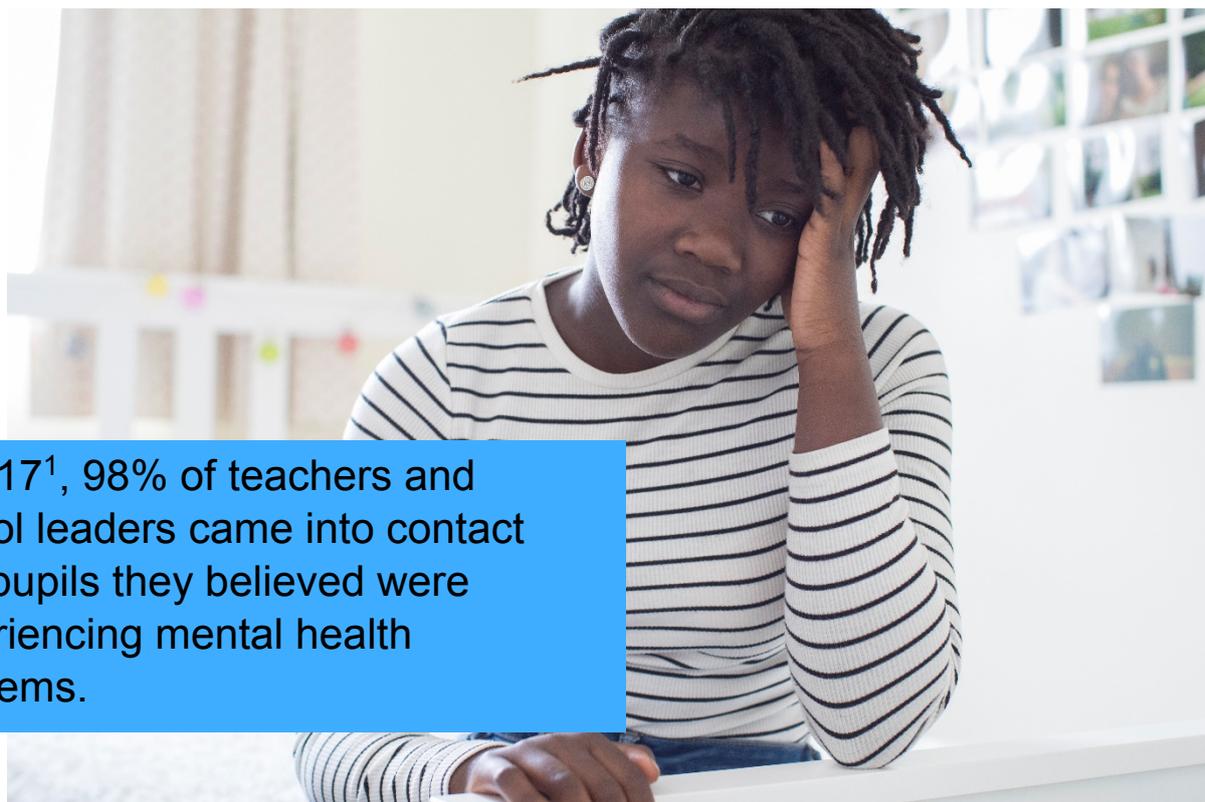


## Education matters: mental health of foster children



In 2017<sup>1</sup>, 98% of teachers and school leaders came into contact with pupils they believed were experiencing mental health problems.

Children and young people's mental health has increasingly become a concern with youngsters developing mental health issues in their early years due to peer pressure, social media, bullying and a number of other factors.

### **Looked-after children's mental health and well-being**

Children in the care system remains an ongoing challenge due to the limited resources and support available for early identification, intervention and treatment options. The main source of referrals for help in relation to looked-after children is via CAMHS (Child and Adolescent Mental Health Service). This service has long waiting times and is inundated with work, which means when children and young people are in crisis and need immediate therapeutic support, they're not able to get it when they really need it.

CAMHS offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties. The services CAMHS provides differ depending on the local area. What is consistently evident, is that there is a limited capacity for CAMHS to respond and treat looked-after children due to the lack of resources, staffing, funding and the huge demand placed on the service.

According to the joint Department for Education and Department of Health statutory guidance on Promoting the Health and Well-being of Looked-after Children:

"All looked-after children and young people who enter care should have an initial health assessment by a registered medical practitioner. It also recommended that assessments of looked-after children should be completed by a qualified mental health professional when entering care." <sup>2</sup>

However mental health is an ongoing issue and should be assessed throughout the journey of the child in care, not just at the start.

### **What contributes to mental ill health?**

Writing this as a qualified social worker, family mediator and a psychotherapist and having worked across all of these roles, I have seen first-hand the impact of mental ill health in children, teenagers and families. As a social worker, I have made referrals to CAMHS but found high numbers of young people were being turned away because they didn't fit the 'medical' criteria of having a diagnosed mental health problem. This was challenging as there were limited resources other than what schools provided in-house via their pastoral services.

At my counselling practice, I have also had experience of providing direct therapeutic care to children and teenagers some of whom have been in and out of the care system. The issue at heart for children is a lack of trust in the system, poor attachment, anger, low self-esteem, self-harm and poor body image. There are various other problems too, such as cyber bullying and being made to feel different due to their care status, which has enough stigma without the addition of complex mental health issues. Looked-after children often report feeling unheard and misunderstood; as such it's important we involve them more in their care planning and give them a voice when it comes to looking after their emotional and mental health.

### **A problem for us all, not just for CAMHS**

We need a multi-agency response, if a looked-after child has a mental health problem; it is not just a problem for CAMHS, but one for parents, caregivers, teachers, and professionals alike. Just as safeguarding is 'everybody's business' similarly mental health and well-being should be upheld as having equal priority. This is advocated in The National Institute for Health and Care Excellence (NICE) guidance:

"When multi-agency teams are supported and encouraged to address their way of working, they are better able to collaborate when handling difficult and complex situations, and more readily adopt a non-defensive approach that focuses on the best outcomes. Looked-after children who need access to mental health services often have numerous and complex issues that require specialist input across multiple agencies."<sup>3</sup>

Her Royal Highness the Duchess of Cambridge has also helped raise awareness and put young people at the heart of Heads Together and her ongoing work with The Royal Foundation. 'Mentally Healthy Schools' was launched as a free and easy to use website for schools offering practical resources to improve pupils mental health. However, for children in care and care leavers who are more likely to experience poor health, educational and social outcomes more intensive support is required.

### **Specialised support for those in care**

It is essential to ensure that looked-after children and young people have priority access to mental health assessments by specialist practitioners and any subsequent treatment should be based on clinical need. A one size fits all approach to mental health will not work for disadvantaged children in care, as their issues are often more entrenched and multi-causal in nature. Thus, having a specialist approach to managing looked-after children's mental health issues must be a priority, to include a distinct and separate set of proposals for looked-after children accessing mental health services.

The publication, Mental Health of Children and Young People in England, 2017 [PAS] provides England's best source of data on trends in child mental health.

The key findings published in November 2018:

- One in eight (12.8%) 5 to 19-year-olds had at least one mental disorder when assessed in 2017<sup>4</sup>
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19-year-olds in 2017 (8.1%)
- Rates of mental disorders increased with age. 5.5% of 2 to 4-year-old children experienced a mental disorder, compared to 16.9% of 17 to 19-year-olds.
- Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.

Training and support for foster and residential carers is needed, along with training for front line staff like teachers. Children and young people spend most of their day and week in schools and colleges, so teachers are in a prime position to provide much-needed support to pupils with mild to moderate mental health problems. Teacher training should provide all teachers, not just pastoral staff with a grounding in child and adolescent development, including emotional and social development, which will underpin their understanding of other issues. Spotting signs and symptoms and referring for therapeutic support early on is key.

According to the Children and young people’s Mental Health Coalition:

“All children and young people have a right to be healthy, have access to health care and to have a good education that helps them reach their full potential. The WHO’s definition of health covers mental health as well as physical health. This is important as 1 in 10 children and young people have a diagnosable mental disorder; and about half a million children are unhappy and dissatisfied with their lives. There are some groups of children and young people, such as those with learning disabilities or neurodevelopmental disorders, who have a higher risk of developing mental health problems. Children and young people tell us that they want access to mental health support when, how, and where they need it. Schools are ideally placed to be a hub for mental health support because this is where the majority of children and young people are.”<sup>5</sup>

The Government’s Future in Mind report also referred to the development of “whole school approaches” and cited Personal, Social, Health and Economic education (PSHE), counselling services and “work on character and resilience” as crucial aspects of this approach. They recommended that all schools should have in place a “specific individual responsible for mental health in schools”. This person would be able to provide a link to medical expertise and “make effective referrals”.

If we can adopt a more holistic and joined up way of working and invest more money, time, resources, education and training, we can improve the future of mental health provision for those who need it the most.

If you have a child in your care who needs therapeutic support, speak to your supervising social worker who can liaise with the local authority social worker to make a referral to CAMHS or approach your GP to make a referral to CAMHS.

**By Kamarun Kalam**

Social worker, psychotherapist & Fosterline Advisor

### Further information and support

[www.youngminds.org.uk/find-help/your-guide-to-support/guide-to-camhs/](http://www.youngminds.org.uk/find-help/your-guide-to-support/guide-to-camhs/)

[www.mentallyhealthyschools.org.uk/?utm\\_source=place2be.org.uk&utm\\_medium=referral](http://www.mentallyhealthyschools.org.uk/?utm_source=place2be.org.uk&utm_medium=referral)

[www.place2be.org.uk/](http://www.place2be.org.uk/)

[www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/child-and-adolescent-mental-health-services-camhs/](http://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/child-and-adolescent-mental-health-services-camhs/)

## Footnotes

<sup>1</sup> National Association of Schoolmasters Union of Women Teachers Teacher's survey.  
<https://www.qaeducation.co.uk/blog/child-mental-health-policy>

<sup>2</sup> <https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf>

<sup>3</sup> <https://www.nice.org.uk/guidance/gs31/documents/health-and-wellbeing-of-lookedafter-children-briefing-paper2>

<sup>4</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

<sup>5</sup> <http://cypmhc.org.uk/resources/key-principles-improving-children-and-young-people%E2%80%99s-mental-health-schools-and-colleges>

1,332 words