Using a mentalising approach in social care

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Contents

Introduction

Mentalising is the ability to understand the actions, thoughts, feelings, desires and intentions of other people and ourselves (Bateman & Fonagy, 2016). It is essentially a theory about how people relate to one another and has a significant role in supporting practitioners to form and maintain effective relationships across various settings (Kliemann & Adolphs, 2018). It enhances understanding of others' experiences, helping professionals anticipate and make sense of behaviours.

This briefing provides an overview of mentalising and offers practical strategies for integrating a mentalising approach into practice. It includes prompts for reflection, case examples and links to further reading. Its intention is to help practitioners enhance their own mentalising skills while also supporting others to develop theirs.

Designed for social care practitioners and for professionals in health and education, the briefing is relevant for work with both adults and children.

The briefing explores the following key questions:

> What is mentalising and why does it matter in practice?

> How does mentalising support effective communication and relationship building?

> What factors can make mentalising difficult?

> How can we strengthen our mentalising skills?

Mentalising warm-up activity

Have a look at the pictures below:

> What do you think the people in the pictures are thinking and feeling?

> Why do you think that?

> What is your immediate emotional response to the pictures? How do they make you feel?

> You might look at the adult and think they seem worried, distracted, or deep in thought. A furrowed brow might signal concern, or perhaps they are lost in concentration?

> You may have found it more difficult to identify what the baby might be thinking and feeling. Babies communicate through subtle cues and rely on us to interpret their needs and emotions. The baby in the picture could be hungry, tired, need changing, or might just need a hug. It can be hard to work out what a baby is trying to communicate and for new parents or carers this can be overwhelming.

The process of reading and interpreting others' thoughts, feelings and intentions is mentalising; it's something we do naturally, often without realising it. You have just done this in this first activity. Read on to learn more about mentalising and why it is an essential skill for practitioners.

What is mentalising?

Humans are social beings and have developed a unique ability to make sense of our own and each other's behaviour, experiences and intentions, as you have just done with the pictures in the mentalising warm up activity. This is a complex cognitive process which mostly happens without actively having to think about it (Allen et al., 2008).

Mentalising:

> Is an imaginative mental activity which involves perceiving and interpreting human behaviour in terms of intentional mental states (Fonagy et al., 2004). We can never be completely sure what someone else is thinking or feeling. We can make an educated guess, but we need to approach others with curiosity to understand what they really think, feel and intend (Volkert et al., 2022).

> Is not a fixed skill; most people struggle to mentalise in moments of stress and anxiety (Bateman & Fonagy, 2016) and there are many other factors which can make mentalising more difficult.

> Can be strengthened and developed through reflective practice, supportive relationships and structured approaches that help professionals develop their own skills while also modelling and supporting others to enhance theirs in everyday interactions.

The graphic on the following page outlines some of the main components of mentalising with examples to illustrate what they look like in everyday interactions:

Context

Thinking about social norms, culture, current circumstances and past experiences to make sense of behaviours.

If a person from a culture where direct eye contact is seen as disrespectful avoids eye contact, you could understand that this might reflect cultural norms rather than anxiety.

Self-reflection

Understanding how your own thoughts, feelings and motivations affect your behaviour.

Thinking about why you reacted a certain way in a situation. You might ask yourself questions like 'Why did I get so angry when they brought up that topic?'

Non-verbal cues

Thinking about other people's actions, body language and facial expressions to understand their thoughts and feelings.

If someone is avoiding eye contact and speaking in a quiet tone, you might infer that they are feeling uncomfortable or anxious.

Empathy

Recognising, understanding and sharing the feelings of other people.

Noticing that someone is feeling overwhelmed and offering to sit with them and listen to their worries.

Imagination

Imagining yourself in the other person's position or different scenarios to gain insight into their perspective.

Supporting an adult with a limited budget and imagining how you might think or feel if you were in their position to understand why their financial priorities are different to yours.

Perspective taking

Seeing situations from another person's viewpoint.

Disagreeing with a co-worker but taking the time to consider why they might see the issue differently and suggesting a compromise considering both perspectives.

Reflection point: Take a moment to reflect on a recent interaction where you felt misunderstood. Can you identify any of the components of mentalising from the graphic above which might have supported the other person to better understand your experiences?

Early life experiences

Mentalising theory originated in developmental and psychoanalytical psychological approaches, exploring how early experiences shape behaviour and how individuals grow and change over time. Research suggests the capacity to mentalise begins in the relationship between a child and their caregiver (Fonagy & Allison, 2012) and continues to develop throughout life, shaped by experiences, relationships, and social environments.

Bowlby's classic attachment theory emphasised the importance of early relationships with caregivers in shaping emotional and social development:

> According to Bowlby (1980) early relationships allow a child to form an 'internal working model' – a mental framework about themselves, others, and relationships that shapes how they interpret and respond to the world.

> More recently, this concept has been reframed as **relational expectations** – the patterns and assumptions a person develops about how others are likely to respond to them in relationships. Unlike internal working models, relational expectations are understood to be more flexible and can change over time through new experiences and interactions (Duschinsky et al., 2023).

> Children who experience **attuned caregiving** – where caregivers are sensitive to and appropriately respond to the child's needs, emotions, and signals – are more likely to develop strong emotional regulation skills and the capacity to mentalise (Fonagy & Campbell, 2016).

Developing mentalising skills throughout life

Bowlby's original theory has been critiqued for placing too much focus on early childhood experiences as determinants of lifelong outcomes, potentially downplaying later factors (Harlow, 2019). This may be apparent in adult social care where individuals may have had past experiences of services that felt disempowering or unhelpful, impacting their ability to engage and trust. A mentalising approach with adults mirrors the role of early attachment relationships – when people feel understood and responded to sensitively, they are more likely to think clearly, regulate their emotions, and engage with support.

Reflection point: Think about a time when you worked with an adult who was unable to accept support or appeared withdrawn. How did you respond? What strategies could you use to explore their perspective, validate their experience, and rebuild trust?

For some individuals who need more support to develop mentalising skills, research supports the use of clinical approaches like mentalisation-based therapy (MBT). MBT was initially designed to help individuals diagnosed with borderline personality disorder (BPD) reflect on their own and others' mental states to improve emotional regulation and interpersonal skills (Bateman & Fonagy, 2010). Whilst BPD is a contentious diagnosis due to factors such as stigma and gender bias, research has supported the effectiveness of MBT for this clinical group (Malda-Castillo et al., 2018; Vogt & Norman, 2019) More recently, MBT has been adapted to support other groups including autistic people, parents, foster carers and adolescents, highlighting its flexibility as a therapeutic approach.

The principles of the MBT therapeutic approach are a useful starting point for thinking about mentalising in practice:

> Humility and a sense of not knowing.

> Patience and taking time to identify different perspectives.

> Accepting different perspectives.

> Questioning the person about their experiences (what happened, rather than why).

> Explicitly saying when something does not make sense, rather than supplying their own interpretations.

> Monitoring and acknowledging their own misunderstandings and mentalisation failures.

(Bateman & Fonagy, 2013).

Reflection point: Think about the training, frameworks, and approaches you already use in your practice.

> What similarities are there with the MBT principles shown above?

> How do these approaches you already use encourage curiosity about a person's thoughts, feelings, and perspectives?

> How might consciously integrating a mentalising stance further strengthen your practice?

Why is mentalising important in practice?

A mentalising approach is not a completely new way of working; rather, it builds on and enhances existing practices. It closely aligns with relationship-based practice, which emphasises trust, attunement, and understanding, and is a core component of trauma-informed practice, helping professionals recognise how past experiences shape a person's ability to interpret interactions. By encouraging curiosity and reflection, mentalising strengthens these approaches and supports professionals to remain attuned to the mental states of those they work with.

Work through the case study activities and reflection points in this section to help you think about the significant benefits of mentalising for both practitioners and people who draw on care and support:

> Practitioners can model and support others to develop their mentalising capacity.

> Mentalising can help practitioners to manage their own wellbeing, challenge bias, and work more effectively with those they support.

Sense of self

Mentalising is not just understanding other people; it is also about understanding ourselves, developing self-awareness and a coherent sense of self. Reflecting on our own experiences allows us to form a clearer and more stable sense of who we are by developing a narrative of what has happened in our lives (Bateman & Fonagy, 2010; Tanzilli et al., 2021).
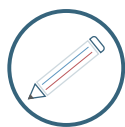
Activity:

You are supporting Alex who is 25 and lives in supported accommodation. Alex often feels lost and uncertain about his future. He frequently changes jobs and his relationships are marked by sudden shifts, where he becomes deeply involved with someone, only to abruptly end the relationship out of fear that it isn't 'the right fit'. These patterns of indecision and rapid changes leave Alex feeling confused, frustrated, and increasingly anxious about who he is and what he wants in life.

Without mentalising	With mentalising
> You might focus on helping him make immediate decisions about jobs or relationships without exploring the underlying identity confusion. > This approach could lead to surface-level solutions, such as recommending he apply for specific jobs without addressing the deeper feelings of uncertainty and fear.	> You could recognise that Alex's uncertainty may stem from struggles with self-identity. > You could have conversations encouraging reflection on his past experiences, values, and aspirations to connect these to his current feelings and future goals. > Through this reflective process, Alex may develop a clearer sense of self, leading to more consistent decision-making and a stronger sense of autonomy.

Reflection point: How might you create a safe environment to have these kinds of conversations with Alex? Consider the physical environment as well as emotional safety.

Supporting and sustaining relationships

Mentalising enables us to reflect on other people's experiences as well as our own. Our understanding of a situation informs the moment-to-moment adjustments we make in response to the signals we read in others' behaviour. A mentalising approach can help to understand and unpick misunderstandings, for example by focusing on intention rather than just the actions or words that prompted a reaction. Therefore, mentalising can support communication and repair in relationships (Arabadzhiev & Paunova, 2024).
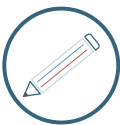
Activity:

You are supporting Ali, an adult with a history of substance use, who is currently experiencing a period of instability and reluctance to engage in treatment. Your aim is to build a trusting relationship to help her progress towards recovery.

Complete the table explaining how you would use a mentalising approach to understand Ali's current feelings, fears, and challenges related to treatment.

Without mentalising	With mentalising
> You might focus on setting treatment goals without considering Ali's underlying emotions or motivations. > This may lead to resistance or relationship breakdown as Ali does not feel her perspective has been understood.	

Emotional regulation

Mentalising helps us recognise our needs and feelings and think about how we can meet them. This self-awareness is key to emotional regulation which is the ability to identify and influence our emotions (McRae & Gross, 2020). Practitioners need to be aware of their own emotional regulation strategies and be able to support others to do this in practice.

> Recognising emotions and triggers can enable you to acknowledge your feelings in the moment and pause before reacting.

> Mentalising allows you to think about how your actions connect with your needs and desires. It can help you choose behaviours that align with your long-term goals instead of reacting impulsively in the moment.

> This can support the development of healthier coping mechanisms and strategies to deal with stress and emotional challenges. Research suggests people who can accurately perceive their own mental states are more likely to use strategies that support their overall wellbeing (Schwarzer et al., 2021).

> Emotional resilience is vital in social care practice. Research in Practice has produced a series of videos discussing how to build personal and organisational resilience in practice. **Building emotional resilience in social work | Research in Practice**

Attending to other people's mental states while remaining open-minded and curious can be challenging due to the systemic and emotional demands of the work:

Cold non-mentalising

Warm mentalising

Too hot non-mentalising

> When caseloads are very high, or the level of complexity and distress in practice feels overwhelming, stress responses can be triggered which limit reflection and mentalising ability.

> The emotional thermometer demonstrates that both feeling emotionally 'cold'- tired, distracted, withdrawn, or emotionally 'hot'- stressed, angry, scared, can impact on the ability to mentalise effectively.

Reflection point:

> What pressures are you facing that might prevent you from effective mentalising?

> What support do you need to enable you to move into a 'warm mentalising range'?

This Research in Practice guide aims to support you to repair, maintain, grow and sustain your mental health and wellbeing. It provides strategies that are useful for moving into a 'warm mentalising' range. **Supporting practitioner wellbeing: Practice Guide (2022) | Research in Practice**

Power, privilege and intersectionality

Power imbalances are inherent in social care settings as practitioners are in positions of authority. A mentalising position of 'not knowing' can challenge these power differences with curiosity and self-reflection being key components of cultural humility (Sampson, 2022).

Mentalising can:

> **Promote cultural curiosity** and the understanding of intersectionality by encouraging reflection on how a person's cultural context shapes their thoughts, feelings and behaviours.

> **Challenge and reduce stereotypical assumptions** by encouraging practitioners to see each person as a unique individual.

It is important to remember that mentalising is not only an individual skill but also a relational process occurring within a broader societal context. Practitioners often come from different backgrounds than those they work with which can shape how they interpret behaviours, leading to assumptions that may not reflect the lived realities of others. Research suggests that we tend to feel more empathy, a key component of mentalising, for people we see as similar to ourselves (Gamble et al., 2024) However, actively engaging in mentalising – by working to understand perspectives from different identities – can promote more accurate and empathetic understanding:

> Someone raised in relative financial security might struggle to understand why an adult they are supporting who is living in poverty makes decisions prioritising immediate needs over long-term planning. Without reflecting on these class-based differences, we risk misinterpreting these decisions as a lack of responsibility or foresight.

> Research on serious case reviews involving Black and global majority young people suggests racialised and gendered assumptions around vulnerability has led to a lack of protection for Black children. Professionals have been shown to view vulnerable Black teens as 'streetwise', minimising the attention given to the risks for these young people (Bernard & Harris, 2018). This adultification bias can lead to increased levels of responsibility and culpability, which is dehumanising and prevents appropriate safeguarding (Davis, 2022). Mentalising can start to disrupt the assumptions resulting from systemic racism.

Reflection point: It is often easier to mentalise the experiences of people whose lives feel familiar to us. However, unconscious biases can shape who we find it easier or harder to mentalise, often without us realising it. Practitioners should critically reflect on this by asking: Whose experiences do I struggle to mentalise, and why? What assumptions or biases might be influencing this? How could this impact my practice, and what can I do to challenge it?

The Equity Change Project uses intersectionality to explore the practices, attitudes and actions necessary to overcome barriers, challenge oppression and increase equity in adult social care. The tools and themes are also useful and relevant for those working with children and families, and other supportive professions.

Equity: Change Project | Research in Practice
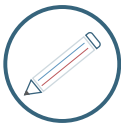
Activity: You can use the intersectionality wheel (below) to support your thinking.
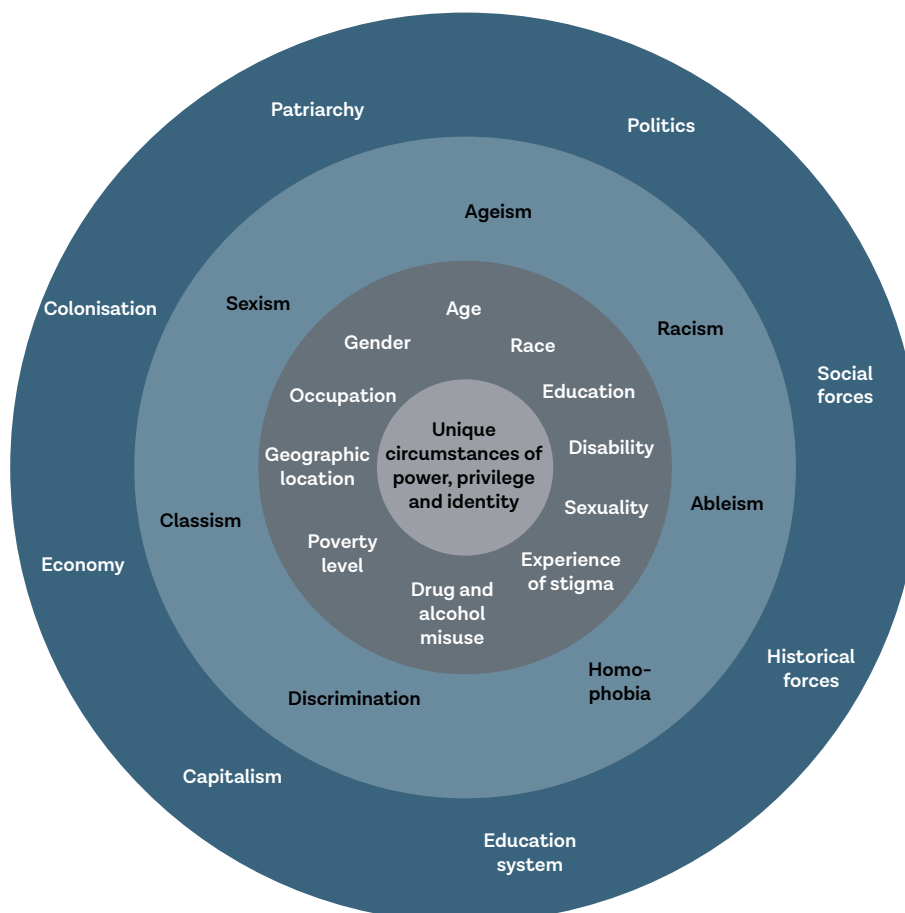
What factors can affect mentalising capacity?

There are a number of factors that affect people's ability to mentalise which might impact on children and adults who draw on services. Although some of these can affect people permanently, some will impact on mentalising ability temporarily or at different stages in the lifecourse.

Examples of factors that can have an impact on mentalising ability include neurodivergence, trauma, living with dementia, early childhood experiences of parental mentalising, adolescence, and mental health. These are not the only factors which can affect the capacity for mentalising but are some that practitioners may frequently encounter with people who draw on care and support. Other influences include acquired brain injury, learning disabilities, and environmental stressors such as poverty and housing instability. The extent that these factors affect mentalising capacity varies between individuals, and practitioners should remain curious about each person's unique experiences and needs.

Neurodivergence

Neurodivergence describes the ways in which some people's cognitive functioning, communication, or sensory experiences differ from what is considered typical within society. This includes, but is not limited to, autistic people, those with ADHD, dyslexia, dyspraxia, and other forms of cognitive diversity. These differences are a natural part of human variation, not deficits, but because many social norms and systems are built around neurotypical ways of thinking and interacting, neurodivergent people may encounter additional barriers in communication and social understanding (The British Psychological Society, 2024).

> Social and communication differences may affect mentalising in various ways. For example, some autistic people experience challenges with interpreting verbal and non-verbal language and reading other people's intentions and emotions (National Autistic Society UK, 2024).

> Some neurodivergent people experience alexithymia, meaning they may find it more difficult to recognise and describe their own emotions, which can, in turn, shape how they interpret others' mental states (Bird & Cook, 2013; Kinnaird et al., 2019).

> Different communication styles between autistic and neurotypical individuals can lead to misunderstandings, but creating supportive environments that accommodate sensory needs and promote mutual understanding can enhance mentalising and social communication for autistic people (Marocchini & Baldin, 2024).

Dr Damian Milton's 'double empathy problem' describes how when people with different experiences (such as neurotypical and neurodivergent people) interact, **both** groups struggle to empathise with the other. Research suggests neurotypical people can often fail to mentalise autistic people's experiences which can contribute to stigma and misunderstanding (Mitchell et al., 2021).

For more information on autism inclusive practice see the Frontline Briefing here:
Autism inclusive practice | Research in Practice

Trauma

Research and neuroscientific evidence highlight the impact of developmental trauma on brain development and the ability to mentalise (Oehlman Forbes et al., 2021). Traumatic experiences across the lifespan – including childhood abuse, neglect, and later events contributing to post-traumatic stress disorder – can disrupt mentalising capacity. These experiences often heighten sensitivity to perceived threats, making it harder to pause, reflect, and form an accurate understanding of self and others (Luyten & Fonagy, 2015).

> This Research in Practice video resource explores the impact of trauma for children and young people. **What is the impact of trauma? | Research in Practice**
>
> For information on how to embed a trauma-informed approach to your work with adults, see the frontline briefing here. **Embed trauma-informed approaches in adult social care | Research in Practice**
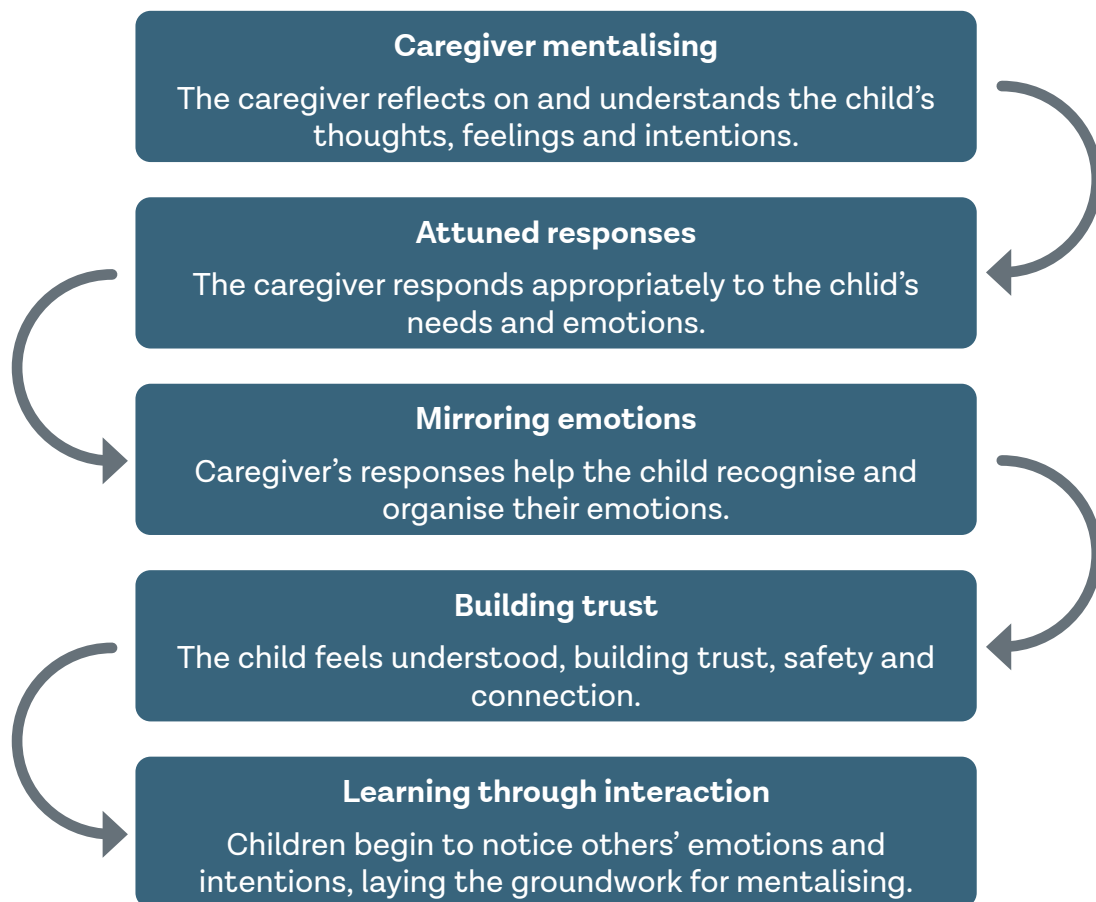
Living with dementia

Research suggests that living with dementia diminishes the capacity to mentalise (Downey et al., 2013).

> Cognitive decline for people living with dementia may limit their ability to process information and understand mental states, making it harder to engage with the perspectives of others.

> Living with dementia might also reduce affective empathy, which is the emotional attunement to others' feelings.

> This means that not only might people living with dementia struggle to understand others' thoughts, but they may also lose the capacity to emotionally resonate with, or respond to, the feelings of others.

A mentalising approach has been recommended to help navigate the emotional and relational dynamics for family carers of people living with dementia by encouraging reflection on the carer's own state of mind (McEvoy et al., 2019). This is something that can be modelled and encouraged by practitioners. Practitioners can model mentalising in dementia care by slowing down conversations, using non-verbal cues, and responding with curiosity rather than correction. For example, rather than challenging a person's memories, validating their emotional experience can reduce distress and enhance relational connection.

Parental reflective functioning

Mentalising within an early caregiver relationship is often termed 'parental reflective functioning'. This describes a caregiver's ability to understand and interpret the child's mental states, thoughts, feelings and intentions. It also involves reflecting on their own internal mental states in interactions with their child (Luyten et al., 2017).

Caregiver mentalising

The caregiver reflects on and understands the child's thoughts, feelings and intentions.

Attuned responses

The caregiver responds appropriately to the chlid's needs and emotions.

Mirroring emotions

Caregiver's responses help the child recognise and organise their emotions.

Building trust

The child feels understood, building trust, safety and connection.

Learning through interaction

Children begin to notice others' emotions and intentions, laying the groundwork for mentalising.

Developmentally, having carers with a limited capacity to mentalise means the child might not have good enough experiences of their own needs being understood and responded to sensitively. In turn, the child might struggle to manage their feelings and mentalise, leading to difficulties in recognising and regulating emotions, misinterpreting others' intentions, and forming secure relationships. This could include children who experienced abusive or inconsistent parenting and neglect (Meins et al., 2002; Fonagy & Allison, 2014).

Reflection point: Parental reflective functioning also requires a system of support for the caregivers in their wider social environment. Support is needed to sustain the ability to mentalise in the face of the everyday challenges of caregiving (Campbell & Allison, 2022).

> How do you support caregivers you work with to reflect on the internal states, thoughts and feelings of babies and children?

> What approaches have worked well, and what challenges have you encountered?

> What have you learned from these experiences?

Adolescence

The capacity to mentalise develops throughout childhood into early adulthood. Adolescence is a time when aspects of mentalising can be challenging (Nelson et al., 2005). For care leavers and young adults in transition services, difficulties with mentalising may continue due to past instability in relationships with caregivers and professionals. This is important for practitioners to consider with young parents who may benefit from additional support in developing parental reflective functioning.

Consider the example below and reflect on Sam's reaction – what might have influenced their interpretation of the other young person's expression? How might a more developed capacity to mentalise have changed their response?

Sam, a 15-year-old supported by the youth justice system, was asked to explain why they assaulted another young person at school. They responded, 'it was the way they were looking at me.' While the other person's expression might have appeared neutral to an outside observer, Sam interpreted it as threatening. This perception triggered an intense fear response, followed by anger and a physical reaction. In contrast, an adult or someone with more developed mentalising skills might have been able to pause and reflect, recognising that the 'look' was not intended to be hostile.

> **Social pressures:** Adolescents face increasing social demands as they navigate peer relationships, take risks, and move toward greater independence (Desatnik et al., 2023). These pressures can overwhelm their ability to reflect on their own and others' perspectives.

> **Focus on social belonging:** During adolescence, the brain is highly attuned to social belonging and understanding complex social dynamics. While this heightened focus supports development, it can also make interpreting social interactions more challenging.

> **Misinterpreting communication:** Adolescents may struggle to accurately interpret social cues, often perceiving others' communication as more hostile or threatening than intended. This tendency is particularly common in those who have experienced peer rejection, further impairing their ability to mentalise effectively (Guazzelli Williamson & Mills, 2023).

This Research in Practice resource equips practitioners working with children and young people to use mentalisation to support mental health and wellbeing.
Mental health & wellbeing in children & young people | Research in Practice

Mental health

The capability for mentalising may vary depending upon the presenting symptoms of a person's mental health.

> There is evidence that some mental health conditions, such as schizophrenia and some personality disorders, are characterised by persistent reduced mentalising ability (Sanz et al., 2024; Bateman & Fonagy, 2010).

> Most changes in mentalising ability due to poor mental health are likely to be episodic, rather than ongoing.

> It is important that the mentalising ability of each person who draws on services is considered on an individual basis.

Whilst mental health diagnoses can help practitioners understand people's experiences and enable access to support, they also carry the risk of encouraging assumptions based on stereotypes or generalisations. If practitioners rely too heavily on diagnostic labels, they may inadvertently limit professional curiosity and overlook the complexities of an individual's thoughts, emotions, and behaviours. An alternative perspective, such as the Power Threat Meaning (PTM) framework, challenges deficit-based models by emphasising how a person's responses to distress are shaped by their experiences of power, threat, and meaning-making. Applying this lens encourages practitioners to remain open to the ways in which mentalising abilities fluctuate and are influenced by relational and environmental factors, rather than being fixed deficits associated with a diagnosis.

Reflection point: How has the information you have been given about someone (diagnosis/information held on file) led you to make assumptions about a person and limited your curiosity?

What does good mentalising look like?

Understanding what mentalising is and why it matters is only the first step – embedding it into everyday practice requires reflection, intention, and skill. Good mentalising involves approaching interactions with curiosity, openness, and a willingness to question our own assumptions. In practice, this means actively considering both our own and others' thoughts, feelings, and intentions while remaining aware of the factors that can make mentalising more difficult. This section offers practical strategies, tools, and reflections to help practitioners strengthen their mentalising skills.

Core components of effective mentalising

Good mentalising in practice includes creating a sense of psychological safety and supporting regulation for ourselves and others before expecting meaningful interaction. The techniques in the table below not only encourage self-awareness and connection but can also help individuals feel more grounded and able to engage. As you read through, consider how each approach might contribute to a sense of safety, validation and emotional regulation for both you and the people you work with.

As you read the information in the table on the following page, notice which techniques are new to you and which you already do. If any are new to you, why not give them a try?

We focus on three key themes:

> attention and curiosity

> empathy

> perspective taking.

Attention and curiosity

Slow down. Sometimes people need you to just listen and really pay attention - not rush to fix things.

Be present and curious about the person's experiences. Ask for feedback about the interaction, acknowledging you are likely to get things wrong.

"I wonder... maybe I'm not understanding... help me out here."

Notice behaviours that might be helpful to explore.

"I notice you frown every time I mention getting the bus…I'm curious."

Be playful; appropriate humour can encourage openness and reduce defensiveness.

Empathy

Listen and connect with the emotions the person's experience provokes in you but keep the focus on their feelings and perspective.

Acknowledge and validate the person's feelings.

"I can see this situation is really upsetting for you; it's completely understandable to feel that way."

Repeat back or paraphrase what the person has said to show you are actively trying to understand their thoughts and feelings.

"It sounds like you're feeling really frustrated because things aren't changing as quickly as you'd hoped."

Be aware of power imbalances in the relationship and avoid overpowering the other person's feelings.

Perspective taking

Acknowledge your own assumptions or biases which might shape your understanding. How might differing identities and cultural contexts affect perspective taking?

Notice non-mentalising perspectives that can be reframed such as:

"He always…."
"These people should…"

Adding curiosity could look like:
"I've noticed he often…"
"I wonder if it could help to…"

Encourage the person to put themselves in the other people's shoes.

"If you were in their position, how do you think you might have reacted?"

Encourage thinking about behaviour (their own and other people's) in terms of underlying mental states.

"How do you think your friend felt when they did that?"

Developing mentalising through self-awareness

Mentalising is not just about understanding others, it also involves reflecting on our own thoughts, emotions, and assumptions. The way we think about ourselves as practitioners, the expectations we hold, and our emotional state all influence how we engage with the people we support.

Taking time to reflect can help us identify our strengths in mentalising and notice any patterns or biases that might shape our interactions. The following exercises encourage self-awareness and can be used individually or in supervision to strengthen mentalising skills in practice.

Reflection point: Mentalising our own thoughts, beliefs and intentions is as important as thinking about other people's. Think back to when you first met someone you are supporting:

> What feelings did you notice?

> What did you hope for?

> What beliefs did you have about yourself as a professional, and as a person?

> What were your intentions?

> How might your own mental state have affected how you built a relationship with the person?

Reflective supervision: Strengthening reflective practice

Reflective supervision provides a structured space for practitioners to explore their experiences, emotions, and decision-making processes in their work. By engaging in open and curious discussions, practitioners can deepen their self-awareness, recognise biases, and refine their mentalising skills. This process helps to maintain a thoughtful and attuned approach, particularly when working with people whose perspectives or experiences may differ from their own. Supervision can also provide emotional containment, reducing the impact of stress or uncertainty on mentalising.

Research in Practice has produced a range of resources to support reflective supervision. Have a look at one of our podcasts and some video learning resources.

Reflective supervision | Research in Practice

The importance of reflective supervision | Research in Practice

Mentalising checklist

The following checklist offers a framework for reflection after visits, supporting practitioners to process interactions and strengthen their capacity to mentalise in practice.

Consider these questions after an interaction with someone you are working with.

Did I?	
Create a safe environment to have difficult conversations?	
Ask open questions? Was I curious?	
Avoid making assumptions about the other person's mental states (feelings, beliefs, intentions)?	
Clarify my understanding of what was being said?	
Ask for feedback, acknowledging that I won't always get things right?	
Reflect on how my own thoughts, emotions, or assumptions might have influenced the interaction?	
Remain curious and open rather than defensive if there was a miscommunication?	
Demonstrate body language and tone that was sensitive to the person I was with?	
Create a sense of partnership in exploring and addressing challenges together?	
Recognise my own and other's emotional arousal and adjust my response to promote regulation?	

Learning from experience: A practitioner's perspective

Mentalising is an ongoing skill that develops with practice and reflection. While we may understand the theory, the realities of the work – time pressures, emotional demands, and system constraints – can make it difficult to consistently adopt a mentalising stance.

The reflection below comes from a social worker who has been exploring their own mentalising approach. It highlights the challenges of putting theory into practice and the value of self-awareness in developing these skills.

After reading this briefing and the reflection from practice below, take some time to identify:

> The ways your practice already aligns with the mentalising approach.

> Some small steps you can take to embed mentalising techniques into practice.

> *Whilst I know the theory about good mentalisation I'm constantly struck by how the reality of my working life doesn't fit how I'd like it to be. Often, I'm rushing and not giving myself time to be in that calm space before I meet the child. I'm hurried and my body language is likely to be giving off these cues.*

> *Although I see myself as a naturally curious person who is genuinely interested to learn about other people's experiences, I'm currently doing some further training where I video a proportion of my sessions and watch them back with my training supervisors. I am too frequently disappointed to notice that my curiosity is not as good as I would have hoped. My questions often have some kind of leading edge, rather than the 'tell me more' questions that I am encouraged to use.*

> *I am learning that slowing down is the most useful advice in improving my mentalising with children and young people. Understanding someone's inner world cannot be rushed and 'a slow down to speed up' approach is usually the best advice.*

Conclusion

Mentalising is both a skill and a mindset that develops through practice. It encourages us to slow down, remain curious, and approach each interaction with humility and openness. This approach not only benefits those we work with but also enhances our own resilience and emotional wellbeing as practitioners.

Integrating mentalising into practice requires ongoing effort, particularly in the face of systemic pressures and high-stress environments. However, small, consistent changes – such as pausing to reflect, seeking alternative perspectives, and challenging assumptions – can lead to significant improvements in our ability to build effective relationships. Using mentalising approaches in supervision or team discussions can further reinforce its integration into practice, helping to build a supportive culture where practitioners feel safe to be professionally curious.

As you consider the ideas in this briefing, reflect on how mentalising can shape your everyday interactions and inform your practice. In doing so, you can contribute to creating a culture that values empathy, connection, and a deeper understanding of the people we support.

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