Addressing the mental health needs of looked after children and care-experienced young people: Barriers to help-seeking, gaps in service provision, and what helps


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Addressing the mental health needs of looked after children and care-experienced young people:

Barriers to help-seeking, Gaps in service provision, and What helps

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Mind Your Health – The Physical and Mental Health of Looked After Children and Young People in Northern Ireland
Looked after children and care experienced young people are at high risk of developing mental health problems.
Phase III (N=72)

- 29% Scored in the abnormal range in SDQ emotional symptoms scale

Phase IV (N=60)

- 12% Past issue
- 28% Current issue
- 28% Had depression or anxiety

Phase IV (N=60)

- 28% Had ever self-harmed, suicidal thoughts or/and attempted suicide

Carer survey (N=204)

- 36% Scored in the abnormal range in SDQ emotional symptoms scale
- 35% Suspected
- 21% Diagnosed

- 15% Had emotional problems
- 14% Suspected
- 21% Had depression or anxiety
Accessing suitable service and eventually improving mental health

HELP-SEEKING
First step
HELP-SEEKING

- Talking to family and friends
- Understating the importance of feeling mentally unwell
- Seeking professional help
- Feeling not capable to seek help

MYH Study
You don’t feel mentally unwell for that long, well I haven’t. I just get over it. Bottle it up for a couple of days and it will go away . . . . What stops me telling people? It’s just not knowing what other people would think
BARRIERS TO HELP-SEEKING

Young people’s negative feelings
- Stigma
- Embarassment
- Fear
- Etc.

Services not making enough effort to engage young people:
- Not spending enough time
- Putting pressure on young people

Structural barriers:
- Difficulty in accessing services due to:
  - Long waiting lists
  - Difficulty in getting referral
  - Geographical/locality issues
- Lack of information
- Gaps in service provision

Lack of mental health literacy – i.e. not being able to recognise own mental health difficulties
There was a waiting list and probably the fact that they didn’t think that I needed it, it took me a wee bit longer, and the fact that I didn’t really want to go... I felt sick every time I went into the building because I was just like ‘what are they going to try and get out of me?’
Addressing mental health needs

SERVICE PROVISION

- Satisfaction with services
- Gaps
- What helps

HELP-SEEKING
Satisfaction with services

Those with less difficulties, more likely to be satisfied.

Kinship carers and some young people unaware of the services available.

**Difficulties in accessing services** needed due to a range of issues.

Young people and carers’ satisfaction = mixed, depending on specific services and social workers.
The family were [supportive], but the system definitely wasn’t. It was a nightmare at times, like there was some good ones, don’t get me wrong, I went to the 16+ pathway team after, when I was 16 which is what you enrol in and they were…. I got a woman in it and […] She helped me with the merchant navy, she helped me with… I still chat to her. […] she was brilliant at her job […] But anything prior to that, I couldn’t give you one social worker that was good now. And like I would have needed them back then in and around them years. […] There was so much going on that I would have been crying out for help unknowingly… Like when I was younger … a new social worker every month. It was awful.. […] And they would come out, and even when they did chat to you, they never picked up on nothing…
Gaps in service provision

Lack of medical information received by carers.

High level of social work staff turnover & poor availability.

Lack of appropriate support from schools.

Not enough focus on early intervention & long-term provision of services.

Lack of out-of-hours support.
Gaps in service provision

- Lack of communication & coordination between services/professionals – lack of consistency
- Gaps in service provision for carers and their families – not enough respite care.
- Lack of mental health and addiction support services for adolescents aged 16 and over.
- Lack of therapeutic services for under 11s.
- No inpatient treatment for young people’s drug abuse.
Facilitating long-standing relationships with practitioners
... my counsellor now, she stops seeing people when they turn 18 but I am 19 and I was just like please...I spoke to my PA and my social worker before I turned 18 and I was like, the thought of not that I need it, but just the thought of going if I needed help again to having to go to someone new, it is just not going to work. It is better to have a constant. It is not that I am completely reliant on her, like I hadn’t seen her all summer until today. Today was the first time I seen her since June and she has been working all summer but I said to her, ok I am just going to see her before I go because I am busy all summer and I don’t want to be seeing you weekly.
What helps

- Facilitating long-standing relationships with practitioners
- Keeping in touch regularly, showing that you care, being available
- Stability and a positive caring environment
- Involvement in sports clubs and other community activities, & keeping “busy”
- Targeted mental health services (LAC Therapeutic teams in each Trust)
- Professional cooperation
Outreach mental health support

More local drop-in centres

Provide appropriate information to young people and parents/carers of services available

Multidisciplinary mental health team working in a ‘one stop shop’ for all children in care.

More communication between health professionals & more consistency

Recommendations
I would like to find a way that they could come into the house or do something that they can analyse maybe more and see exactly what you can do maybe without necessarily going to a place like that [i.e. CAMHS], because I think sometimes you don’t need it, you just need somebody to talk to. . . ., and you don’t really want to tell people that’s where you’re going, whereas you can say ‘I have a friend coming over’, that’s a lot easier to say than ‘oh, I have to go to an appointment’, because I didn’t tell anybody in school.
. . . the social worker ended up sending me to three different counsellors and I keep explaining things, I couldn’t keep doing that and it upset me more, . . . I would be panicking, not trusting people like that. I ended up in a worse state crying and stuff, because they made me change, and I just ended up refusing to go anywhere.
**MIND YOUR HEALTH STUDY references**


**CARE PATHWAYS AND OUTCOMES references (most recent)**

http://blogs.qub.ac.uk/pathways
