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MENTAL HEALTH POLICY FOR SERVICE USERS		

Introduction

Rates of mental health problems reported among young people have risen over the past fifty years. Among teenagers, rates of anxiety and depression have increased by 70% in the past 25 years and the incidence of reported self-harm has also risen, with one in fifteen young people now thought to be affected. Left unresolved, mental health problems significantly affect young people's social and educational development. This can have a profound and lasting negative impact into adult life in terms of employment, relationships, and likelihood of disability.

Why the Mental Health of Young People matters

Good mental health is the foundation of young people's emotional and intellectual growth, underpinning the development of confidence, independence, and a sense of self-worth. Young people who are mentally healthy will have the ability to:

- Develop psychologically, emotionally, creatively, intellectually, and spiritually.
- Initiate, develop and sustain mutually satisfying personal relationships.
- Use and enjoy solitude.
- Become aware of others and empathise with them.
- Play and learn.
- Face problems and setbacks and learn from them.
- Enjoy and protect their physical health.,
- Make a successful transition to adulthood in due course.

Consequences of Poor Mental Health in Young People

There is growing evidence that some types of mental health problems are predictive of negative outcomes later in life. For example, there is a strong, unfavourable relationship between childhood conduct disorder and social exclusion and poor inter-personal relationships, of offending behaviour and erratic employment. There is also a strong correlation between child and adolescent mental health issues and mental health problems in adulthood. In one study 50% of young adults with a mental health problem had it diagnosed between the ages of 11 and 15.

Mental Health of Looked After Children in the UK

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 eighteen studies since 1954 that supply 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 outcomes than the rest of the population (see for example, Ford et al, 2007) and that (where comparisons have been drawn) 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 mental health and behavioural disorders has not diminished in the last fifty years, in spite of changing policies and different approaches to the provision of care for looked after children (*Centre for Child and Family Research, Loughborough University, LE11 3TU 2012*).

Looked after children and young people have consistently been found to have much higher rates of mental health difficulties than the general population, with almost half of them (three quarters of those in residential homes) meeting the criteria for a psychiatric disorder. There are many reasons for this, including the experiences they have had in their birth families before coming into the care system. Children's experiences after they enter care also affect their well-being and can either mitigate or exacerbate the causes and the nature of their difficulties. Nonetheless, there is evidence that many of the children who are in care do better if they remain there than if they are returned to their home. (NSPCC 2014)

What works in preventing and treating poor mental health in looked after children?

- The earlier children are placed in any kind of permanent placement, the more likely that placement is to succeed.
- Measures of well-being tend to be better among children who remain in care compared with apparently similar children who return home.
- The 'success rate' of children who do return home is not high: around half return to care.
- Those who return to care do not fare as well as those who have **not** experienced failed attempts at reunification.
- **An effective residential service depends on the quality of the staff and heads of the home; the degree to which they agree on their approach; their ability to establish 'warm' relationships with residents, and the clarity of their expectations in terms of the young people's behaviour and education. Other factors that influence the outcomes of these placements include:**
 - The behaviour of the young person and their attitude to being in care.
 - The nature of contacts with their birth family — and how the young person gets on at school — may affect the likelihood of disruption and other negative outcomes.
 - Even given good carers or staff, 'cycles' of difficulty can arise with the stability of the placement and the well-being of the young person.
 - The costs of residential care are such that few young people can remain in them long-term. This suggests that these options should probably only be used for those young people who are expected to return home (or to a long-term placement), with intensive support offered to their families when they do so.
 - Use of the Strengths and Difficulties Questionnaire (SDQ) with looked after children has proven to provide a good estimate of the prevalence of mental health conditions, allowing the identification of children with psychiatric diagnoses based on the Development and Well-Being Assessment (DAWBA)
 - Caregivers' and teachers' responses on the SDQ have proven to be more useful than self-reports and its use as a screening tool during routine health assessments for looked after children has proven to increase the detection rate of socio-emotional difficulties
- The main resource available to young people in care with mental health difficulties is the Child and Adolescent Mental Health Service (CAMHS) which is found within Local Authority Provisions. However, access to CAMHS services can be problematic. A common response is that, in their opinion, a young person cannot benefit from an intervention unless they are in a

stable placement, but this results in a 'Catch 22' situation where the young person's unresolved mental health issues keep them from achieving any kind of stability. In September 2016, a joint paper was published by the Department of Health and Department of Education which included the following statement:

"Looked-after children are some of the most vulnerable children and young people in our society. As such, they need and deserve the best possible support from the services there to help them.

Nowhere is this more important than in the services that give care and support to help meet their mental health needs. We know that timely, effective intervention can make the world of difference to any child or young person with mental health concerns, but for children who are particularly vulnerable it is absolutely critical to their health outcomes, their life opportunities and their happiness and wellbeing."

This Government is committed to improving mental health services for all children and young people, and we are investing £1.4 billion over the lifetime of this Parliament to drive that improvement.

Specifically, this includes £1.4 million in 2016/17 followed by £2.8 million annually, for the following three years, targeted at improved mental health support for the most vulnerable looked-after children and young people, those who are looked-after in secure children's homes.

In addition, the Children and Social Work Bill, introduced in the House of Lords on 19 May 2016, will require local authorities to have regard to a set of clear 'corporate parenting principles' including acting in the best interests of looked after children, and promoting their health and well-being.

The Bill will also require each local authority to set out its local offer to care leavers. We expect that this offer to care leavers will make clear how health and a range of other services will work together to promote wellbeing and a secure transition to adulthood.

Our plans ensure we are holding local systems to account, and we are asking local partners to assess and meet the needs of the young people in their areas. We are clear that without the active cooperation of all partners, we will not be able to deliver the services that are needed.

As part of this we are supporting schools to build their capacity to promote good mental wellbeing, provide early support and to access specialist services. We have issued guidance on teaching and a blueprint for high quality school counselling. We have piloted better links with specialist mental health services and are looking at how to promote good peer support."

It is therefore hoped that in the near future there will be a marked improvement in service provision for looked after children experiencing mental health difficulties.

What can be done in the Interim

It is suggested that the following can aid in the promotion of good mental health in young people:

- Being in good physical health.
- Eating a balanced diet and getting regular exercise.
- Having time and the freedom to play, indoors and outdoors.
- Being part of a home that gets along well most of the time.
- Going to a school/college that looks after the wellbeing of all its pupils.
- Taking part in local activities for young people.
- Other factors are also important, including:
- Feeling loved, trusted, understood, valued and safe.
- Being interested in life and having opportunities to enjoy themselves.

- Being hopeful and optimistic being able to learn and having opportunities to succeed.
- Accepting who they are and recognising what they are good at.
- Having a sense of belonging in their family, school, and community.
- Feeling they have some control over their own life.
- Having the strength to cope when something is wrong (resilience) and the ability to solve problems.

Staff should therefore aspire to create an environment in which the above standards are met and in which young people feel able to talk about how they are feeling. They need to be told that there is no stigma attached to suffering from mental health problems and that it is, in fact, brave to admit they have a problem and to ask for help.

The NHS choices website gives the following tips on talking to young people who may be experiencing mental health difficulties:

1. Ask; do not judge

Start by assuming they have a good reason for doing what they do. Show them you respect their intelligence and are curious about the choices they have made.

If you do not pre-judge their behaviour as "stupid" or "wrong", they are more likely to open up and explain why their actions made sense to them.

2. Ask; do not assume, or accuse

Do not assume that you know what is wrong. Rather than asking "Are you being bullied?" try saying "I've been worried about you. You do not seem your usual self, and I wondered what is going on with you at the moment? Is there anything I can help with?"

3. Make it clear that you want to help

If you suspect a child is using drugs or drinking excessively, be gentle but direct. Ask them outright but let them know that you will help them through any of their difficulties.

4. Be honest yourself

Teenagers will criticise you if you do not follow your own advice. If you drink too much alcohol yourself, for example, they are likely to mention it ("You can't talk!"). Make sure you are acting responsibly yourself.

5. Help them to think for themselves

Instead of trying to be the expert on a teenager's life, try to help them think for themselves:

- **Discuss the potential implications of poor behaviour choices.** For example, "How does smoking dope make you feel the next day? So, if you feel like that, how's that going to affect you playing football?"
- **Help them think critically about what they see and hear.** "So, Paul said X: is that what you think?"
- **Help them feel that they can deal with life's challenges.** Remind them of what they are good at and what you like about them. This will give them confidence in other areas of their lives.
- **Information is empowering.** Point them towards websites that can give them information on drugs, sex, and smoking so they can read the facts and make up their own minds
- **Help them think of ways they can respond and cope.** "So, when you feel like that, is there anything you can do to make yourself feel better?"
- **Encourage them to think through the pros and cons of their behaviour.**

6. Pick your battles

If they only ever hear nagging from you, they will stop listening. Overlooking minor issues, such as the clothes they wear, may mean you are still talking to each other when you need to negotiate - or stand firm - with them on bigger issues, such as drugs and sex.

7. If they get angry, try not to react

Teenagers often hit out at the people they most love and trust, not because they hate you, but because they feel confused.

Do not think that they mean the bad things they say ("I hate you!"). They may just feel confused, angry, upset, lost or hormonal, and they do not know how to express it.

8. Help them feel safe

Teenagers often worry that telling an adult will just make things worse. You need to be clear that you want to help them and will not do anything they do not want you to.

This may be particularly important with bullying. If a child opens up to you about bullying, explain that it is not acceptable. Listen to their fears and reassure them it's not their fault.

Help build up their confidence by reassuring them that you will face the problem together.

9. Avoid asking questions they will not answer

Sometimes you will find out more about your teenager if you ask open questions. If they have an eating disorder, for example, asking confrontational questions like "What did you eat for lunch?" or "Have you made yourself sick?" may mean you get a dishonest answer.

Sticking to open questions such as "How are you?" or "How has your day been?" helps a teenager talk to you about how they are feeling.

Young Minds (youngminds.org.uk) is an excellent charity which not only campaigns for greater support and more resources for young people with mental health issues but also provides support through their blog pages which are created by young people for young people. Staff should therefore direct young people in such a situation towards Young Minds web pages. Staff will benefit from reading the Beyond Adversity report which is available from the website and from accessing the Parent's Helpline which provides advice for parents and carers. Tools and toolkits can also be downloaded from the site to enable staff to work with young people more meaningfully.