, parents and social workers

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INTRODUCTION & AIM

Continuity of care for children and adolescents with mental health difficulties in the Czech Republic remains an area that is not systemically secured and often operates as the result of individual effort rather than intentional structural design. Although recent years have seen the development of community-based mental health services, particularly for the adult population, families with children still face long waiting times, fragmented services, limited capacities, and unclear pathways when seeking help. Accounts from children, parents, and social workers show that the school environment can serve not only as a source of support, but also as a place where psychological difficulties are intensified through stigmatization, bullying, or the trivialization of problems.

The aim of the study was to understand how children, their legal guardians, and social workers experience mental health care in the Czech setting, how they perceive the continuity of support along their journey through the system, and what obstacles or supporting factors influence the accessibility and sustainability of care.

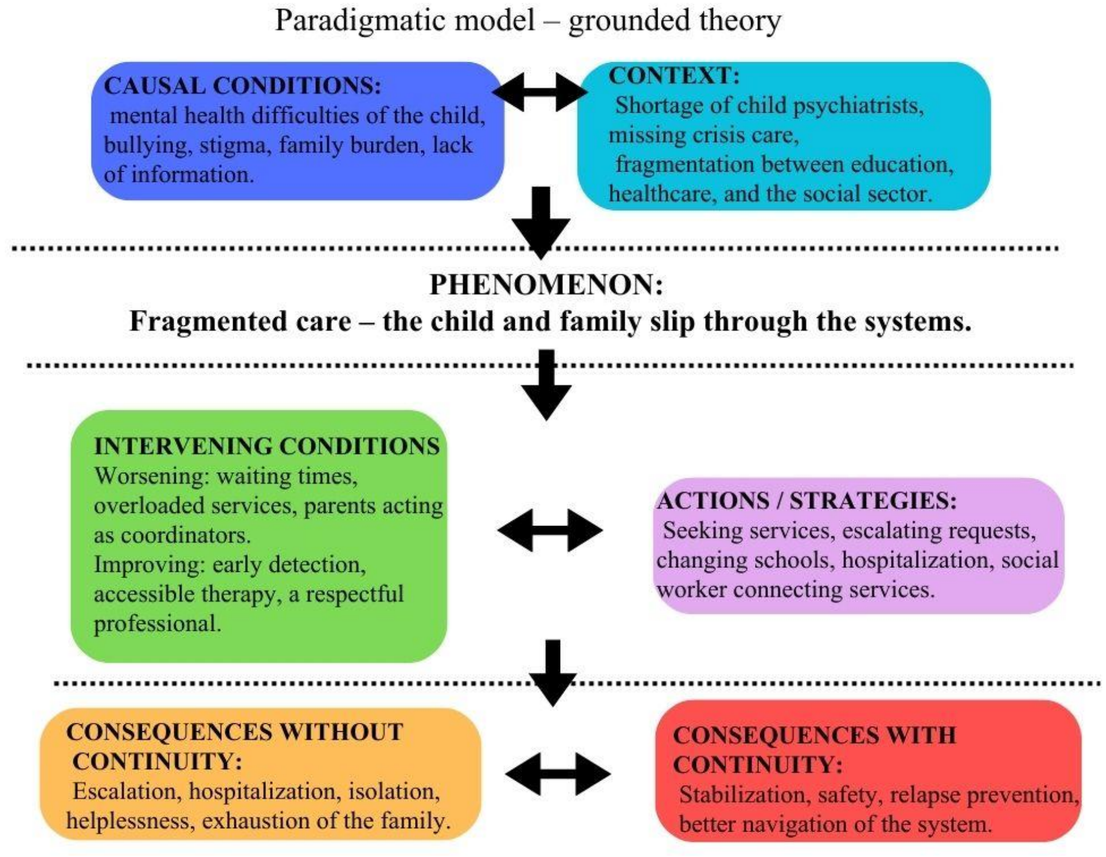
METHOD

The research was conducted using a qualitative design based on grounded theory. In-depth interviews were carried out with 33 children and adolescents with lived experience of mental health difficulties, 4 legal guardians, and 10 social workers working with these children and their families. The analysis included open and axial coding, constant comparison of data across cases, and the writing of analytical memos, which made it possible to develop categories, concepts, and relationships emerging directly from the data. Grounded theory enabled themes to surface naturally from participants' experiences and facilitated the construction of a model explaining how continuity of care is shaped in practice.
All procedures were approved by the FHSS USB ethics committee, No. 018/2023.

RESULTS & DISCUSSION

The findings indicate that continuity of care is not an inherent feature of the system,but appears rather sporadically and depends on specific individuals who are able to bridge the gaps between the health, social, and educational sectors. Children frequently described experiences of stigma and misunderstanding, particularly at school, where some teachers or peers trivialised or openly mocked their difficulties ("They told me I was cancer…"; "The principal told me I should fill my head with studying instead of self-harming").
Parents shared feelings of exhaustion, guilt, and helplessness, often linked to their role as *"informal coordinators"* of care, as they independently searched for support options, navigated administration, and ensured that their child did not fall out of care ("I feel like a bad mum… nobody told me where to turn").
Social workers highlighted structural problems such as a shortage of child psychiatrists, an absence of crisis services, overstretched support systems, and insufficient interprofessional collaboration ("The child falls between the systems…").
Despite these barriers, all groups described situations in which care *did* begin to function—always at the point when a stable professional was available to the child and family as a guide, most often a social worker, who provided support, coordination, and a sense of safety ("She was the key person… she came to see me every week").
The results are summarised in the paradigmatic model (see Figure 1), which illustrates how continuity of care is shaped through the interaction of causal conditions, contextual influences, strategies, and consequences. The model captures the fragmented nature of care pathways and highlights the points at which the system fails or succeeds in supporting children and families.

Figure 1. Paradigmatic model – grounded theory explaining continuity of care for children with mental health difficulties in the Czech Republic



Original research 2023–2025

CONCLUSION

Grounded theory emerging from the interview data suggests that continuity of care is not a product of a well-designed system, but rather something constructed through everyday interactions and relationships between individuals who attempt to bridge otherwise disconnected services. The experiences of children and parents indicate that fragmentation within the system contributes to escalation of difficulties and delays timely access to effective support, whereas continuity arises when a stable, reliable professional is available to coordinate services and communicate across institutional boundaries. The findings highlight the need to strengthen community-based child mental health services, expand multidisciplinary teams in the field, improve access to psychotherapy, establish a formal role for a key worker, and enhance collaboration between education, health and social care sectors. Only structural changes can transform the current situation—where continuity of care emerges *despite* the system—into one where it becomes a guaranteed component of support for children with mental health difficulties and their families.

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FUTURE WORK

Future work will focus on strengthening system-wide coordination, including formalisation of the key worker role to ensure continuity of care. Expanding community-based services, multidisciplinary teams, and psychotherapy access will be essential to reduce waiting times and prevent escalation of mental health difficulties. Continued research is needed to evaluate long-term impacts on children and families and to develop models that are transferable across regions and sectors.