

SUBMITTING EVIDENCE TO A SCOTTISH PARLIAMENT COMMITTEE

DATA PROTECTION FORM

Name:	Lucy Hughes
Date:	14.12.18
Organisation: (if required)	Who Cares? Scotland
Topic of submission:	Inquiry into mental health support for young people in Scotland

I have read and understood the privacy notice about submitting evidence to a Committee.

I am happy for my name, or that of my organisation, to be on the submission, for it to be published on the Scottish Parliament website, mentioned in any Committee report and form part of the public record.

Non-standard submissions

Occasionally, the Committee may agree to accept submissions in a non-standard format. Tick the box below if you would like someone from the clerking team to get in touch with you about submitting anonymously or for your submission to be considered but not published. It is for the Committee to take the final decision on whether you can submit in this way.

I would like to request that my submission be processed in a non-standard way.

Public Petitions Committee

Inquiry into mental health support for young people in Scotland

Submission from **Who Cares? Scotland**

Who Cares? Scotland [WC?S] is an independent advocacy and influencing organisation working with people who have experience of the care system. We provide direct advocacy to children and young people with care experience, as well as opportunities for local and national participation. WC?S aims to provide care experienced people in Scotland with knowledge of their rights. We strive to empower them to positively participate in the formal structures and processes they are often subject to solely because of their care experience. At WC?S we ensure the voice of the care experienced population of Scotland informs everything we do as an organisation.

Mental Health and Care Experience

We welcome the inquiry into understanding what kinds of support are available to help young people with their mental health in Scotland. Due to the consultation timeframe, we were unable to gather the views of our care experienced members in time to respond to the specific questions asked by the committee. Therefore, WC?S would be keen to engage in future opportunities to connect the committee with our care experienced members on these important issues. Instead we would like to use this opportunity to highlight what we already know and have heard from those with experience of the care system and their mental health.

Children and young people can become 'looked after' for a multitude of reasons. No journey is the same but the resounding effects of pre-care experiences and being in care makes care experienced children and young people among the most vulnerable groups in our society. This is in terms of their risk 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 enter the care system following abuse, neglect, loss, parental alcohol or substance misuse. In 2016/17 only 20% of children and young people were referred to the Children's Hearing System based on offence grounds, whereas 88% were referred on care and protection grounds.² 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.³

We know that care experienced children and young people in the UK have poorer mental health than their non-care experienced counterparts and also poorer associated health behaviours around alcohol and drug use, smoking and sexual health.⁴ The most recent statistics show us that in a study conducted in 2002, among young people aged 5–17 years who were looked after by local authorities in Scotland, 45% were assessed as having a

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 Scottish Children's Reporter Association (2017) Statistical Analysis 2016/17, Ensuring positive futures for children & young people in Scotland. Available online: <https://www.scra.gov.uk/wp-content/uploads/2017/10/SCRA-Full-Statistical-Analysis-2016-17.pdf>. Accessed: 13.12.2018

³ McCall, R.B. (2013) Review: The consequences of early institutionalization: Can institutions be improved? –should they? *Child and Adolescent Mental Health*, 18, 193–201

⁴ 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]

mental health issue.⁵ Care experienced young people with poor mental health require a thorough assessment that takes into account their multiple complexities and understands their unique histories. All children and young people should be able to receive holistic mental health support as soon as they enter care.

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.⁶ While some care experienced children and 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.⁷ 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.

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

Children and young people in care can 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, many young people tell us that care can seem devoid of the ability to allow love to flourish. While their physical needs are most often met, young people report that sometimes it feels like their emotional needs are not.

⁵ Office for National Statistics (2004) The mental health of young people looked after by local authorities in Scotland. Available at: <http://webarchive.nationalarchives.gov.uk/20151014063523/http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/mental-health-of-young-people-looked-after-by-local-authorities/2002-survey/index.html>. Accessed: 13.12.2018

⁶ Nelson, C. A. (2012) The effects of early life adversity on brain and behavioural development, III, Ph.D., Boston Children's Hospital/Harvard Medical School, Harvard centre on the Developing Child. Available at: http://www.dana.org/Publications/ReportOnProgress/The_effects_of_early_life_adversity_on_brain_and_behavioral_development/. Accessed: 14.12.2018

⁷ Public Health Wales (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population, Cardiff: NHS Wales

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.

Young people who do manage to get support from several different practitioners and agencies often then need to start over again and go back through the trauma of their past with someone new. The emotional impact of this can lead to not trusting the practitioners and not wanting to sustain mental health support due to the inconsistency of relationship-building, during which trust is built up and then taken away.

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 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.⁸ 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 can feel unsure sharing 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 individuals⁹ 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 label 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.

⁸ Children's Rights Director for England (2014) *Care and Prejudice*. (London) Ofsted.

⁹ 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*.

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 Child¹⁰ 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.¹¹

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 challenges that being in care may cause.¹²

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.

Children and Adolescent Mental Health Services (CAMHS)

We also know from our care experienced members that current CAMHS methods do not always work for them. One example we have heard through our advocacy work, involved a young person asking to be admitted for treatment but CAMHS refusing this on grounds that the young person had not engaged well before. The young person was actively requesting help which was being denied due to past behaviour.

The approach should be holistic and relationship-based, allowing for relationships to develop over time. A standardised 'meeting' approach is less likely to suit the needs those with experience of instability and trauma. Any review of CAMHS, as has begun with the audit of rejected referrals, must look at the way those with care experience can be supported. The processes must become more flexible and understanding, with an awareness amongst professionals about how care experience can impact a young person's mental health.

Leaving Care - '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

¹⁰ UN General Assembly (1989) *Convention on the Rights of the Child*.

¹¹ 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*. Available online: <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1475-3588.2007.00458.x> Accessed:13.12.2018

¹² WC?S (2016) *Creating a Healthier Scotland, What matters to you. A consultation with Care experienced children and young people in Scotland*. Available online: <https://www.whocaresscotland.org/wp-content/uploads/2016/07/WCS-response-to-consultation-on-Creating-a-Healthier-Scotland-Jan-16.pdf>. Accessed: 13.12.2018

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.

Gaps in understanding:

Currently, Scotland is lacking in strong, up-to-date research on the link between mental health and being care experienced. In England, the Rees Centre and Oxford University joined up with NSPCC to produce a piece of research in August 2014 which examined the context around the mental health of care experienced young people, and the best methods of treatment/support.¹³ This would be useful for the committee to read and understand the specific barriers that can be in place for those who are care experienced in accessing and utilising different types of mental health support and services.

The data we do have from the Office of National Statistics is now 15 years out of date¹⁴ and our advocacy work across Scotland has revealed that the amount of young people facing mental health difficulties is probably much greater than those numbers imply. Reasons for this may include the child's experience of poor parenting, trauma, bereavement or serious illness, including mental health difficulties in one or both parents, and the impact on the child of the environment such as deprivation, social exclusion and poverty.¹⁵ WC?S recommends that research is commissioned in Scotland to establish clear recommendations to inform the development of mental health services for children and young people in care.

The Mental Health Strategy 2017-27:

In our response to the consultation on the 2017-27 Mental Health Strategy, we stated that care experienced children and young people, including those that have been adopted should be considered as a distinct priority area.¹⁶ As already explained, 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 Scottish Government's Mental Health Strategy for Scotland 2012-15¹⁷ had already recognised this need for further work to be done on the specific needs of Care Experienced children: *"We are also aware that work needs to be done to better understand the mental health needs of looked after children and those with a learning disability."* It also 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*

¹³ Luke, N., Sinclair, I., Woolgare, M., and Sebba, J. (2014) What works in preventing and treating poor mental health in looked after children? Available at: <http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2014/09/onlinePoorMentalHealthfullreport.pdf>. Accessed: 13.12.2018

¹⁴ Office for National Statistics (2004) The mental health of young people looked after by local authorities in Scotland. Available at: <http://webarchive.nationalarchives.gov.uk/20151014063523/http://www.ons.gov.uk/ons/rel/psychiatric-morbidity/mental-health-of-young-people-looked-after-by-local-authorities/2002-survey/index.html>. Accessed: 13.12.2018

¹⁵ Scott, J., and Hill, M. (2006) The health of looked after and accommodated children and young people in Scotland. Edinburgh: Social Work Inspection Agency.

¹⁶ WC?S (2016) Response to Mental Health 10 Year Vision. Available at: <https://www.whocaresscotland.org/wp-content/uploads/2018/12/WCS-Response-to-Mental-Health-10-Year-Vision-September-2019.pdf>. Accessed: 13.12.2018

¹⁷ Scottish Government (2012) Mental Health Strategy for Scotland. Available at: <http://www.gov.scot/Resource/0039/00398762.pdf>. Accessed: 13.12.2018

*authorities and third sector providers work together to address the mental health needs of this population.'*¹⁸

For these reasons, they made a specific agreement to better understand how current provision operates and how they can learn from it: “**Commitment 9:** *We will work with a range of stakeholders to develop the current specialist CAMHS balanced scorecard to pick up all specialist mental health consultation and referral activity relating to looked after children.*” We have consistently asked Scottish Government to build upon its learnings by commissioning strong, academic research which can inform policy and practice moving forward.

We also made the point that the new strategy should link with other key policy and areas of legislation which exist to support care experienced people. For example, we highlighted that 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 duties state that all corporate parents must be alert to matters which may adversely affect the wellbeing of care experienced children and care leavers, assess their needs, promote their interests, provide accessible opportunities for care experienced 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 have strengthened 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.’*

Unfortunately, when the new Scottish Government Mental Health Strategy 2017-27 was announced, it failed to explicitly recognise care experienced people as a particularly vulnerable group, within its 40 actions. We are concerned that as mental health becomes an ever-growing area of interest and change in Scotland, that care experienced voices and their specific needs could remain unrecognised and missing from the data available. Therefore, it is key the committee engages with those who have experience of the care system when inquiring into mental health services and access for Scotland’s children and young people - a project which we would be happy to help progress in future.

¹⁸ Scottish Government (2012) Mental Health Strategy for Scotland: 2012-2015.