



Mental Health in Scotland – a 10 year vision

Who Cares? Scotland

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Who Cares? Scotland [WC?S] is an independent advocacy and campaigning organisation working with care experienced people. We provide direct advocacy to care experienced young people, as well as opportunities for national and local participation. WC?S aims to provide looked-after young people in Scotland with knowledge of their rights. We strive to empower them to positively participate in the formal structures they are often subject to solely as a result of their care experience. At WC?S we utilise the voice of the care experienced population of Scotland to inform everything we do as an organisation.

Introduction

Children and young people can become looked after through a number of ways and due to a multitude of reasons. No journey is the same but the resounding effects of pre-care experiences and being looked after makes care experienced children and young people among the most vulnerable groups in our society. This is in terms of their risk of a range of poor outcomes, including mental health, educational attainment and social wellbeing.¹ It is important to recognise that the increased risk for negative outcomes does not stem exclusively from the experience of care or separation from the birth family, although both can be traumatic, but also from the circumstances that led the child or young person to be taken into care in the first place. Most children and young people become looked after following abuse, neglect, loss, parental alcohol or substance misuse or due to having complex disabilities which require specialist care. Research shows us that many of the risk factors that are present before entering care, and sometimes present before birth can substantially alter their life course.²

We know that care experienced children and young people in the UK have poorer mental health than their non-looked after counterparts and also poorer associated health behaviours around alcohol and drug use, smoking and sexual health.³ The national prevalence of diagnosable mental disorders (emotional, conduct and hyperkinetic) is 10% of all 15-16 year olds in the UK⁴, compared to 45% of care experienced children and young people in the UK.⁵ The clear disparity between care experienced children and young people and their non-care experienced counterparts' mental health tells us that there needs to be a direct response to the specific needs of the care experienced population. There is extensive evidence suggesting that many care experienced young people suffer from diagnosable psychiatric disorders due to an array of predisposing factors and that these can become chronic or deteriorate if they are not treated, or if managed with the wrong intervention.⁶ A 'one size fits all' intervention based simply on the experience of being looked after is unlikely to be of benefit. Care experienced young people with poor mental health require a thorough assessment that takes into account their multiple complexities and understands their unique histories.

¹ Meltzer, H., Gatward, R., Corbin, T., Goodman, R., & Ford, T., 2003. The mental health of young people looked-after by local authorities in England. London: HM Stationery Office.

² McCall, R.B., 2013. Review: The consequences of early institutionalization: Can institutions be improved? –should they? *Child and Adolescent Mental Health*, 18, 193–201

³ Dale, H., Watson, L., Adair, P. and Humphries, G., 2016. Looked after young people: Reducing health inequalities through an evidence and theory informed intervention. *Health Education Journal*, [online]

⁴ ONS, 2004. The Health of Children and Young People. [online] <<http://digital.nhs.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep1.pdf>>

⁵ ONS, 2004. The mental health of young people looked after by local authorities in Scotland. HMS; London.

⁶ Davies, J., & Wright, J., 2008. Children's voices: A review of the literature pertinent to looked-after children's views of mental health services. *Child and Adolescent Mental Health*, 13, 26–31.

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years.

Are these the most important priorities?

No. Who Cares? Scotland [WC?S] does not believe that this list represents the most important priorities that should be included in the Mental Health Strategy.

WC?S supports the framework for the Mental Health Strategy vision which is organised around life stages. This is an accessible and constructive way to introduce the strategy and create public awareness that poor mental health affects individuals of all ages and at all stages. However, there is little detail within this framework explaining how the priorities were selected, how the priorities will be actioned and how their success will be evaluated.

WC?S believes that existing evidence about children and young people's mental health should be incorporated into the new strategy. This includes longitudinal studies such as Growing Up in Scotland (GUS)⁷ and the Realigning Children's Services programme⁸ which provide valuable evidence that could usefully inform the strategy. Other resources, such as the Children and Young People's Mental Health Indicator Set⁹, also provide evidence that could help link the strategy's priorities to outcome measures. Also, evidence on important influencing factors such as adverse childhood experiences, trauma and positive attachments should also be referenced in the strategy.

WC?S is concerned that the strategy is not clearly linked to other policies, strategies and legislation, for example, The Children and Young People (Scotland) Act 2014, Getting it Right for Every Child, the Child Poverty Bill and others.

WC?S strongly believes that **care experienced children and young people, including children and young people that have been adopted should be considered as a distinct priority** area within the new strategy. It is now widely accepted that poor mental health affects more care experienced individuals on average than the non-looked after population.¹⁰ Care experienced children and young people's needs are so unique from those of their peers that it is not enough to group them with other vulnerable groups. The 2012-2015 Mental Health Strategy explicitly recognised this within 'Key Change Area 1: Child and Adolescent Mental Health', stating;

*'Research carried out in the UK and elsewhere consistently shows that looked after children have significantly poorer mental health than the rest of the population... There is still work to do to improve the way in which Child and Adolescent Mental Health (CAMH) services, local authorities and third sector providers work together to address the mental health needs of this population.'*¹¹

There is indeed still work to do, including, but not limited to:

- conducting significant research into mental health and being looked after in Scotland
- ensuring that the mental health assessments used are appropriate
- improving CAMHS
- ensuring there are specialised interventions that can prevent the escalation of problems

⁷ <http://growingupinScotland.org.uk>

⁸ <http://transformingchildrensfutures.scot/professionals/data-linkage/>

⁹ <http://www.healthscotland.com/scotlands-health/population/mental-health-indicators/children.aspx>

¹⁰ Meltzer, H, Lader, D, Corbin, T, Goodman, R and Ford, T (2004) The mental health of young people looked after by local authorities in Scotland, London: TSO.

¹¹ Scottish Government, 2012. Mental Health Strategy for Scotland: 2012-2015

- ongoing long term and reliable mental health support for care experienced children and young people
- support for carers and families that recognises the importance of relationships

This work is not the exclusive responsibility of one body, Part 9 of the Children and Young People Act 2014 puts corporate parenting into statute, identifying 24 corporate parents, including health boards, Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.

Corporate parenting means the formal and local partnerships needed between all local authority departments and services, and associated agencies, who are responsible for working together to meet the needs of looked after children and young people and care leavers.¹²

Corporate parenting duties state that all corporate parents must be alert to matters which may adversely affect the wellbeing of looked after children and care leavers, assess their needs, promote their interests, provide accessible opportunities for looked after children and care leavers to participate in activities designed to promote their wellbeing, and help this group to make use of services and access supports. A recognition of the duties and responsibilities held as corporate parents would strengthen the strategy, and ensure that the importance of the matter informs future, more detailed, plans.

This framework of duties and responsibilities requires relevant public bodies to be proactive in their efforts to meet the needs of care experienced children and young people. This is also recognised within the 'Getting It Right For Looked After Children And Young People Strategy',

'Over the period of this strategy we will work with other corporate parents to look at how support and services can be developed to meet the mental health and wellbeing needs of looked after children. We recognise that there is a need to revisit the most recent research evidence on the effectiveness of different relational interventions in supporting looked after children and young people who are experiencing social, emotional and behavioural difficulties but who do not meet the clinical thresholds of CAMHS.'

Rather than assessing each priority, this answer will present information on issues that care experienced children and young people face when facing poor mental health. While we strongly recommend that care experienced children and young people are considered as a separate priority, the information below is of most relevance to priorities 2,3,5 and 7.

Challenges that care experienced children and young people with poor mental health face

Start Well

Trauma

'It feels as if you can't escape your past.'

The emotional and mental health needs of care experienced children and young people cannot be understood and responded to without reference to the developmental impact of attachment and trauma. There has been significant research into the long term effects of childhood trauma, we now know that exposure to early adverse life events can affect the developing brain, exerting powerful effects on neural structure and function which can affect a child's life course.¹³ While some care experienced children and

¹² Looked After Children and Young People: We Can and Must Do Better, Scottish Executive, 2007

¹³The effects of early life adversity on brain and behavioural development Charles A. Nelson, III, Ph.D., Boston Children's Hospital/Harvard Medical School, Harvard centre on the Developing Child

young people overcome trauma and adversity and lead successful and fulfilling adult lives, we know that many may not be able to develop coping skills and will struggle with the effects well into their adult lives.

We know that most children and young people are taken into care following severe abuse and neglect which alone would substantiate a traumatic experience. However, this is often coupled with being removed from family and established connections into the unknown, sometimes forcibly, which can be a traumatic experience. Separation from birth families often causes feelings that can be likened to loss; we know that some children and young people are inadequately supported to deal with these complex and intense feelings which can lead to, or exacerbate mental health problems. A study in Wales, among others, looking at Adverse Childhood Experiences, demonstrates a strong long-term association between childhood trauma and adult mental and physical ill-health and behaviour.¹⁴ We also know that examples of trauma related poor health can occur at any point in the individual's life and the need for understanding and appropriate support therefore persists through every life stage.

Live Well

Instability

'Keeping a bed warm for the next person to come in.'

Children and young people in the care system often have turbulent lives, being moved from one placement to the next, often with little notice given. Many children experience multiple moves, or spend long periods of time in one placement before being moved to permanent carers or adoptive homes, both of which can have a detrimental impact on the development of attachment and the child's experience of trauma and loss. It is common for children and young people to move placement without understanding the reasons for the move, and to feel that they have not been given the opportunity to express their opinions. This can cause intense feelings of anxiety, fear and instability. We know that children need strong attachments and to feel loved for good mental health. However, most young people tell us that there is a lack of love in the care system, while their physical needs are most often met, young people report that their emotional needs are not met.¹⁵

Moving between different homes can also mean that issues get overlooked or fail to be followed through. Routine medical checks and health promotion initiatives within school are also more likely to be missed. The moves can sometimes take them away from the area they know, their school, friends and extended family. Our advocacy work reveals the negative effects this can have on mental health, and the difficulties care experienced children and young people may face when needing to engage with health services. Another challenge that frequent moves presents is the lack of continuity when receiving mental health care. If a child or young person moves between different health boards they may not be able to continue their treatment with the same practitioner or even at the same stage; instead the child or young person may be forced to begin the referral process again.

Stigma

'Other kids would laugh at me because I'm in care. They would say it's because no one loves me... I believed them.'

Care experienced children and young people frequently tell us that they face stigma and discrimination due to their looked after status. Many care experienced children and young people are concerned that the

¹⁴ Public Health Wales, 2015. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population, Cardiff: NHS Wales

¹⁵ WC?S 2013, Love in the Care System. Vimeo

general public hold negative stereotypes about them, which we know often come from ignorance about the care system or misinformation perpetuated by media coverage. Research has revealed that around half of care experienced young people were fearful of others finding out they had been in care, in anticipation of negative treatment.¹⁶ Those with mental health difficulties can face the double stigma of being a 'child in care' and having a 'mental illness'.

Some care experienced children and young people have told us during conversations about identity that they would be unlikely to share the fact that they have been looked after with anybody, including a medical professional. Considering what we know about the importance of individualised and specialised support for care experienced individuals¹⁷ this could be problematic when ensuring care experienced children and young people receive the right support. It is important that care experienced children and young people are enabled and supported to embrace their care identity and that medical professionals provide an environment in which care experienced children and young people feel comfortable to disclose this to them.

Challenges Accessing the Right Support

'I didn't know where to go. I didn't have a social worker, so my sister had to help me'

We know that there are often missed opportunities when it comes to supporting a child or young person's mental health. These missed opportunities often occur when those assessing and caring for care experienced young people mistake indicators of poor mental health as difficult, troublesome or attention seeking behaviour. The effects of alcohol or substance misuse can at times also disguise signs of poor mental health, resulting in unmet need not being identified.

Care experienced children and young people frequently tell us that care is something that is done to them, not with them. Children and young people in care can often feel that they have no control over their lives, even though respect for children's views is enshrined in the UN Convention on the Rights of the Child¹⁸ which is reflected in Scottish legislation, policy and guidance for looked after children and young people. In principle, care experienced children and young people, like all children and young people, should be afforded the status as experts in their own experience with a fundamental right to contribute to their own mental health care and service developments, however we know that this does not always happen.¹⁹

Some care experienced children and young people have a wariness of health professionals which can lead to a lack of engagement, this is sometimes due to previous experiences of being subject to decisions out of their control or perceived abuses of trust. This may mean that issues are left untreated for a long time and a young person may not seek help until they are in a crisis situation. We also know that when care experienced children and young people do access medical support they can find the whole process even more challenging when the medical professional supporting them is unaware and untrained in issues specific to them. Care experienced children and young people have told us that they want all medical professionals to just 'get it' and understand the particular challenges that being in care may cause.²⁰

¹⁶ Children's Rights Director for England, 2014. *Care and Prejudice*. (London) Ofsted.

¹⁷ Golding, K. S. 2010. Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology and Psychiatry*

¹⁸ UN General Assembly, 1989. *Convention on the Rights of the Child*.

¹⁹ Davies, Julie and Wright, John, 2007. *Children's Voices: A Review of the Literature Pertinent to Looked-After Children's Views of Mental Health Services*. [online] <http://onlinelibrary.wiley.com.ezproxy.brighton.ac.uk/doi/10.1111/j.1475-3588.2007.00458.x/full>

²⁰ WC?S, 2016. *Creating a Healthier Scotland, What matters to you. A consultation with Care experienced children and young people in Scotland*. [online] <<http://whocaresscotland.org/publications>>

WC?S believes that it is just as important for health services to know how to find and engage with care experienced children and young people as it is for young people to know where services are. Services need to have an awareness of the potential barriers that may prevent care experienced children and young people from accessing their service.

Age Well

'I had no idea how to even cook or clean.'

Leaving care can be a difficult and chaotic experience, which can sometimes include periods of homelessness, relationship breakdown and social isolation. The impact of such experiences can mean that a young person's mental health can fluctuate on a frequent basis. We know that sometimes a period of mental ill health is judged as being situational, for example, associated only with a period of homelessness. It is important to recognise that for a young person who has experienced life in care, their mental health needs often change on a more frequent basis than their non-care peers.

Unfortunately, the outcomes for care experienced young people are really poor, for example, only 4% of care experienced young people go straight onto higher education²¹, compared to 39% of their peers and nearly a third of prisoners self-identify as having been in care at some point in their life.²² We know such issues can cause or worsen poor mental health for a high proportion of care leavers.

2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health.

Are there any other actions that you think we need to take to improve mental health in Scotland?

Yes. While we accept that the list of actions is not exhaustive, WC?S is concerned that the actions are not based on current research and learnings from practise in Scotland. The actions focus on programmes which appear to be selected as they somewhat match the priority but no clear indication of evidence based reasoning is provided. WC?S would like to have seen actions selected on the basis of solving particular issues and problems, which would in turn provide a clear way of measuring the success of the programmes. These issues may range from primary care and CAMHS facing funding and efficiency gaps to the health and wellbeing gap within our society.

A combination of research and our own advocacy work tells us that for care experienced children and young people to understand and improve their mental health and wellbeing a set of specific and tangible actions is needed from the Scottish Government. In the previous question we provided examples of issues that many care experienced individuals face before, during and after being looked after and suggested that because these issues are so nuanced, care experienced children and young people require a separate priority with a specific set of actions. While a specific set of actions for care experienced children and young people may sometimes cross over and join up with those created to target the general population, research strongly suggests that if interventions for care experienced children and young people are to work they need to both recognise and address the complexity of behaviour change from an awareness of social and environmental influences and be tailored both to the disadvantaged group and the individual.²³

²¹ Scottish Government, 2016. Education Outcomes for Looked After Children 2014/15. [online] <<http://www.gov.scot/Publications/2016/06/7455>>

²² SPS, 2016. Prisoners Survey 2015. [online] <<http://www.sps.gov.uk/Corporate/Publications/Publication-3895.aspx>>

²³ Medical Research Council, 2008. Developing and evaluating complex interventions: New guidance. Report for the Medical Research Council, London.

For the correct actions to support care experienced children and young people to be set out in the new Mental Health Strategy WC?S strongly urges the Scottish Government to take an in depth look at the current situation; what issues care experienced children and young people face in regards to mental health and wellbeing, what services work, what is missing and most importantly, ask care experienced children and young people themselves what actions they think are needed. It is important to acknowledge that while care experienced children and young people are often considered as a whole group, their needs vary greatly depending on placement type. There are several types of placement that looked after children or young people could be placed in. This includes being looked after at home, foster care, a residential unit or school, a secure unit or a formal kinship placement. We know that strong relationships are vital to all young people and that for a placement to be maintained positively specific mental health support for parents, foster and kinship carers is vital.

3. The table in Annex A sets out some of the results we expect to see.

What do you want mental health services in Scotland to look like in 10 years' time?

The proposed new strategy aims to cover a significant length of time and achieve multiple goals. The vision as a whole lacks clarity and direction, therefore it is difficult to comment on specific results that we would like to see in regards to proposed actions. WC?S is concerned that the results included are too vague, for example, 'better long term outcomes for children'. While we agree that better long term outcomes for children should be a result of the new strategy, we believe that this overall result needs to be broken down into achievable and measurable outcome targets. WC?S would like to see smaller reporting timescales built into the strategy, to ensure that actions are assessed and monitored regularly.

WC?S urges the Scottish Government to ensure that the new Mental Health Strategy considers care experienced children and young people as a separate priority and conducts significant new research into the mental health needs of this group. The gaps and problems have to first be recognised in order to set reasonable actions and targets.

Concluding Recommendations

Due to the complex needs and often marginalised status of this particular group of young people, it is essential that their experiences are taken into account. Care experienced children and young people need to be considered as a **separate priority group** and it is suggested that the following recommendations are incorporated when considering the future of mental health services in Scotland.

- **Significant new research** should be conducted into the mental health needs of care experienced children and young people and adopted children
- **Specialist and unique intervention programmes** should be developed for care experienced children and young people and adopted children
- **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.
- Greater and more **consistent attention** should be given to the mental health of children and young people throughout their care journey and the evaluations used should be appropriate
- **Stable and dependable relationships** are integral to a positive care experience and have the power to link the young person, care provider and health service

- **Permanence and stability in placements** allows such relationships and trust to develop
- Staff and carers must be **well trained** in mental health matters and promote a healthy living environment
- **Support should be offered to family and carers** of care experienced young people with poor mental health

If you wish to discuss this response, please get in touch.

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