The Mental Health of Young People Looked After by Local Authorities in Scotland

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Introduction

The survey of the mental health of young people looked after by local authorities in Scotland was the second major national survey focusing on the development and well-being of young people to be carried out by the Office for National Statistics (ONS). The first survey, carried out in 1999, obtained information about the mental health of nearly 900 young people living in private households in Scotland (Meltzer, Gatward, Goodman & Ford, 2000). Both surveys were commissioned by the Scottish Executive Education Department and the Scottish Executive Health Department.

The rationale for a national survey of the mental health of young people looked after by local authorities in Scotland was exactly the same as that for the private household population. In order to plan mental health services effectively, it is necessary to know how many children looked after by local authorities have mental health problems, what their diagnoses are, and how far their needs for treatment are being met.

Therefore, it was hoped that this first national survey of the mental health of children looked after by local authorities in Scotland would be invaluable in taking forward a number of key policy initiatives:

- Strategic service planning with health agencies.
- Understanding the stresses on placements.
- Training and support requirements of carers with a view to improve placement stability.
- Work on health inequality targets.
- Improving the health outcomes of looked after children.

The results of the survey were published in May 2004 (Meltzer, Lader, Corbin, Goodman & Ford, 2004a).

The aims of the survey

The primary purpose of the survey was to produce prevalence rates of three main categories of mental disorder: conduct disorder, hyperactivity and emotional disorders (and their comorbidity), based on ICD-10 (World Health Organisation, 1993) and DSM-IV (American Psychiatric Association, 1994) criteria.

The second aim of the survey was to determine the *impact* and *burden* of children's mental health problems in terms of social impairment and adverse consequences for others. Social impairment is measured by the extent to which each particular mental problem interferes with relations with others, forming and keeping friendships, participation in leisure activities, and scholastic achievement. More broadly, impact reflects distress to the child or disruption to others as well as social impairment.

The third main purpose of the survey was to examine the use of services. The examination of service use requires the measurement of contextual factors (lifestyle behaviours and risk factors).

Coverage of the survey

The survey focused on the prevalence of mental disorders among young people aged 5-17. Although young people aged 16 and 17 were included in the previous adult surveys (Meltzer, Gill, Petticrew & Hinds, 1995; Meltzer, Gill, Hinds & Petticrew, 1996; Gill, Meltzer, Hinds & Petticrew, 1996; Foster, Meltzer, Gill & Hinds, 1996; Singleton, Bumpstead, O'Brien, Lee & Meltzer, 2001), those looked after by local authorities were excluded from the previous surveys. These young adults are of particular interest in respect of the transition between the use of child and adult mental health services. Children under the age of five were excluded primarily because the assessment instruments for these children are different and not so well developed as those for older children.

The survey concentrated on the three common groups of childhood mental disorders: emotional disorders such as anxiety, depression and obsessions; hyperactivity disorders involving inattention and overactivity; and conduct disorders characterised by awkward, troublesome, aggressive and antisocial behaviours. Some questions were included in the survey to look at the less common mental disorders: tics and twitches, pervasive developmental disorders such as those in the autistic spectrum, and eating disorders.

The surveyed population comprised children and adolescents looked after by local authorities in Scotland including the Highlands and Islands. Children

looked after by local authorities in Scotland but placed outside the local authority were included in the survey; a few children were placed in England. Corresponding surveys took place in England in 2002 (Meltzer, Corbin, Gatward, Goodman & Ford, 2003) and in Wales in 2002/3 (Meltzer, Lader, Corbin, Goodman & Ford, 2004b).

Questionnaires and assessment of mental disorders

The survey was designed to gather data from carers, children and young people (aged 5-17) and teachers.

The measures designed for the study were intended to combine some of the best features of structured and semi-structured measures. When health problems were identified by the structured questions, interviewers used open-ended questions and supplementary prompts to get parents to describe the problems in their own words.

The specific prompts used were:

Description of the problem

Specific examples

What happened the last time?

What sorts of things does s/he worry about?

How often does the problem occur?

Is it many times a day, most weeks, or just once or twice?

Is it still a problem?

How severe is the problem at its worst?

How long has it been going on for?

Is the problem interfering with the child's quality of life?

If so, how?

Where appropriate, what does the family/child think the problem is due to and what have they done about it?

A case vignette approach was used to assess the clinical significance of these descriptions. This involved clinician ratings based on a review of all the information on each subject, not only the questionnaires and structured interviews but also any

additional comments made by the interviewers, and the transcripts of informants' comments in response to open-ended questions, particularly those which ask about the child's significant problems.

Sample design

Sample selection

Scottish local authorities keep records (including case identifier, sex, date of birth, and placement type) of looked after children in their area. These databases were used to select a sample of children (identified only by a serial number known as the 'child identifier') from each local authority taking part in the survey. A total sample of 877 children was drawn (approximately 1 in 10 of all looked after children). The sample was selected to ensure representative proportions of boys and girls in each age band between 5 and 17 years, although different sampling fractions were used in each local authority depending on the estimated number of children in its area and its geographical location within Scotland.

In each local authority, the contact person (usually the person responsible for the 'looked after children' section within social services) was sent all the Child Summary Forms for that local authority giving the children's serial numbers from the sampled database. The contact then distributed the forms to the social workers responsible for the children concerned and asked them to complete the forms, having obtained whatever consents they felt were necessary (for example, consent from the foster parent, residential care home or birth parent) and then to return them to the Office for National Statistics.

Response from local authorities

All 32 local authorities in Scotland co-operated to some extent in the survey. After six months, 756 (86 per cent) of the Child Summary Forms sent out to the local authorities had been returned and of these, 407 (54 per cent) were eligible for the survey. The five main reasons for ineligibility were: carer refusal (28 per cent); the local authority refused access (18 per cent); carer felt it was an inappropriate time (17 per cent); child no longer cared for (14 per cent) and child no longer in contact with local authority (13 per cent).

Survey response rates

Information was collected on 355 of the 407 children eligible for interview (87 per cent). Almost all the carers and most of the young people aged 11- 17 took part.

Of the 355 children in the survey, 57 were not at school either because they had finished their secondary education or had been permanently excluded. For the 298 children at school, 279 carers (94 per cent) gave permission for ONS to send a questionnaire to the child's teacher. 242 teacher questionnaires were returned—a response rate of 87 per cent.

Findings from the survey

Prevalence of mental disorders

Among young people in Scotland looked after by local authorities, 45 per cent were assessed as having a mental disorder: 38 per cent had clinically significant conduct disorders; 16 per cent were assessed as having emotional disorders – anxiety and depression; and 10 per cent were rated as hyperactive. As their name suggests, the less common disorders (pervasive developmental disorders, tics and eating disorders) were attributed to two per cent of the sampled population. The overall rate of 45 per cent includes some children who had more than one type of disorder.

Surveys of the mental health of children and adolescents looked after by local authorities were also carried out in England (Meltzer et al., 2003) and in Wales (Meltzer et al., 2004b). There were no significant differences in the prevalence of mental disorders between the three countries: 45 per cent in England and 49 per cent in Wales.

Table 1: Prevalence of mental disorders by country

All looked after children

	England	Scotland	Wales
	Percentage of young people with each disorder		
Emotional disorders	11.7	15.6	10.5
Conduct disorders	37.0	37.5	42.0
Hyperkinetic disorder	7.3	9.6	12.1
Less common disorders	3.7	2.3	2.6
Any disorder	44.8	45.1	49.0
Base	*1039*	*355*	*149*

The next section discusses how the prevalence of mental disorders differ between the survey of children looked after by local authorities and the 1999 survey of those living in private households (Meltzer et al., 2000).

Concentrating first on the children aged 5 to10 years, those looked after by local authorities were about six times more likely to have a mental disorder; 52 per cent compared with 8 per cent. For each type of disorder the rates for looked after children compared with private household children were:

- emotional disorders: 14 per cent compared with 4 per cent;
- conduct disorders: 44 per cent compared with 4 per cent;
- hyperkinetic disorders: 11 per cent compared with 1 per cent.

The young people aged 11 to 15 years who were looked after by local authorities were also four times more likely to have a mental disorder: 41 per cent compared with 9 per cent. The rates for each broad category of disorder were:

- emotional disorders: 14 per cent compared with 5 per cent;
- conduct disorders: 35 per cent compared with 6 per cent;
- hyperkinetic disorders: 8 per cent compared with 1 per cent.

Therefore, conduct disorders seem to contribute to the largest difference in childhood psychopathology between the local authority and private household populations.

As young people aged 16 and 17 were not covered in the private household survey of children and adolescents, comparisons cannot be made.

Although there appeared to be some differences in the distribution of mental disorders by age (for example, children aged between five and 10 were more likely than older children to have conduct disorders), none of the differences were statistically significant. Because of the large sampling errors around proportions based on small samples, apparently large differences often fail to reach statistical significance.

Table 2: Prevalence of mental disorders by age				
Looked after children Scotland				
	5 to 10 years	11 to 15 years	16 to 17 years	All children
	Percentage of young people with each disorder			
Emotional disorders	13.5	13.9	24.6	15.6
Conduct disorders	43.8	34.7	35.1	37.5
Hyperkinetic disorder	10.8	8.0	12.8	9.6
Less common disorders	3.7	1.8	1.5	2.3
Any disorder	52.4	40.6	46.8	45.1
Base	*107*	*186*	*62*	*355*

Children looked after by local authorities were initially categorised into four types of placement: with foster carers, with their natural parents, in residential care, and living independently. In Scotland, half of the children placed with foster carers were assessed as having a mental disorder, compared with 44 per cent of those placed with their birth parents and 40 per cent of those living in residential care; however, none of the differences was statistically significant. This was different to the pattern found in England where children living in residential care were significantly more likely to have a mental disorder (68 per cent) than those living in foster care (39 per cent) or with their birth parents (42 per cent).

Table 3: Prevalence of mental disorders by type of placement

Looked after children Scotland

	Foster Carers	Birth parents	Residential Care	All Placements
	Percentage of young people with each disorder			
Emotional disorders	14.0	15.0	18.0	15.6
Conduct disorders	40.2	37.2	34.0	37.5
Hyperkinetic disorder	12.6	8.7	8.3	9.6
Less common disorders	2.8	3.1	-	2.3
Any disorder	49.6	44.2	40.0	45.1
Base	*137*	*124*	*82*	*355*

Table 4: Prevalence of mental disorders by type of placements and country

All looked after children

	England	Scotland	Wales	England	Scotland	Wales
	Percentage of young people with each disorder			*Bases*		
Foster carers	38.8	49.6	47.2	*701*	*137*	*97*
Birth parents	41.9	44.2	51.2	*113*	*124*	*31*
Residential care	68.0	40.0	[9]	*116*	*82*	*19*
All placements	44.8	45.1	49.0	*1039*	*355*	*149*

Where the base is smaller than 30, actual numbers are shown within square brackets.

Finally, the report looked at the analysis of prevalence data by time in current placement. This excluded the ten children living independently and the 124 children living with their birth parents. One would expect time in current placement to have an effect, with children in relatively stable placements to show less psychopathology; however, this trend was not evident from the data. This may be due to small base numbers where huge differences are needed for statistical significance or the fact that children move placement so frequently that their current placement is a poor indicator of their placement history.

Agreement between the carers' views of the child's mental health and the clinical assessment

Carers were asked at the start of the interview to indicate whether the child had any of thirty-four health conditions. They, therefore, had an opportunity to say whether they thought the child had any problem with hyperactivity, emotions or behaviour before being asked the detailed questions on which the assessments of disorders were made. While carers' views covered problems of different degrees of severity, the clinical ratings assessed disorders on strict impairment criteria.

In addition, although some carers, in particular those working in specialised residential schools or homes, have a great deal of experience in the management of childhood mental disorders, the majority of carers and birth parents could not be expected to differentiate between emotional, behavioural or hyperkinetic disorders. As such, the carer's view and the clinical assessment of the child's mental health are often going to disagree.

Among the children with a clinical rating on any of the three types of disorder, the majority of carers (64 per cent) thought the child they looked after had a mental health problem. About a third of the children (36 per cent) who were assessed as having a disorder were not reported by their carer to have any of the three problems.

Conversely, two thirds (65 per cent) of the children who were clinically assessed as not having any disorder were viewed by their carers as having at least one of the three disorders. This result is not surprising because a clinical diagnosis is only made in cases where the mental problem has a significant effect on the child's life or causes distress to others and the child may exhibit symptoms that appear severe to the carer but do not meet research diagnostic criteria. Alternatively, the child may have several symptoms with minimal social impairment.

There was no pattern of agreement in the assessment of emotional and conduct disorders; half the carers (53 per cent) agreed with the clinical assessment of

the presence of an emotional disorder, and 47 per cent of carers agreed with the clinical assessment of the presence of a conduct disorder.

Carers were less likely to report spuriously that the child had hyperactivity problems, with only 16 per cent of carers reporting that the child had problems of this sort when the clinical assessment showed that they did not. Carers of the children clinically assessed as having a hyperkinetic disorder, however, were more likely to underestimate the child's hyperactivity problems, with only 23 per cent of carers agreeing with the clinical assessment.

The higher level of carers' over-reporting than under-reporting (with the exception of hyperactivity) suggests that they may use the terms hyperactivity, emotional and behavioural problems where the symptoms may be present but neither the severity nor impact is great enough for it to be classed as a disorder. Thus, 54 per cent of the carers who reported that the child they looked after had at least one of the three problems were found to have none of the disorders when the cases were clinically assessed. This underlines the necessity of including some sort of clinical input into the assessment of childhood metal disorders in national surveys rather than relying solely on self-reported, general assessments by carers, parents or the young person themselves.

Table 5 : Level of agreement between clinical assessment and carer's view of child's mental health		
All looked after children Scotland		
	Clinical assessment of emotional disorder	
	Disorder present	*No disorder*
Carer's view of child's mental health		
Any emotional problem	53	48
No emotional problem	47	52
Base	*56*	*299*
	Clinical assessment of conduct disorder	
	Disorder present	*No disorder*
Carer's view of child's mental health		
Any behaviour problem	47	51
No behaviour problem	53	49
Base	*136*	*219*
	Clinical assessment of hyperkinetic disorder	
	Disorder present	*No disorder*
Carer's view of child's mental health		
Any hyperactivity	23	16
No hyperactivity	77	84
Base	*35*	*320*
	Clinical assessment of any mental disorder	
	Disorder present	*No disorder*
Carer's view of child's mental health		
Any of the three problems	64	65
None of the three problems	36	35
Base	*163*	*192*

Use of services for significant mental health problems

Carers who reported that the child had a significant mental health problem were shown a list of people that they or the child might come into contact with in order to get help. They were asked to say who they had sought help from *in the past year.*

- someone in your family or a close friend;
- telephone help line;
- self help group;
- internet;
- social worker or link worker;
- a teacher (including head of year, headteacher or special educational needs co-ordinator)
- someone working in special educational services (for example, educational psychologist, educational social worker or school counsellor);
- your GP, family doctor or practice nurse;
- someone specialising in child mental health (for example, child psychiatrist or child psychologist);
- someone specialising in adult mental health (for example, psychiatrist, psychologist or community psychiatric nurse);
- someone specialising in children's physical health (for example, a hospital or community paediatrician);
- a Children's Panel;
- other.

For descriptive purposes, the sources of help were subsumed under three headings: specialist services (for example, mental health experts and special education services); front line services (including GPs and social workers); and informal sources of help (such as self-help groups or the internet). Contact with the Children's Panel is shown separately.

Although this question was asked of every carer who indicated the child had a significant mental health problem, not all of these children were subsequently found to have a mental disorder after clinical review. Similarly, not all the carers of children assessed as having a mental disorder after clinical review were asked the services question if the mental health problem emerged from the young

person's questionnaire or from the teacher's questionnaire.

The majority of the children with a significant mental health problem had been in contact with at least one of the services during the past year (88 per cent). Front line services were by far the most common source of help with 76 per cent of children having been in contact with a social worker in the past year and two fifths, 40 per cent having seen a teacher. A fifth (21 per cent) of children had also received advice or treatment from a GP or family doctor. Given the survey population, the high level of contact with social workers is not surprising since all looked after children should have some contact with social services.

Specialist services were also commonly used with a quarter of children (27 per cent) having been in touch with a specialist in child mental health, and 22 per cent having had some contact with special education services (for example, special educational needs co-ordinators and education welfare officers).

Over a third (36 per cent) of children had been in contact with a Children's Panel.

Other than talking to a family member or friend, which 30 per cent of carers reported doing, informal services were very rarely used.

Overall, children and young people in Scotland were significantly less likely than their counterparts in England to have used any of these services (88 per cent in Scotland compared with 97 per cent in England). This probably reflects the far higher proportion of children in Scotland than in England placed with their parents or members of their family.

Table 6 Services used for significant mental health problems in past 12 months by country			
All LAC with a significant mental health problem			
	England	Scotland	Wales
	Percentage of children using each service		
Specialist Services			
Specialist in child mental health	34	27	26
Special education services	23	22	20
Specialist in child physical health	11	7	14
Specialist in adult mental health	4	3	4
Other specialist	1	-	-
Frontline Services			
Social Worker	80	76	70
Teacher	49	40	46
GP or family doctor	21	21	15
Informal Services			
Family member or friend	28	30	22
Self help group	3	3	3
Telephone helpline	2	2	5
Internet	2	2	2
Children's Panel	n/a	36	n/a
Other form of help	13	8	13
No services used	3	12	15
Base	*786*	*277*	*116*

Children aged between five and 10 years old were the least likely to have used any of the services (75 per cent compared with about 90 per cent of the older age groups). In particular, they were less likely to have seen a Children's Panel or a social worker in the 12 months prior to interview.

Not surprisingly, given that children in residential care have easier access to professionals, these children appeared to have been the most likely to report

using almost all of the individual sources of help; however, due to low base numbers, the differences were not statistically significant.

Children who had been in their placement for a short time (less than 2 years) were more likely to report having had contact with the Children's Panel (43 per cent) than those who had been in their placement for four years or more (13 per cent). This is also evident in the use of child mental health services (43 per cent compared with 21 per cent). Stable placements, i.e. for at least four years, would appear to reduce the need for specialist services.

Conclusion

This was the first national survey of the mental health of children looked after by local authorities in Scotland. Overall, 45 per cent of young people looked after by local authorities in Scotland were assessed as having a mental disorder. This is higher than that found in the1999 survey of those living in private households (Meltzer et al., 2000). For children aged between five and 10 years, those looked after by local authorities were about six times more likely to have a mental disorder (52 per cent compared with 8 per cent) and young people looked after by local authorities who were aged between 11 and 15 years were four times more likely to have a mental disorder (41 per cent compared with 9 per cent).

It is therefore vitally important to include information on children looked after by local authorities when planning mental health services.

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