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Improving Mental Health Assessments for Looked After Children

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Improving the Mental Health Assessments for Looked After Children

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Abstract

As part of the UK's National Health Service modernisation agenda, the Department of Health, Social Services and Public Safety, Northern Ireland set up a Service Improvement Unit (SIU). The aim of the SIU was to identify key areas in the Health and Social Services that needed improvement and to provide a structured framework in which to achieve the necessary developments.

A key area identified was the interface between children in care and the Child and Adolescent Mental Health Services. It was believed that a lot of work needed to be undertaken to identify those children and young people in the 'care system' that had 'mental health' difficulties and to ensure they received the necessary interventions in an appropriate and timely manner.

In order to take forward this improvement, a multi-disciplinary project team was set up under the SIU scheme to look at this issue. The project's title was 'Knowing to Care!' which reflects the basic notion that the more we know about the children and young people the better we are caring for them.

Keyords: Mental Health, Assessments, Children and Youth

Introduction

During the early stages of the programme when a 'process mapping' exercise was undertaken, it became evident, that those responsible for the care of the children and young people, i.e. Foster Carers and Residential Workers, where best placed to make improvements in assessing the mental health needs of children and young

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people in care. It therefore became the project's raison d'être to find ways in which carers could assess the mental health needs of children and young people in their care.

This paper outlines the process on how this was achieved. I provides some contextual information about the 'looked after' population, the mental health issues that are prevalent among this group of children and young people, the carer's assessment tools that were developed to assess the mental health needs of the children and young people, and the improvements the project made for children and young people in care.

Background Information

Care Population

In March 2004, the Ulster Community and Hospitals Trust had 259 'looked after' children, 29 young people where accommodated in residential care and 104 in foster care. Table 1:1 gives a breakdown of the ages of the children in care. Almost 85% of 'looked after' children in the Trust are over the age of 5 and therefore would qualify for a carer's mental health assessment to be undertaken using the assessment tool.

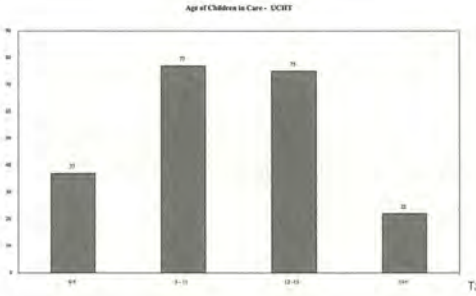
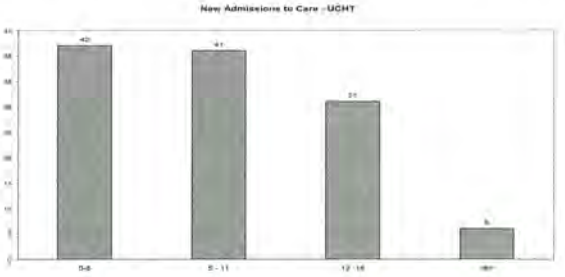


Table One

Table 1:2 gives a breakdown of the number and ages of children who were admitted to care in the Ulster Community and Hospitals Trust between November

2003 and October 2004. The data indicates that on a yearly basis approximately 78 children could be subject to a mental health assessment under this project.



Mental Health Issues for Looked After Children

There are many factors that may place some children and young people at greater risk of developing mental health difficulties than other children and young people in the general population. These factors can be broken down in to three interrelated categories: predisposing, precipitating and perpetuating factors.

- Predisposing factors may include genetic influences, low IQ, developmental delay, communication difficulties.
- Precipitating factors may include overt family conflict, family breakdown, inconsistent parenting and so on.
- Perpetuating factors involve socio-economic disadvantage, hopelessness, and living in conflict.

Children who come into the care system usually have experienced many of the predisposing, participating and perpetuating factors that are associated with the development of mental health problems.

The vulnerability of looked after children to mental health problems has been documented in a number of research papers (Blower *et al*, 2004; Williams *et al*, 2001; Richardson and Joughin, 2000; Philips, 1997; McCann, James, Wilson and

Dunn, 1996; Wolkind and Rushton, 1994; Bamford, and Wolkind, 1988). It is also recognised that while being more likely to be exposed to risk factors associated with mental health difficulties, looked after children have developed fewer coping strategies to deal with their difficulties compared to other children in the general population (Richardson and Joughlin, 2000; Aggleton *et al*, 2000).

In terms of the type of mental health difficulties faced by young people in care it is believed that the most common mental health disorders which looked after children experience include: anxiety, fears and depression, conduct disorder and attachment disorder. There is a smaller group of children who develop serious mental illness, such as schizophrenia and bipolar affective disorder. Looked after children also display a lot of behaviours that are associated with mental health difficulties such as substance abuse, self-harming and absconding.

Children and Adolescent Mental Health Services (CAMHS)

CAMHS are the lead service within the UK who is tasked with addressing the mental health needs of children, particularly those children who display behaviours that can be attributed to severe psychological or psychiatric disturbance.

In Northern Ireland there are high rates of mental health problems among children and young people and the CAMHS service finds it difficult to meet existing need. McConnell et al, (2002) in a survey of psychiatric disorders reported that in only a quarter of cases were needs for treatment met

Mental health treatment for all young people including looked after children has become a priority in Northern Ireland. Children's Services Plans for 2002-2005 launched by the four Health and Social Services Boards in November 2002 identified psychological and psychiatric services as a priority area. The Northern

Ireland's Children's Commissioner for Children and Young People has also identified this area of health as a priority for his office.

Assessments

It is evident from the research literature and from social work experiences that children and young people in care are one of the most vulnerable groups in society to develop mental health problems and that the specialist services to assess and treat children and young people are unable to meet this need. It is also debateable if there is a need for CAMHS to become involved with 'looked after' children who have minor mental health issues. The most important part of the process is to carry out appropriate assessments in order to determine what are the needs of the individual child and who is best placed to meet those needs. Richardson (2002), Dimigen (1999) and McCann et al (1996) suggest that any strategy to meet the mental health needs of looked after children must ensure that full and effective assessments are carried out and that problems are identified.

Despite the clear messages from research regarding the vulnerability of looked after children mental health assessments are not yet an integral part of the looked after process. Mental Health assessments usually only take place after the child's carer, such as, their foster carers, residential worker and their social workers have concerns about the child's behaviour. It is unlikely that a mental health assessment will take place unless a crisis occurs for the child. Quite often the opportunity to prevent a mental health problem developing or deteriorating has been missed by this stage. It is only when a crisis occurs a referral is made to a mental health team and the assessment takes place.

Knowing to Care! Project

The Knowing to Care! Project, set out to develop new ways in which mental health issues for looked after children could be approached. It developed a collaborative

approach between those responsible for the care of looked after children (social workers, residential workers and foster carers) and mental health professionals.

This project concentrated on the process of integrating mental health assessments into the three month assessment period that all looked after children should undergo. In Northern Ireland this period is between the first Looked After Children's Review (2 weeks) and the 2nd Looked After Children's Review (3 months). This is also in keeping with the Looked After Children's Permanence Policy where a Permanence Plan has to be agreed before the second Looked After review. The mental health assessments became part of this assessment and used by professionals to make long-term plans for the child based on their needs.

This project advocated that mental health assessments are best undertaken by the child's carer – this could be their residential key worker or their foster carer depending on their placement. Initially the project targeted those children and young people (aged 5 – 17) who came in to the care system after January 2005. The Project set itself a number of aims, objectives, measures and targets, which are listed below:

Aim One:

To improve the carers understanding of 'looked after' children's mental health needs.

Objectives

1. To train and support foster carers and residential child care staff to undertake evidence-based mental health assessments within the statutory 3-month assessment period.

2. To incorporate the 'looked after' children's assessed needs into the child's care plan as required by policy.

3. To profile the mental health needs of the LAC population in UCHT

Measure for Improvement

The percentage of new 'looked after' children who have completed a mental health needs assessment from January 2005.

The percentage of assessments carried out within the 3-month period

The number of carers who have been trained to administer the mental health assessments

The percentage of children who have their mental health assessments incorporated in to their Care Plan

Target

To achieve a 100% rate for all of the above measures.

Aim Two

To improve our response to the mental health needs of 'looked after' children

Objectives

1. To develop multi-agency networks with organisations who provide mental health services to 'looked after' children
2. To improve access to specialist services for those 'looked after' children who are assessed as requiring such a service.
3. To improve and streamline documentation that supports carers in responding to the mental health needs of 'looked after children'
4. To ensure when a change of placement does arise a child's mental health 'plan' is fully communicated to the receiving carer.

Measure for Improvement

An audit of children's files to ascertain if referrals were made to agencies who provide the necessary specialist service which addresses the assessed needs of the child.

Ensure the child's carers have a copy of the mental health assessments

Target

Referrals (if applicable) to specialist services are made within 2 weeks after the 2nd 'looked after children's' review (3 months)

Children to be seen by the specialist service within 1 month of receiving the referral

Aim Three.

To improve the confidence and competence of carers in understanding and responding to the mental health needs of the children they are looking after.

Objectives

1. To ensure that carers feel confident about their ability to use the assessments
2. To ensure that carers feel supported in their extended role of systematically assessing and responding to the mental health needs of the children in their care.
3. To develop a carers guide for appropriate interventions for responding to a 'looked after' children mental health needs

Project Outcomes

Multidisciplinary Teamwork

The success of the project from the onset, was critically dependent on establishing a multidisciplinary team that could effectively work together to improve the mental health assessments for looked after children. This turned out to be one of the most important achievements of the project. The project was able to bring together social workers, psychiatrist, psychologists and academics that produced an assessment tool for carer's and who contributed to developing a more responsive system for the benefit of looked after children.

Multi-Agency Work

Similar to the multidisciplinary aspect to the project, there was a critical need for multi-agency work and the membership of the project team reflects the large number and diversity of the agencies involved in the project. There were representatives from the statutory and voluntary sector as well as representatives from Queen's University and from the Voice of Young People in Care (a service user representative group).

The EHSSB as a Commissioner and UCHT as a service provider worked in close collaboration through out the term of the project and will continue to work together to improve the mental health assessments for looked after children.

Service User and Carer Involvement

Throughout the project we successfully involved carers and young people in all aspects of the process. The young people were involved in helping the team to understand from their perspective the processes that are involved when a young person becomes looked after. We gained great insights into their world, which enable us to shape and reshape the programme. Most significantly, the young people were able to confirm that the task that we had set ourselves and how we were going to achieve these were realistic and had the strong potential to make a

significant difference to meeting the needs of children and young people who come into care.

With regard to residential care workers and foster carers we were able to involve them at all stages of the process. A number of carers sat on the management group, the recording group and carried out a significant number of Plan – Do – Study – Act (PDSA) cycles, which were essential to developing the final assessment tool.

Target Group

It is clear from the statistical returns that the majority (7 out of 8) of the young people who qualified for the project had an assessment carried out. For some young people the assessment fell outside the identified project timescale but nevertheless the assessments were complete.

Assessment Tool and Guidance Notes

The development and testing of the assessment tool for carer's occupied the project for a considerable part of the time. The tool had to be tested and retested many times, as there was a clear need to demonstrate and prove it was 'fit for purpose'. This is a process that continues to evolve as the Centre for Child Care Research is proposing to the Recognised Research Groups that more scientific rigor is applied to the tool in order to test for its reliability and validity.

The assessment tool to date has been administered to 17 young people. Eight of these young people 'qualified' for the project as they had been in care for more than 2 weeks but less than 13 weeks and were aged between 5 and 18. The other 9 young people who were assessed using the assessment tool had been in residential care for a longer period. It was decided to include these young people so that we test the assessment tool thoroughly.

Information on all the completed assessment forms was analysed and carers who completed the assessments were interviewed. A number of observations and recommendations were reported including:

- assessments appeared to be more meaningful and thorough when they were completed with the young person
- those carers who were trained in the use of the assessment tool completed the form much better than those who had not
- the carers found the assessments useful in understanding the young person
- the guidance notes attached to the assessment tools were informative
- the carers found that they could identify the needs of the young person
- the carers were able to articulate their concerns must better at planning meetings
- for some young people the assessments themselves had therapeutic benefits

Conclusion

Children in care are one of the most vulnerable groups in society to experience mental health difficulties. Their life circumstances and experiences such as; being separated from their parents, experiencing abuse, witnessing violence etc predispose them to this vulnerability.

It is evident that specialist mental health services cannot met the needs of this population and it could be argued that for those children and young people who have minor mental health difficulties that CAMHS may not be the most suitable agency to address these needs.

For the children and young people it is essential that their mental health needs are identified as early as possible and that the interventions that best meet their needs are identified. If this is achieved then mental health difficulties can be prevented or treated or further deterioration can be avoided. Having these issues addressed for looked after children can have a positive effect on stabilising and securing their care placement or successfully rehabilitating them with their families and communities.

Foster carers and residential carers are often best placed to undertake mental health assessments for children in their care. They have the intimate knowledge about the children and have often established a caring relationship, which is based on trust. The Knowing to Care! Project and the Assessment Tool\Guidance Notes developed have proven that with some training, the carers can carry out a meaningful mental health assessment that can identify the mental health needs of the children and identify the type of services required to meet their needs.

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