

The legal and practical challenges of mental health services in Scotland

Who Cares? Scotland

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Who Cares? Scotland provides independent advocacy to care experienced young people, up to the age of 25, across Scotland. We know the importance of listening to young people who have experience of the care system and we work hard to ensure their voices are heard. This is important for improving individual care journeys but as a national organisation we also have a responsibility to ensure that young people and their experiences are able to influence the development of policy and practice. Influencing and engagement are major elements of our work and we encourage participation from young people with care experience across Scotland. We do this through a variety of methods including: one to one relationships between advocacy workers and young people; local groups where young people can come together; formal consultation groups looking at current issues and in offering Trainee employment roles to young people to support their transition into the workplace and ensure that their opinions are at the heart of everything we do.

Children and Young People (Scotland) Act 2014

This Act has the ability to change the disproportionately poor outcomes of care experienced young people. It provides new rights and opportunities, particularly by ensuring the voices of care experienced children and young people are heard in any discussions or planning which directly affects their lives. Integral to this, is the identification of 24 corporate parents, of which the health boards, Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland are included. Within the Act, Part 9 (Corporate Parenting) specifically covers duties on corporate parents and what looked-after young people and care leavers can expect from them. This includes a duty on corporate parents to promote their interests and provide opportunities for these children and young people.

Who Cares? Scotland spoke to over 100 care experienced young people about their thoughts on the provisions within this Act. The report highlights exactly what young people want from corporate parents and how this relates to their experience of growing up in care. The findings within this report would support the development of any mental health strategy in ensuring it relates to what young people have told us. This report can be accessed [here](#)¹.

The main challenges for NHS mental health services

Scotland’s care experienced population have a high risk of experiencing mental ill health. The trauma often faced by this population early in life means that they can encounter complex and often long

¹ Who Cares? Scotland. 2014. *Interpreting the Children and Young People Act 2014 – care experienced young people’s views*. Available at: <http://www.whocaresScotland.org/professionals/publications-briefings-research/>.

term mental ill health. Children are taken into care on account of failings within the family home. Regardless of the level of trauma faced prior to being taken into care, we must not minimise the effect that being forcibly removed from parents can have on a child.

It is also important to acknowledge that children and young people’s experiences whilst in care have a direct impact on their wellbeing and these experiences can further develop mental ill health. Multiple placement changes, restricted contact with birth family, inadequate placement choices, amongst other issues, can all be attributed to early development of poor mental health. With nearly half of 5-17 year olds living in care being diagnosed as having a mental health disorder², it is clear that our responses to mental ill health in Scotland must improve for this vulnerable group.

Challenges in accessing support

The young people we work with inform us that they need the support of their corporate parents to assist them in understanding their experiences of life before, during and after care. Too many young people tell us that life after leaving care can be particularly difficult if they have not been supported to address experiences of mental ill health and be equipped with positive coping strategies to help them overcome such difficulties.

Experiences of life before and during care can lead young people to develop coping mechanisms that initially can be identified as strengths but can become a barrier to everyday functioning. If they are not supported to explore the rationale behind such coping strategies, young people tell us that learned adaptive behaviours that helped them through adversity can become a hurdle in later life, particularly in establishing healthy, positive relationships. A number of young people we support inform that early life maltreatment and experiences of danger can lead to become vigilant towards potential threats to their wellbeing. This adaptive behaviour can be positive in enabling them to keep themselves safe. This strength however, can lead to the young person becoming hyper-vigilant and result in the young person having difficulty in differentiating between genuine threats to wellbeing and appropriate care giving.

Without support tailored to the young person’s mental health needs, this adaptive behaviour can impede on the young person’s development and their ability to form new healthy relationships with others. It is essential that care experienced young people have access to support that they feel they can trust and be honest with, about how their experiences have impacted them.

Loss and separation

Consistently young people inform us that the separation they experience from their birth families can evoke lasting feelings of significant loss. Experiences during their time in care, such as separation from siblings or being subject to placement disruption, can exacerbate these feelings and leave negative lasting impacts if not addressed. Young people tell us that sourcing a secure and stable placement can help alleviate such feelings and assist them in establishing trusting relationships that can lead to them accessing support services.

² Office of National Statistics. 2004. *The mental health of young people looked after by local authorities in Scotland*. HMSO; London.

However those that experience frequent placement disruption tell us that they find it more difficult to understand and come to terms with the sense of loss they experience. *Rethink Mental Illness* state that loss is a contributing factor in poor mental ill health³, and therefore it is essential more of our care experienced young people feel that they have been able to come to terms with the impact of separation.

Stigma

Care experienced young people have to be able to feel that their experience of being looked after by the state or their experiences of mental ill health will not be met with judgement or discriminatory views. A recent Ofsted report found that around half of care experienced young people were fearful of others finding out they had been in care, in anticipation of negative treatment⁴. Efforts to stamp out stigma experienced by care experienced young people as a result of their life circumstances and their possible poor mental ill health have to continue. Young people will only be able to accept support if they feel secure and that this will enhance their wellbeing as opposed to making them feel further disadvantaged.

Relationship-based practice

Care experienced young people are required to have their needs assessed holistically and this is normally done by a social work practitioner. It is imperative that a positive professional relationship is established between the assessor and the young person to ensure the data collated is accurate and substantive enough to enable an effective analysis of the young person’s needs. The assessment process has to be underpinned by relationship based practice, for it to be able to inform an effective method of intervention. Those assessing the needs of this vulnerable cohort of young people have to be competent and continually have their skills developed. Assessments should be continuous and regularly updated and reflect the needs of the young person and acknowledge external factors that interact with their wider world.

Our advocacy experience highlights the prominence of missed opportunities, in referring individuals to appropriate services better placed in supporting their poor mental health. These missed opportunities normally derive from those assessing and caring for care experienced young people mistaking indicators of poor mental health as difficult or attention seeking behaviour. The effects of substance misuse can at times also disguise signs of poor mental health, resulting in unmet need not being identified.

Better knowledge

Young people tell us that they need carers and support staff to have a greater understanding of mental health in general and explain that responding to certain behaviours in a punitive manner is unhelpful and can leave the young person feeling more isolated and vulnerable.

We know that self harm behaviour and the behaviours associated with eating disorders are still extremely misunderstood. Misunderstanding, according to the young people we work with, can lead

³ Rethink Mental Illness (2012) Living With Mental Illness. Available at: http://www.rethink.org/living_with_mental_illness/everyday_living/index.html.

⁴ Children’s Rights Director for England (2014). *Care and Prejudice*. (London) Ofsted.

to negative responses to these behaviours assumed as being ‘risk-taking’. Care experienced young people tell us that in order for them to access appropriate support, their carers must understand mental health related behaviours and be well trained in methods of supporting such needs.

Resource challenges

We are aware of individual young people who have had to travel to England to access adequate support in relation to their poor mental ill health. Whilst we appreciate that efforts are made to treat patients within their community, we find it unacceptable that any care experienced young person has to go to such lengths in order to access appropriate health care.

In our experience, some young people have had to relocate for a period of time in order to pursue a treatment plan. Seeking treatment far from where they live can further disadvantage the young person in their efforts to maintain positive attachment to family, peers and communities. The distance from home during treatment can make rehabilitation with family members difficult, with some families struggling to commit to travelling such distances for contact.

The distance between health care provision and the young person’s network of support, in these instances, does not only impact on family and peer relationships. Young people inform us that when they are placed so far away from their local area it can be harder for them to access support from social work services regularly. We would advocate that young people need to be able to access mental health support either in or near their community. This would better place them in their recovery of mental illness and would reduce the risk relationship breakdown.

Access to crisis support

Those requiring access to therapeutic support are often subject to lengthy waiting times. Difficulty in being able to source adequate mental health support can be a barrier to young people overcoming mental ill health. In some instances we believe that the difficulty in accessing support, that is consistent and competent, can lead to young people becoming disillusioned with support services. Those with the most complex needs can disengage, particularly when the young person believes their views and wishes are not being acknowledged. This can lead to the emotional needs of young people being neglected.

Young people both in care and living independently can experience chaotic living situations. This can include periods of homelessness, relationship breakdowns and social isolation. The impact of such experiences can mean that a young person’s mental health can fluctuate on a frequent basis. Mental health support services must not write off a period of mental ill health as being solely ‘situational’ or, for example, associated only with a period of homelessness. For a young person who has experienced life in care, often their mental health needs change on a more frequent basis than their non-care peers. Any assessment of need must account for this and not solely the issue being faced with at that time.

Young people, whose emotional needs are not addressed, are at greater risk of experiencing crisis and it is imperative that crisis support services reflect the needs of those requiring use of them as opposed to being structured around the needs of service providers. Due to an individual’s

vulnerability during a crisis situation they can be more likely to accept support from services⁵. In order to increase the likelihood of care experienced young people being able to recover from mental ill health we have to ensure services are flexible enough to respond to need.

Potential solutions:

- There is a significant lack of up to date research looking at the link between mental ill health and care experience. Care experienced young people are some of our most vulnerable in society and to better support them, we must first understand how mental ill health is experienced by them.
- Mental health professionals should undertake Corporate Parenting training to ensure a universal understanding of the experiences of looked after young people across all 24 corporate parents.
- Better knowledge of care experience would encourage partnership working between all services seeking to support this vulnerable group. Greater partnership working will help to ensure a holistic and appropriate response to the needs of the young person.
- We must directly listen to what care experienced young people say about mental health services. By listening to them, we can ensure that we learn from both positive and negative practice examples.

We would encourage you to hear directly from care experienced young people in relation to mental health. Should you be interested in arranging this, or wish to speak further about the issues raised within this response, please get in touch on the details below:

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⁵ Parker, J and Bradley, G. (2003) *Social Work Practice: Assessment, Planning, Intervention and Review*. (Exeter) Learning Matters Ltd.