

## **The General Health, Social Networks and Lifestyle Behaviours of Young People Looked After by Local Authorities in Scotland**

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### **Introduction**

The survey of the mental health of young people looked after by local authorities in Scotland was the second major national survey focusing on the development and well-being of young people to be carried out by ONS. The first survey, carried out in 1999, obtained information about the mental health of nearly 900 young people living in private households in Scotland. (Meltzer, Garward, Goodman & Ford, 2000). Both surveys were commissioned by the Scottish Executive Education Department and the Scottish Executive Health Department.

The primary purpose of the survey was to produce prevalence rates of three main categories of mental disorder (conduct disorder, hyperactivity and emotional disorders) by child and placement characteristics. The survey also covered service utilisation and the measurement of lifestyle behaviours. The results of the survey in Scotland were published in May 2004 (Meltzer, Lader, Corbin, Goodman & Ford, 2004a). The results of the surveys in England and in Wales were published in 2003 and 2004 respectively (Meltzer, Corbin, Garward, Goodman and Ford, 2003; Meltzer, Lader, Corbin, Goodman & Ford, 2004b).

More information on the aims of the survey, the definitions, questionnaires and assessments used, the sample design and response rates, as well as findings on the mental health of young people looked after by local authorities in Scotland, can be found in the previous issue of this journal (Meltzer & Lader, 2004). This paper will focus on findings from the survey about the general health, social networks and lifestyle behaviours of the young people.

### **General health and physical complaints**

This first section looks at general health and physical complaints among children and young people looked after by local authorities. The responses come from the interview with the carers of the children and young people.

*General health*

The child's general health was rated by carers on a five point scale: 'very good', 'good', 'fair', 'bad' or 'very bad'. Children living with foster carers were more likely to have very good health (70 per cent) than children living in any other placement type, particularly those living in residential care (38 per cent).

**Table 1: General health rating by type of placement**

<i>Looked after children Scotland</i>					
	Foster carers	Birth parents	Residential care	Living independently	All placements
	<i>Percentage of young people with each general health rating</i>				
Very good	70	47	38	[2]	52
Good	25	35	46	[4]	34
Fair	5	16	15	[4]	12
Bad	-	2	2	-	1
Very bad	-	-	-	-	-
<i>Base</i>	<i>137</i>	<i>124</i>	<i>82</i>	<i>10</i>	<i>355</i>
Where the base is smaller than 30, actual numbers are shown within square brackets					

*Physical complaints*

Two thirds of all looked after children were reported to have at least one physical complaint. The most commonly reported physical complaints among the sample were: eye and/or sight problems (19 per cent), bed wetting (14 per cent), speech or language problems (12 per cent), asthma (12 per cent) and difficulty with co-ordination (10 per cent), quite different to those found in the private household survey (Meltzer *et al*, 2000).

**Table 2: Type of physical complaint\* by survey coverage**

<i>All children aged 5-15 years**</i>		
	Looked after by local authority	Private household
	<i>Percentage of young people with each type of physical complaint</i>	
Eye/sight problems	20	9
Bed wetting	16	4
Speech/language problems	13	3
Asthma	12	14
Difficulty with co-ordination	11	2
Eczema	8	12
Stomach/digestive problems	7	6
Soiling pants	6	1
Migraine/severe headaches	6	5
Hay fever	5	7
Hearing problems	5	2
Stiffness/deformity in foot, leg etc.	4	1
<b>Any physical complaint</b>	<b>68</b>	<b>52</b>
<i>Base</i>	<i>293</i>	<i>1055</i>
* only complaints reported by 4 per cent or more of looked after children shown		
** only those aged 5-15 years to enable direct comparison		

### *Medication*

Only six per cent of the children surveyed were reported to be taking any of fourteen listed forms of medication and there was no difference in the prevalence of this drug use between children diagnosed as having any mental disorder and those children with no disorder.

Three per cent of the children were taking psycho-stimulants used in the control of attention and hyperactivity disorders (Methylphenidate/Equasym/Ritalin), less than 1 per cent were taking anti-depressants (Fluoxetine/Prozac) and 1 per cent were taking anti-psychotic drugs, used in the treatment of conditions including autism, manic depression and severe anxiety (Risperidone/Risperadal).

Around a fifth of children diagnosed as having hyperkinetic disorders were taking some form of medication used in the treatment of mental disorders. A seventh of those diagnosed as having hyperkinetic disorders were taking

psycho-stimulants (Methylphenidate, Equasym, Ritalin), a very common form of treatment for this type of disorder, and a further six per cent of this group were taking Dexamphetamine/ Dexedrine.

### *Life threatening illness*

Carers were asked if the child had *ever* been so ill that they thought s/he may die. Because many of the carers had no access to information about the child's history, they were given the option of answering that they did not know.

There was little difference in the responses between carers of children with a disorder and those without: six per cent of those with a disorder were reported to have been life-threateningly ill compared with ten per cent of those with no disorder.

### *Accidents and injuries*

The general health section of the questionnaire asked carers to say whether the child had ever had four types of accident or injury.

- Head injury with loss of consciousness.
- Accident causing broken bone (excluding head injury).
- Burn requiring hospitalisation.
- Accidental poisoning requiring hospital admission.

Not unexpectedly, a broken bone was the most frequently mentioned accident, reported for 22 per cent of children. Nine percent of children had suffered a head injury causing loss of consciousness at some time in their lives, six percent of children had received a burn requiring hospital admission and five percent of children had been accidentally poisoned to the extent that they required hospitalisation.

### **Service use**

#### *General health care services*

The child's recent contact with general health care providers was reported in relation to four services:

- GPs (excluding consultations for immunisation, child surveillance or development tests)
- Accident and Emergency departments
- In-patient departments
- Out-patient or day patient services.

Overall, 11 per cent of children reported that they had visited a GP in *the past two weeks*. Nine per cent had seen their doctor once and two per cent had seen the doctor two or more times. Children living in residential care were nearly four times as likely as children in family placements to have made a GP visit within the past two weeks (27 percent compared with six per cent of those in foster care and eight per cent of those placed with their birth parents).

Thirteen per cent of all the children had visited an accident and emergency department *in the past three months*. Young people living in residential care were, again, the most likely to have used an emergency department: 22 per cent had done so in the past three months compared with 15 per cent of those living with their birth parents and only four per cent of those in foster care.

Carers were asked whether the child had had any inpatient stays in hospital, overnight or longer, in *the past three months*. Only five per cent of the young people had been in hospital in this time and it was very rare for any child to have had more than one inpatient stay in the three month reference period. The percentage of children who had been in hospital over the past three months showed no marked difference by type of placement.

Carers were also asked whether the child had been to a hospital or clinic at all for treatment or check-ups in *the past three months*, i.e. excluding any contact with their GP, visits to casualty departments or inpatient stays. Sixteen per cent of the children had attended an outpatient department or been a day patient. A quarter, 25 per cent, of the children in residential care had had at least one day patient stay or outpatient visit to hospital compared with between 12 and 16 per cent of children in the other placement types.

**Table 3: Health services used by type of placement**

<i>All looked after children in Scotland</i>					
	Foster carers	Birth parents	Residential care	Living independently	All placements
<i>Past two weeks</i>	%	%	%	%	%
<b>General practitioner</b>					
None	94	92	73	[8]	89
Once	5	8	21		9
Twice	1	1	4		1
Three or more	-	-	2	[1]	1
<b>Any GP visit</b>	<b>6</b>	<b>8</b>	<b>27</b>	<b>[1]</b>	<b>11</b>
<i>Base</i>	<i>137</i>	<i>124</i>	<i>80</i>	<i>9</i>	<i>350</i>
<i>Past three months</i>					
<b>Accident and Emergency</b>					
None	96	85	78	[6]	87
Once	3	10	15	[3]	9
Twice	-	4	2		2
Three or more	1	1	6		2
<b>Any A &amp; E visit</b>	<b>4</b>	<b>15</b>	<b>22</b>	<b>[3]</b>	<b>13</b>
<i>Base</i>	<i>137</i>	<i>124</i>	<i>82</i>	<i>9</i>	<i>353</i>
<i>Past three months</i>					
<b>Inpatient stay</b>					
None	98	95	90	[6]	95
Once	2	3	9	[3]	4
Twice	-	2	2		1
Three or more	-	-	-		-
<b>Any inpatient stay</b>	<b>2</b>	<b>5</b>	<b>10</b>	<b>[3]</b>	<b>5</b>
<i>Base</i>	<i>137</i>	<i>124</i>	<i>82</i>	<i>9</i>	<i>353</i>
<i>Past three months</i>					
<b>Outpatient or day patient</b>					
None	84	88	75	[6]	84
Once	7	6	13		8
Twice	6	4	2	[1]	4
Three or more	3	2	10	[2]	4
<b>Any outpatient visit or day patient stay</b>	<b>16</b>	<b>12</b>	<b>25</b>	<b>[3]</b>	<b>16</b>
<i>Base</i>	<i>137</i>	<i>124</i>	<i>82</i>	<i>9</i>	<i>353</i>

*In trouble with the police*

Overall, 29 per cent of children had been in trouble with the police in the past 12 months.

Young people in residential care were the most likely to have been in trouble with the police (54 per cent) followed by those living with their birth parents (30 per cent). Those in residential care were also the most likely to have been in trouble three times or more.

**Table 4: Trouble with the police in the past 12 months by type of placement**

<i>All looked after children Scotland</i>					
	Foster carers	Birth parents	Residential care	Living independently	All placements
	%	%	%	%	%
<b>Trouble with the police</b>					
No	89	70	46	[6]	71
Once	6	12	6	[1]	9
Twice	-	6	10		4
Three or more times	5	12	37	[3]	15
<b>Any trouble with police.</b>	11	30	54	[4]	29
<i>Base</i>	<i>136</i>	<i>124</i>	<i>82</i>	<i>10</i>	<i>354</i>
<i>Children with significant mental health problems</i>					
<b>Seen by youth justice worker</b>					
Yes	2	7	10	[1]	6
No	98	93	90	[9]	94
<i>Base</i>	<i>100</i>	<i>85</i>	<i>73</i>	<i>10</i>	<i>270</i>

Carers who had indicated that the child had a significant mental health problem were additionally asked if the child had been seen by a youth justice worker. Overall, six per cent of these children had seen a youth justice worker.

## Scholastic ability and education

The aim of this section is to describe the educational profile of children looked after by local authorities in Scotland and to examine the relationship between mental disorders and scholastic achievement. The data presented here mainly come from the postal questionnaire returned by the child's teacher and focus on five to 15-year olds.

### *Reading, mathematics and spelling*

Teachers were asked to rate each child in terms of whether they were above average, average, had some difficulty or experienced marked difficulty with reading, mathematics and spelling. Between 50 per cent and 60 per cent of all looked after children had some degree of difficulty with at least one of these three abilities.

The type of placement and the presence of a mental disorder, however, did not seem to be associated with the teachers' rating of reading, mathematics or spelling ability.

### *Overall scholastic ability*

Teachers were asked to estimate at what age the child was at in terms of his/her scholastic and intellectual ability. For analytical purposes, the child's age was subtracted from his/her functioning age. Overall, 59 per cent of all children were reported to be at least one year behind in their intellectual development. This comprised 41 per cent of children who were one or two years behind and 19 per cent who were three or more years below the level expected for their age.

Children who were rated as furthest behind their contemporaries were 11-15 year olds and those living in residential care.

**Table 5: Teacher's rating of child's reading, maths and spelling ability by type of placement**

<i>Scotland LAC aged 5-15 with a returned teacher questionnaire</i>				
	Foster care	Birth parents	Residential care	All young people
	%	%	%	%
<b>Reading</b>				
Above average	11	10	8	10
Average	41	40	26	37
Some difficulty	32	33	41	34
Marked difficulty	17	17	26	18
<i>Base</i>	92	87	46	225
<b>Mathematics</b>				
Above average	9	7	3	7
Average	36	36	27	35
Some difficulty	36	38	49	39
Marked difficulty	18	19	22	19
<i>Base</i>	92	88	45	225
<b>Spelling</b>				
Above average	12	6	3	8
Average	35	39	22	35
Some difficulty	32	35	49	36
Marked difficulty	21	20	27	21
<i>Base</i>	92	85	46	223
<b>Overall scholastic ability</b> <i>(functioning age - actual age)</i>				
4 or more years behind	11	8	26	12
3 years behind	-	12	10	7
2 years behind	21	12	26	18
1 year behind	23	24	19	23
Equivalent	32	37	10	31
1 or more years ahead	13	8	10	10
<i>Base</i>	85	72	39	196

*Special educational needs*

Teachers were asked whether the child had any officially recognised special needs and, if so, to rate the level of special needs according to the five recognised stages:

- Stage 1 – class teacher or form/year tutor has overall responsibility.
- Stage 2 – SEN co-ordinator takes the lead in co-ordinating provision and drawing up individual educational plans.
- Stage 3 – external specialist support enlisted.
- Stage 4 – statutory assessment by Local Education Authority (LEA).
- Stage 5 – SEN Statement issued by LEA.

About a third of children (32 per cent) had officially recognised special educational needs, and only a small number, 5 per cent, had a statement issued by the local education authority.

Children in residential placements were more likely to have officially recognised special educational needs, 51 per cent, than those living with foster carers, 29 per cent, or living with their birth parents, 29 per cent.

**Table 6: Special educational needs profile by type of placement**

<i>Looked after children Scotland aged 5-15 with a returned teacher questionnaire</i>				
	Foster care	Birth parents	Residential care	All young people
<b>Does child have officially recognised special educational needs?</b>	%	%	%	%
No	71	71	49	68
Stage 1	8	15	20	13
Stage 2	5	8	6	7
Stage 3	12	1	14	7
Stage 4	1	1	3	1
Stage 5	4	4	9	5
<b>Any SEN</b>	<b>29</b>	<b>29</b>	<b>51</b>	<b>32</b>
<i>Base</i>	<i>92</i>	<i>85</i>	<i>42</i>	<i>219</i>

### *Absenteeism from school*

Teachers were asked how many days the child had been absent during the last term. Overall, 69 per cent of all children had been absent from school for a day or more during the previous term. Forty two per cent had been away from school for up to a week and 27 per cent had been away for more than a week.

The presence of a mental disorder or a physical illness seemed to have little effect on absenteeism from school. Children placed with their own parents were more likely to be absent from school than those in foster care: 40 per cent of children living with their parents were absent for six days or more compared with 12 per cent and 20 per cent respectively of those in foster or residential care.

### *Truancy*

All three types of respondent (young person, carer and teacher) were asked about truanting; however, because of differences in question wording, type of administration and routing, it is difficult to compare directly the information which was collected from the three sources.

*The question directed at carers was:* (In the past 12 months) Has s/he often played truant ('bunked off') from school? This was only asked of carers of children who were more troublesome than average. According to carers, 27 per cent of the children had 'definitely' and 4 per cent had 'perhaps' often played truant in the past year. Carers were far more likely to say 'definitely' if the child was aged 11-15, placed in residential care or had been in the current placement for less than two years.

The wording of the truancy question for the 11- to 15-year olds was the same as that asked of carers. Twenty six per cent of the young people reported that they had 'definitely' and 17 per cent had 'perhaps' played truant in the past year. Young people living with their birth parents were the most likely to have said they played truant: 55 per cent said they had done so, compared with 48 per cent of those in residential care and only 20 per cent of those living in foster care. Whereas carers may have been unsure whether their children were playing truant, the young people themselves must have known. Therefore, those in the 'perhaps' category were probably in the 'definitely' category but were concerned about admitting it.

The question on truancy presented to teachers was different to those addressed to carers and children because teachers did not have a face-to-face interview but were sent a postal questionnaire. The questionnaire included the statement: '*plays truant*' and the teacher was asked to respond by ticking one of three boxes labelled, not true, partly true or certainly true. According to the teachers,

19 per cent of children played truant. Following the pattern of the carer and young person data, the greatest percentage of children playing truant were aged 11 to 15 years old, in residential care or had been in their current placement for less than two years. Surprisingly, this percentage represents 12 per cent of children assessed as having a mental disorder but 27 per cent of those with no disorder.

**Table 7: Truancy by type of placement and type of respondent**

<i>Looked after children Scotland aged 5-15 with a returned teacher questionnaire</i>				
	Foster care	Birth parents	Residential care	All young people
	%	%	%	%
<b>Teacher's report on truancy</b>				
Not true	97	75	61	80
Partly true	1	13	21	10
Certainly true	1	12	18	9
<i>Base(=5 to 15 year olds)</i>	<i>93</i>	<i>88</i>	<i>47</i>	<i>228</i>
<b>Carer's report on truancy</b>				
No	89	63	49	69
Perhaps	-	7	5	4
Definitely	11	31	46	27
<i>Base(=5 to 15 year olds)</i>	<i>77</i>	<i>67</i>	<i>48</i>	<i>194</i>
<b>11 - 15 year olds report on their own truancy</b>				
No	80	45	52	58
Perhaps	7	25	11	17
Definitely	14	30	37	26
<i>Base(=11 to 15 year olds)</i>	<i>50</i>	<i>44</i>	<i>34</i>	<i>128</i>

## Social networks and lifestyle behaviours

### *Friendships*

Seventy nine per cent of the children had a 'best' friend and children in each of the different placement types were equally likely to have a best friend. Children who reported having friends were asked how much of their time was spent with their friends. Around two fifths (42 per cent) of all children reported

that they spent some of their time with their friends and a further two fifths (38 per cent) spent all or most of their time with friends. One fifth of children spent only a little time or no time at all in the presence of their friends. This compares with just eight per cent of children living in private households in Scotland (Meltzer *et al.*, 2000).

The two per cent of children reporting that they spent no time at all with their friends could be an indication that they do not have any friends but were too embarrassed to say so when asked; however, it was only the children in residential placements who reported spending no time at all with their friends, probably because they are friends with people who do not live in the same home.

Young people were also asked if they felt able to confide in any of their friends such as sharing secrets or telling them private things. Around a half of the children (52 per cent) reported that they could definitely confide in their friends but 16 per cent overall said they could not confide in their friends at all. This rate was similar to that found in England and in Wales (Meltzer *et al.*, 2003; Meltzer *et al.*, 2004) in contrast to only five per cent of children in the private household survey.

### *Help-seeking behaviour*

All 11- to 17-year olds were asked if they had ever felt so unhappy or worried that they had asked someone for help. Around a third of all young people, 34 per cent, had sought help because they had felt unhappy or worried.

Over a quarter of the children in foster care, 28 per cent, sought help from their mother or foster mother and this was by far the most common source of help among this group. For children in residential care, the most common source of help was a member of staff at the residential care home, 18 per cent, suggesting that the children tended to seek help from the sources most easily accessible to them.

**Table 8: Help sought by type of placement**

<i>Looked after children Scotland aged 11-17 with a self-completed questionnaire</i>				
	Foster care	Birth parents	Residential care	All young people
	<i>Percentage of young people seeking help from each source</i>			
<b>Help sought from ...</b>				
Mother or foster mother	28	12	8	17
Father or foster father	12	6	2	7
Brother or sister	3	6	5	5
Special friend	8	12	5	10
Social worker	6	4	5	6
Teacher	9	8	5	8
Staff in residential home	2	-	18	4
Doctor	-	2	-	1
Other	2	6	2	4
Any help sought	33	35	28	34
Has not sought help	67	65	72	66
<i>Base</i>	<i>64</i>	<i>50</i>	<i>40</i>	<i>156</i>

The majority of young people who had sought help, 64 per cent, wanted a chance to talk things over, eight per cent required practical advice and a just over a quarter (28 per cent) were seeking both practical advice and a chance to talk things over.

*Smoking, drinking and drug use*

Questions on smoking, drinking and drug use were included in the self-completion part of the interview and were asked of all 11- to 17- year olds.

Young people were categorised into four groups according to their smoking behaviour: current smokers, ex-smokers, those who had tried it once and those who had never smoked. Young people were classed as current smokers if they said 'yes' to the question; 'Do you smoke at all these days?'. Overall, 44 per cent of the 11- to 17-year olds were current smokers and only 27 per cent had never tried smoking.

Two fifths, 40 per cent, of the young people aged 11 to 15, were current smokers. This is about four times the rate found in the survey of the mental health of children in private households in Great Britain, nine per cent, (Meltzer *et al.*, 2000) and in the survey of drug use, smoking and drinking among young teenagers in 1999, nine per cent (Goddard & Higgins, 1999). Fifty six per cent of 11- to 17- year olds in residential care placements were current smokers. Children in foster care were more likely than young people in residential care to have never smoked (38 per cent compared with 15 per cent). This difference in smoking rates between placement type can partly be explained by the increase in the prevalence of smoking with age. Young people living in residential care had a mean age of 14 years 3 months compared with 11 years 8 months of those in foster care.

Young people were placed into six groups in terms of their alcohol consumption: almost every day, once or twice a week, once or twice a month, a few times a year, does not drink alcohol now and never had an alcoholic drink: 38 per cent of 11- to 17-year olds had never had an alcoholic drink and a quarter drank at least once a month. Comparing 11- to 15- year olds, the percentage of looked after children who drank at least once a month was higher (22 per cent) than in the private household survey, whose figure was 14 per cent (Meltzer *et al.*, 2000).

Compared with children in foster care placements, children in residential care were much more likely to drink alcohol: nearly a quarter (23 per cent) of children in residential care drank at least once a week compared with only 7 per cent of those in foster care placements. Similarly, over half (54 per cent) of the children in foster care had never had an alcoholic drink compared with only a quarter (26 per cent) of those in residential care. As with the smoking findings above, these results probably reflect the relatively larger proportions of older children in residential placements than in foster care.

**Table 9: Smoking and drinking behaviour by type of placement**

<i>Scotland LAC aged 11-17 with a self-completed questionnaire</i>				
	Foster care	Birth parents	Residential care	All young people
<b><i>Smoking behaviour</i></b>	%	%	%	%
Current smoker	29	50	56	44
Ex-smoker	25	19	24	22
Tried smoking once	9	6	6	7
Never smoked	38	25	15	27
<b><i>Frequency of drinking</i></b>				
Almost every day	-	4	6	3
Once or twice a week	7	22	17	15
Once or twice a month	7	9	9	7
A few times a year	7	12	17	12
Does not drink now	25	20	26	24
Never had a drink	54	33	26	38
<i>Base</i>	65	50	42	159

Young people in the survey were asked a series of questions about ten different drugs they might have taken. The questions they were asked were:

- Had they heard of the drug?
- Had they ever been offered the drug?
- Had they ever used the drug?
- If they had used the drug, was this over a year ago, in the past year or in the past month?

The most frequently reported drug that had been used was cannabis, which 39 per cent of all young people had used at some point in their lives. Of these young people, half, 21 per cent of all young people, had used it in the past month. Children in residential care were the most likely to have used cannabis with 60 per cent having used it and 31 per cent having used it in the past month. The corresponding figures for children in foster care were 20 per cent and five per cent, again reflecting the different age distributions in the two types of placement.

The next most popular drugs after cannabis were ecstasy and glue, gas or solvents. The pattern for use of these drugs was the same as that for cannabis use and the greatest proportions were found among young people in residential care.

**Table 10: Drug-taking behaviour by type of placement**

<i>Looked after children Scotland aged 11-17 with a self-completed questionnaire</i>				
	Foster care	Birth parents	Residential care	All young people
<b>Cannabis</b>	<i>Cumulative percentages</i>			
Used in past month	5	26	31	21
Used in past year	11	32	57	31
Ever used drug	20	41	60	39
	%	%	%	%
Ever used drug	20	41	60	39
Offered drug but not used it	12	16	6	12
Heard of drug but not offered it	59	38	29	42
Not heard of drug	9	6	6	7
<b>Glue, Gas, Solvents</b>	<i>Cumulative percentages</i>			
Used in past month	-	2	3	1
Used in past year	2	3	18	6
Ever used drug	4	8	24	10
	%	%	%	%
Ever used drug	4	8	24	10
Offered drug but not used it	10	12	6	10
Heard of drug but not offered it	74	67	65	68
Not heard of drug	12	13	6	12
<b>Ecstasy</b>	<i>Cumulative percentages</i>			
Used in past month	2	4	-	2
Used in past year	4	13	29	14
Ever used drug	4	13	32	15
	%	%	%	%
Ever used drug	4	13	32	15
Offered drug but not used it	12	20	17	17
Heard of drug but not offered it	64	49	43	52
Not heard of drug	20	17	9	17

<b>Amphetamines</b>	%	%	%	%
Ever used drug	2	4	21	9
Offered drug but not used it	12	17	21	16
Heard of drug but not offered it	60	53	30	49
Not heard of drug	26	26	27	26
<b>LSD</b>	%	%	%	%
Ever used drug	-	2	15	5
Offered drug but not used it	11	8	21	12
Heard of drug but not offered it	61	60	35	53
Not heard of drug	29	31	29	29
<b>Tranquillisers</b>	%	%	%	%
Ever used drug	2	6	12	7
Offered drug but not used it	5	9	18	9
Heard of drug but not offered it	54	56	38	51
Not heard of drug	39	29	32	33
<b>Cocaine</b>	%	%	%	%
Ever used drug	-	3	17	6
Offered drug but not used it	9	16	17	14
Heard of drug but not offered it	79	76	51	71
Not heard of drug	12	4	14	9
<b>Heroin</b>	%	%	%	%
Ever used drug	2	2	6	2
Offered drug but not used it	5	8	14	9
Heard of drug but not offered it	84	79	66	76
Not heard of drug	9	12	14	12

<b>Methadone</b>	%	%	%	%
Ever used drug	-	2	3	1
Offered drug but not used it	-	9	6	6
Heard of drug but not offered it	63	60	59	61
Not heard of drug	37	29	32	32
<b>Crack</b>	%	%	%	%
Ever used drug	-	2	9	2
Offered drug but not used it	5	10	20	11
Heard of drug but not offered it	77	72	57	71
Not heard of drug	18	16	14	16
<i>Base</i>	<i>65</i>	<i>50</i>	<i>42</i>	<i>159</i>

### *Sexual Activity*

Young people aged 11 to 17 were asked about two aspects of their sexual behaviour:

- their awareness of HIV/AIDS (including whether it had been taught in school and whether they discussed it with carers or other relatives); and
- their own sexual activity and use of contraception.

Nearly three quarters (73 per cent) of the young people reported that they had been taught about AIDS/HIV infection at school. Over two fifths, 43 per cent, of the young people said that they had discussed HIV or AIDS with their carers or other adults. The numbers were too low to look at whether the child had discussed AIDS or HIV by age and by placement type.

Around a third of all the young people (38 per cent) reported that they had had sexual intercourse. Young people who had experienced sexual abuse or rape were excluded from the analyses as it is not possible to ascertain whether they were talking about this experience or separate sexual activity and as a result the level of sexual activity reported in the survey could be falsely high. Almost a fifth, 17 per cent, of the young people had experienced some sexual abuse or rape.

**Table 11: Sexual behaviour**

<i>Scotland LAC aged 11-17 (excluding those who had been sexually abused) with a self-completed questionnaire</i>	
	%
<b>Taught about AIDS/HIV infection at school</b>	
Yes	73
No	16
Not sure	11
<b>Talked about AIDS/HIV infection with parents or other adults</b>	
Yes	43
No	50
Not sure	7
<b>Ever had sexual intercourse</b>	
Yes	38
No	62
<i>Base</i>	<i>124</i>

### Conclusion

This was the first national survey of the mental health of children looked after by local authorities in Scotland. The survey was designed to produce prevalence rates of three main categories of mental disorder, and overall, 45 per cent of the children were assessed as having a mental disorder.

The survey also looked at the general health, social networks and lifestyle behaviours of the young people. Although there were few significant differences between those with and those without a mental disorder, there were differences by placement group (placed with foster carers, with their birth parents or in residential homes). These differences were partly attributable to the age profile of the young people in different placements: young people living in residential care tending to be older.

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