

What Works in Preventing and Treating Poor Mental Health in Looked After Children?

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<http://www.nspcc.org.uk/preventing-abuse/research-and-resources/what-works-preventing-treating-mental-health-looked-after-children/>

<http://reescentre.education.ox.ac.uk/research/mental-health/>

Prevalence of mental health issues

- 5-17 year old British children (Ford et al., 2007)

	Looked after (1253)	Disadvantaged (761)	Non-disadvantaged (9677)
Any disorder	46.4%	14.6%	8.5%
Anxiety disorders	11.1%	5.5%	3.6%
Depression	3.4%	1.2%	0.9%
Behavioural disorders	38.9%	9.7%	4.3%
ADHD	8.7%	1.3%	1.1%

- More agreement between teachers and carers on externalising than internalising problems (Tarren-Sweeney et al., 2004)

Mental health – what is your experience?

- **Are these figures surprising to you?**
- **Who have you worked with to support the mental well-being of young people in your care?**



What works for looked after children?

- **NSPCC/Rees Centre review of mental health interventions for looked after children (Luke, Sinclair, Woolgar, & Sebba, 2014)**
- Practitioners need to know whether a particular intervention is likely to work
- Report provides an indication of the strength of the evidence for a range of interventions
- Also looks at the context in which these interventions operate
 - i.e. the importance of 'ordinary care' as an intervention in itself
 - evaluations of interventions often miss out the importance of context and children's individual experiences
 - important to think how quality of care environment and decisions made can influence well-being before using targeted (and often costly) interventions

'Ordinary care'

- Which aspects of 'ordinary care' can influence young people's mental health?
- Which of these can **you** influence?



Children's well-being

- Well-being of looked after children is influenced by:
 - child and their motivations
 - timing of interventions: the earlier children are placed in any kind of permanent placement, the more likely that placement is to succeed
 - whether the foster carer is warm, committed, has a good relationship with their partner (if applicable)
 - interactions – carer will vary in types of children with which they deal; behaviour of children impacts on carer and vice versa; interactions with other children if present
 - school
 - how children get on with their birth families and the nature of the contact

Mental health assessments

- Strengths and Difficulties Questionnaire (Goodman, 2001) commonly used with looked-after children
 - offers a reasonable general picture of well-being
 - can alert professionals to difficulties
 - doesn't screen for specific mental health issues
- CBCL (Achenbach, 1991) and Children's Global Assessment Scale (Shaffer et al., 1983) are similar broad measures
- DAWBA (Goodman et al., 2000) adds different questions and focus on patterns, duration and impact of symptoms BUT takes longer and needs a clinician
- Reliability depends on person completing assessment and context
- Well-being assessments need to take account of the context, not just the individual

Mental health interventions

- Reviewed interventions used with looked after children (minimum 2 published papers)
- Not looking at adult outcomes
- 106 studies reviewed
- Mix of targets (child, carer or both)
 - depended whether targeting emotional or behavioural well-being



Mental health interventions

- MTFC has largest amount of published evidence
 - US results look more promising (behaviour) than others
 - Tests in UK suggest effects may not last
 - Benefits highly antisocial young people but not others
- ABC looks promising
 - Showed lower cortisol levels and less avoidant attachment behaviours
 - Also tested largely by programme developers
 - Suffers lack of baseline measures and short follow-ups
- Fostering Changes carer training looks promising
 - Improved behavioural and emotional well-being in a pilot RCT
 - Currently being rolled out in new programme
- Middle School Success the only one with a school focus

Mental health interventions

- Some promising interventions based around attachment theory and social learning theory
- ‘Behaviour management’ on its own is not enough
 - developing relationships and understanding of self and other is crucial
- Consistency is important
- One size **does not** fit all
- Interventions should have flexibility to meet individual needs and offer ongoing support following any targeted work

What can we do better?

- **How can we ensure that intervention effects carry across contexts (e.g. between placements or home to school)?**
- **How can we improve the evidence to help fostering services make the best decisions when choosing interventions?**



Remember...

- There are more similarities between looked-after children and others than there are differences
 - some of the same assessments and interventions can work
- Individual variation in experiences and reactions needs to be borne in mind during assessments and interventions



And above all...

- Many 'problem' behaviours and processing biases have developed in response to living in a dysfunctional family environment
 - responses that can help children to survive very harsh conditions can be less adaptive in the wider world
 - these children have learned survival skills



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 - Alex Stevenson

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