

Mental Health of Looked After Children in the UK: Summary

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Research carried out in the UK and abroad shows that the mental health of looked after children is poorer than that of the general population. There have been at least 18 studies since 1954 that provide data on the prevalence of mental health and behavioural disorders, difficulties and problems in looked after children in the UK. The studies consistently show that these children have poorer mental than the rest of the population (see for example, Ford et al, 2007) and that (where comparisons have been made) the health of those in residential care is worse than that of children in foster care.

An overview of the findings shows that the prevalence of such has not diminished in the last fifty years, in spite of changing policies and of different approaches to the provision of care for looked after children.

The studies represent data from almost four thousand children (3807) and whilst there are differences in the levels of mental health problems according to age, gender and placement type, the results show that a large proportion of looked after children have mental health problems which are severe enough to be noticed by their carers, teachers and social workers and which may affect their ability to function alongside their peers. The overall conclusion that can be reached is that around 45% of looked after children in the UK have a diagnosable disorder and that up to 70-80% have recognisable problems. Considering that currently there are around 60,000 children looked after by local authorities in England¹, the research suggests that 27,000 have mental health disorders and up to 48,000 have various difficulties and problems.

Whilst there is an association between mental health problems and children's age, such problems are not limited to older children but can have a serious impact on the lives of very young children and their carers.

Studies on the mental health of young looked after children

There have been very few studies that provide accurate data on the mental health of young looked after children i.e. those aged five years or under. However, we have identified three such studies conducted in the UK. These show that that approximately one in five of the children exhibits signs of emotional and behavioural difficulties. (Minnis and Del Priore, 2001; Monteith and Cousins, 2003 and Sempik et al, 2008).

¹ Children looked after in England (including adoption and care leavers) year ending 31 March 2007, Department for Children Schools and Families
<http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000741/SFR27-2007rev.pdf>
Index to all tables:
<http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000741/index.shtml>

Four recent studies from abroad (Milburn et al, 2008; Steele and Buchi, 2008; Sullivan and van Zyl, 2008) also report that very young looked after children can show signs of mental health problems, emotional distress and behavioural problems. The incidence varies from around 16% in two of the studies to over 30% in the other two.

If we take an estimate of 25% for the prevalence of mental health problems; and considering that there are 12,000 looked after children in the UK who are aged under five, then 3,000 of these have mental health difficulties that affect their lives and those of their carers.

Brief case descriptions in the literature show that individual behaviours can be particularly challenging and can have a serious impact on those involved in the case as the following example shows:

"A boy aged 2 was described as verbally and physically aggressive, exhibiting 'wild' behaviour. His mother was unable to provide adequate care and his father was accused of physical abuse. By the age of 6 the boy went on to self-harm and to become physically aggressive towards others, particularly threatening his female foster carer. This, alongside activities such as smearing faeces, brought his foster care placement to an end" (Sempik et al, p. 2008).

Whilst still relatively infrequent in comparison to older children, reported disorders of conduct appear to be one of the most common features of the mental health problems of these children.

In general, research shows that age is a predictor of mental ill health and emotional difficulties in looked after children of all ages. The limited work on very young children also shows increasing need with age. The relationship between age and the prevalence of mental ill health is influenced by the age at entry into care and this has been reported to be the key predictor (Tarren-Sweeney, 2008). This may also confound the relationship between actual age and the incidence of mental health problems as reported in research.

Studies on brain development

Some research has focussed on the development of the infant brain and on structural and neurophysiological changes which follow abuse and neglect in early years (see Glaser, 2000). Such work suggests that early abuse may be associated with changes in brain and nervous system structure and/or function. It is not known exactly how such changes are related to behavioural and mental health problems and whether they are reversible. There has also been work on genetic influences on attachment (see Gervai, 2009). These are likely to be small and complex but may interact with environmental factors including both social and physical ones.

It is known that the development of the brain passes through 'sensitive periods' where appropriate stimulation results in development of particular skills, for example, that of language (see Knudsen, 2004). If stimulation is

absent, development of such skills may be severely delayed or even permanently compromised. Abuse and neglect at critical times may therefore lead to serious difficulties later (some of which may be difficult or impossible to repair). Studies of children placed into institutions at an early age show that they develop changes in brain development and behaviour (for example, in attachment) which persist into later childhood (see Nelson et al 2007; Rutter et al, 2007; Mehta et al, 2009).

However, the situation is complex since children who are abused do not all respond in the same way or suffer the same consequences. Also, the literature on brain development is vast and complex too, but as Glaser (2000) points out "Early recognition of infants and young children whose development is rendered vulnerable by neglect, exposure to trauma, or direct abuse is an important step" (p.110.). The provision of early and appropriate interventions is clearly another important step. Whilst there are still many scientific issues to be resolved, the available data show that specific attention (in terms of both research and practice) should be focussed on young looked after children.

Conclusions and recommendations

More research is needed on the mental health (prevalence and characterisation of problems) of very young children looked after so that appropriate strategies can be put into place which enable carers to identify issues at an early stage and to seek appropriate interventions.

Strategies for providing interventions should be robust enough to withstand placement instability as research suggests that frequent moves may disrupt care.

The research also shows that many children have mental health problems at entry into care, more work is needed to see how abuse and neglect prior to entry has contributed to such problems. Detailed work, involving neurophysiological methods, would be valuable to identify mechanisms involved and also to determine the reversibility of any changes. Such work has potential to identify other interventions and responses that could be useful (for example, those from other areas of medicine or social care).

Research findings suggest that the mental health of children adopted at an early age is poorer than that of the general population. This work, however, is limited and should be expanded so that the factors involved can be investigated.

Most importantly, it is essential that there is early recognition of difficulties and early and appropriate intervention.

References

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