[Editorial]

[Title]

**A call to action: The need for routine mental health support for care-experienced children and young people**

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15–21 May marked Mental Health Awareness Week in the UK. I would like to take this as an opportunity to discuss the mental health needs of care-experienced children and young people as a particularly vulnerable group.

A recent systematic review (Engler et al., 2022) summarised the evidence on the mental health needs of children in foster care. Studies found that children in foster care had a higher rate of mental health diagnoses and suicidality compared to children not in care. Across studies, the prevalence of mental health diagnoses varied from 32 to 80%. In other words, at least a third of children in foster care have a diagnosed mental health problem. Among the most common mental health problems were depression, conduct disorder, post-traumatic stress disorder and reactive attachment disorder.

The rates of neurodevelopmental diagnoses are also increased amongst care-experienced children. In line with a previous systematic review (Willis, Dhakras and Cortese, 2017), the authors reported higher rates of attention-deficit/hyperactivity disorder (ADHD) in looked after compared to non-looked after children (Engler et al., 2022). There is also evidence that autistic children and young people are overrepresented in the care system as compared to the general population (Parsons et al., 2019).

It is important to note that clinical presentations in care-experienced children may be misinterpreted as attachment disorders which could result in them receiving a treatment not suited to their needs. A study from the National Adoption and Fostering Clinic in London (Woolgar and Baldock, 2015) compared 100 referral letters to their specialised clinical service for care-experienced children to the diagnosis given after assessment. Of the 31 cases referred with an attachment disorder or problem, none received a diagnosis of attachment disorder. The most common diagnoses among these young people were conduct disorder (58%) and ADHD (35%). A case example published in *Adoption & Fostering* (Pinto, 2019) illustrated this problem. It describes the case of a 15-year-old adopted boy who had been misdiagnosed with attachment problems and subsequently received unsuitable treatments. As his difficulties did not improve, there were knock-on effects on other areas of his life including his family, school and peer relationships. He was finally diagnosed with ADHD and autism respectively five and 10 years later after the initial clinical assessment.

The systematic review mentioned above made some important policy recommendations including a need for mental health screening of children in foster care and a ‘low threshold’ for referral into clinical services (Engler et al., 2022: 261). This was echoed by a recent qualitative study published in *Adoption & Fostering* (Coulter et al., 2022) which, among others, interviewed focus groups comprising adoptive parents, foster carers, clinical service providers and care-experienced young people. The study identified a need for routine mental health support for care-experienced children. It included this powerful quote from one of the participants, a young adult:

I just think like kids in foster care, they shouldn’t have to ask: ‘Can I have help?’ They should be asked: ‘Do you want help?’... I think it should be one of the first questions, like we shouldn’t have to come forward and say it. (Coulter et al., 2022: 171)

But what could this ‘help’ look like? In this context, it is important to consider the reasons why these young people are more vulnerable to developing mental health problems. Taking England as an example, there were 82,170 children and young people looked after in 2022. Two-thirds had entered care because they were at risk of childhood maltreatment (United Kingdom Statistics Authority, 2022), which includes:

Any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child. (Leeb, 2008: 6)

Acts of omission include all forms of neglect, while acts of commission include all forms of abuse including emotional, sexual and physical abuse.

Child maltreatment is a risk factor for the development of a range of mental health conditions, the evidence for which has recently been summarised in a systematic review of 45 systematic reviews and meta-analyses. This review concluded that experiences of abuse and neglect are associated with mental health problems across the lifespan (Carr, Duff and Craddock, 2020). For instance, the odds of developing depression are twice as high for people who experienced maltreatment during childhood (Li, D'Arcy and Meng, 2016).

Neurodevelopmental diagnoses are likely not ‘caused’ by experiences of maltreatment (Dinkler et al., 2017), unless maybe in the context of severe institutional deprivation (Kennedy et al., 2016), yet maltreatment can increase ADHD *symptoms* (Dinkler et al., 2017). This association seems to be bi-directional: maltreatment experiences can predict ADHD symptoms and vice versa (Golm and Brandt, 2023). So, children with neurodevelopmental diagnoses might have an increased risk of experiencing maltreatment.

While there are some mixed findings, the number of foster care placements seems to be another risk factor for ill mental health. In other words, stability of care may be a protective factor (Engler et al., 2022). It is, however, hard to determine whether care breakdowns increase mental health problems or whether higher rates of mental health problems increase breakdown risk. A meta-analysis, for instance, showed that behavioural problems increase the risk of foster-care instability (Konijn et al., 2019). Further, a study published in this journal more than 10 years ago gathered the perspectives of social workers on reasons for placement instability. It found that a combination of behavioural problems and inaccessibility of timely mental health services support was an important factor (Norgate et al., 2012).

Considering this evidence, some policy recommendations can be made:

1. In line with a preventative approach, we need to implement interventions that **reduce rates of childhood maltreatment within families.**
2. Care-experienced children and young people need to be offered proactive, **routine screening for mental health problems and neurodevelopmental diagnoses** and, if necessary, should receive *timely* clinical support.

Some examples of how these policy recommendations could be addressed are presented below. Pertaining to the first of these recommendations, an umbrella meta-analysis found that interventions aimed at reducing childhood maltreatment show modest efficacy. One such intervention is multisystemic therapy for child abuse and neglect. As part of this high-intensity program, families attend three to four weekly sessions with a clinician. Additionally, they are supported by a family case manager and can access a 24/7 crisis support hotline. The intervention includes identification and work on risk factors for maltreatment in addition to tailored interventions that may include support of practical needs, school-based interventions, mental health interventions and parenting-skills training (Swenson and Schaeffer, 2018). While research should identify how the effects of interventions could be further improved, implementing evidence-based interventions that are already available more widely would be beneficial to children and their families.

Where the second recommendation is concerned, researchers from the University of Glasgow and King’s College London recently proposed a Developmental Clinical Staging Model to make more efficient use of clinical resources. The earlier stages focus on prevention and early intervention to not miss opportunities for help for young people (Minnis, Gajwani and Ougrin, 2022).

In conclusion, the vital work conducted during and beyond Mental Health Awareness Week should be a call to action for policy makers!

[H1] **Introduction to the July issue of *Adoption & Fostering***

In the spirit of Mental Health Awareness Week, this issue of *Adoption & Fostering* highlights some of the factors that can impact the mental health and wellbeing of families. The articles explore the voices of children, parents and foster carers.

The frequency and quality of contact arrangements with birth family members could potentially impact a young person’s life satisfaction. This is explored in Julie Selwyn and Shirley Lewis’ article on data from over 9,000 looked after children from the *Your Life, Your Care* wellbeing surveys. This important study challenges some previous findings on the topic. Anu-Riina Svenlin and Tiina Lehto-Lundén’s article also foregrounds the views of children. The authors aimed to develop a child-centred programme theory of a respite care intervention in Finland. As part of this, they explored children’s views on the meaning of their support family. It should be highlighted that this article is the result of the synthesis of research from two PhD projects, and we are delighted to support the publication of articles from early career researchers. In the final article including children’s voices, Sarah Lloyd introduces the Building Underdeveloped Sensorimotor Systems (BUSS®) model. The model is based on the premise of a link between positive caregiving experiences and motor development. Her article outlines the model and presents a case study.

Two articles in this issue focus on the experiences of foster carers in relation to the mental health needs of children in their care and their own self-care practice. Jonah Gosling and Jack Purrington conducted qualitative interviews with foster carers on their experiences of remotely accessing a specialised clinical service during the Covid-19 pandemic. The service provides consultations on topics such as challenging behaviours and school transitions. An Australian study led by Mia Gowan and colleagues focused on facilitators and barriers to good self-care of foster carers.

Lastly, the qualitative study by Claire Palmer and colleagues analysed the motivations of parents to adopt ‘older’ children. All parents in the sample adopted a child who was at least four years old at the time of placement.

I hope you enjoy this thought-provoking issue. As started with the March 2023 issue, we will further enrich the journal’s content with other materials such as podcasts. Please keep an eye on our social media posts and CoramBAAF’s resources webpage which also features our contributions to Mental Health Awareness Week:

[corambaaf.org.uk/resources/equality-diversity-and-inclusion](https://corambaaf.org.uk/resources/equality-diversity-and-inclusion)

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