South London and Maudsley NHS
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National Services
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The role of CAMHS in supporting Looked After Children

Promoting individualized, evidence-based care

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http://www.national.slam.nhs.uk/services/camhs/camhs-adoptionfostering/

What can research tell us?

1. Excellent epidemiological data for mental health issues in UK LAC

2. Emerging science of maltreatment & neglect

Mental Health in UK LAC, Ford et al 2007

	Birth family	High Risk	ONS LAC
Any disorder	8.5%	14.6%	46%
Anxiety disorders	3.6%	5.5%	11%
PTSD	0.1%	0.5%	2%
Depression	0.9%	1.2%	3%
Behavioural disorders	4.3%	9.7%	39%
ADHD	1.1%	1.3%	9%
ASD	0.3%	0.1%	2.6%
Neurodevelopmental	3.3%	4.5%	12.8%
Learning disability	1.5%	1.5%	10.7%

Comparing ONS LAC data with Tier 4 Adoption & Fostering Service (AFS)

(Woolgar & Baldock, 2014)

	ONS LAC	N&S Adoption & Fostering	CAMHS Referrals
Any disorder	46%	66%	31%
Anxiety disorders	11%	9%	5%
PTSD	2%	3%	1%
Depression	3%	4%	1%
Behavioural disorders	39%	**55%**	**4%**
ADHD	9%	**38%**	12%
ASD	2.6%	4%	4%
Neurodevelopmental	12.8%	12%	0%
Learning disability	10.7%	10%	3%

General CAMHS services for adoption & fostering

- CAMHS services under-identifying
  - Behavioural problems
  - Neurodevelopmental problems
    - ADHD
    - Global learning disability
    - Neurodevelopmental issues (e.g., tics etc)
    - Specific learning disability (e.g., dyslexia)
    - Anxiety, PTSD & depression

Neglect & maltreatment: **Bio-psycho-social** impact

- Emerging neuroscience demonstrates that early maltreatment increases risks for neurodevelopmental problems
  - But the science is much more complex than some pictures of damaged brains might imply
  - Involves more domains, in complex ways

- Service planning for LAC should be based on a sophisticated understanding of the science and the **bio-psycho-social** implications of maltreatment

Each child is unique

- Each Looked After Child has a unique history & formulation: avoid simplistic 'neuro' accounts
- Complex and hard to trace or specify each individual link / pathway…
- Cannot lump all Looked After Children together
  - Different ages/different types/different gender…
- "Because she is LAC she is X…"
    - Traumatised
    - Brain different
    - Attachment problems
    - Anxious
    - Shameful
    - Without even seeing her, I can tell you she needs 'Y'

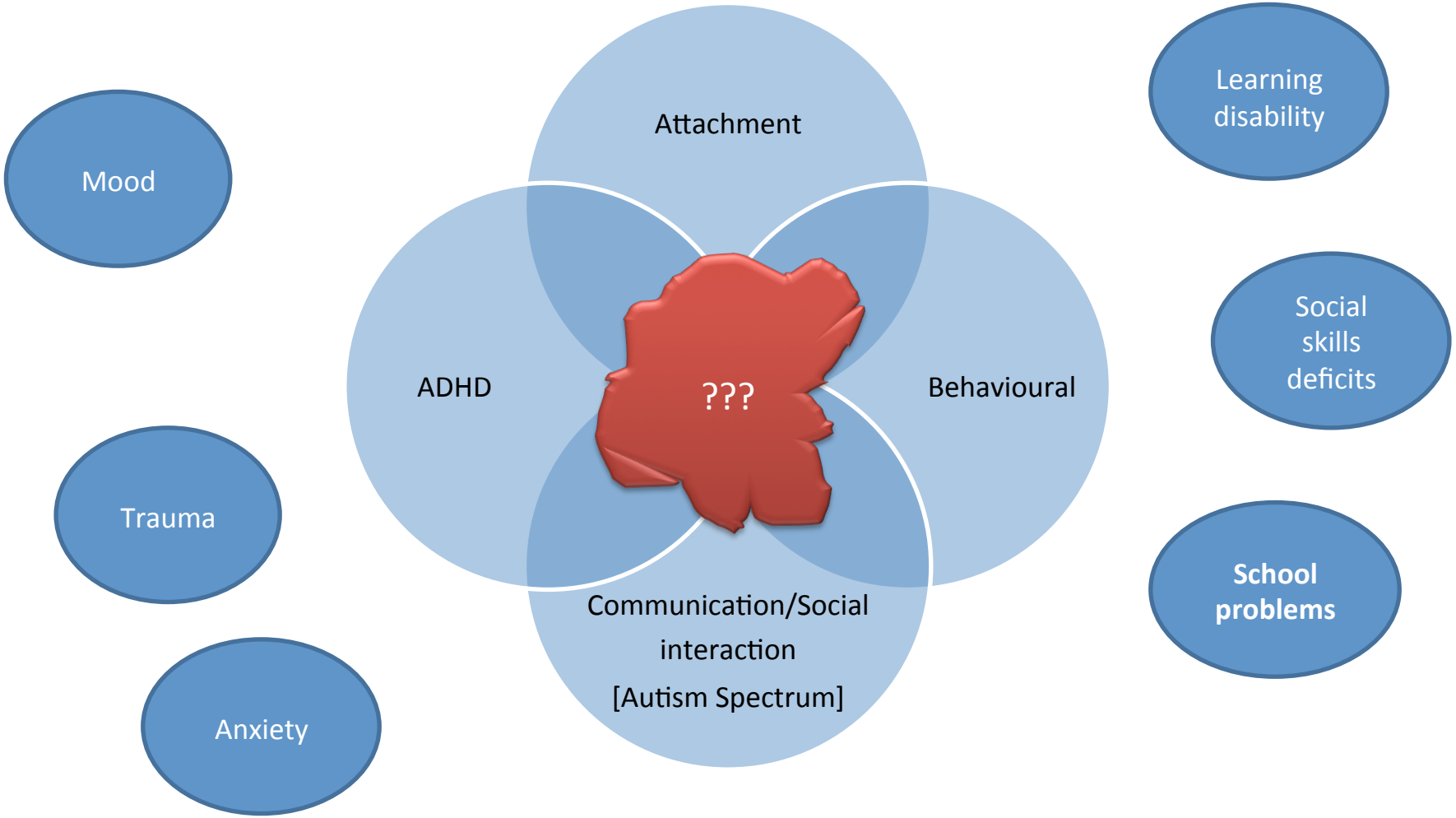
‘The allure of rare disorders’ in maltreated children (Haugaard, 2004)

‘Although more common diagnoses, such as ADHD, conduct disorder, PTSD, or adjustment disorder, may be less exciting, they should be considered as **first line diagnoses** before contemplating any rare condition such as RAD or an unspecified attachment disorder…’

Chaffin et al, 2006 (APSAC)

Unusual & unique presentations

(in which common disorders still identifiable)



NHS Tier 4 Specialist LAC Service model

- Multi disciplinary assessment
  - Personalised bio-psycho-social formulation
  - Prioritise common disorders, even if low threshold
- Develop **personalised** care plan (& revisit)
- Liaise with network, especially school
- Primary therapeutic input is the **Carers**, but various evidence based treatments can support them in this task by addressing complexity.
- BUT: Can or *should* CAMHS support this?

CAMHS Thresholds

- High levels of service need generally
- Challenges to meet needs in specific care pathways, e.g., autism, ADHD, self-harm etc
  - Is a fostering issue a frank & acute mental health vs. supporting a placement?
  - Latter typically below specialist Tier 3 threshold
- Threshold moderated by safeguarding issues
  - Children no longer in abusive families

Attachment

- Very often part of the formulation, but rarely the best primary diagnosis
- Can blind services to the nature of complexity and the presence of common, treatable disorders (as case study above)

Where does the evidence lead?

- In the absence of a full assessment & bio-psycho-social formulation risks emerge for Adopted & CLA
  - Failure to diagnose serious problems
  - Miss common problems that **can** be treated
  - Treatments that are risks in themselves
- We can be guided by the evidence, to meet attachment needs alongside treating the common disorders (e.g., Woolgar, Bengo & Scott, 2013)

Placement stability

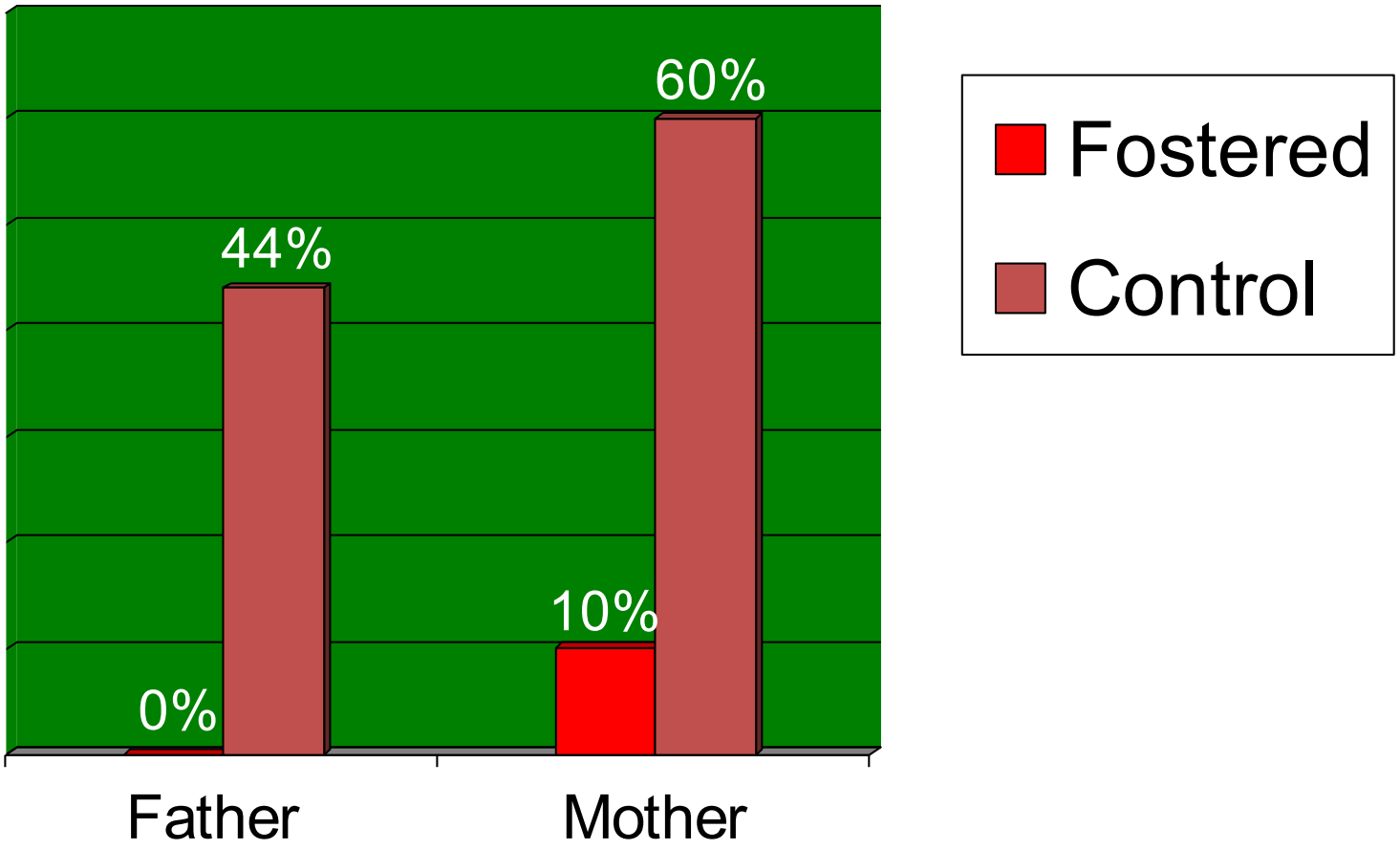
- In 2009 10% of children had ≥3 placements in 12 months [decreasing yearly; NI 62]

- But, 67% of young people living longer-term in state care [≥2.5 years], lived in same placement for previous 2 years [increasing yearly; NI 63]

http://www.education.gov.uk/rsgateway/DB/SFR/s000878/sfr25-2009v2.pdf

Foster children are less secure to birth parents

(N=101 – in placement >6 months)

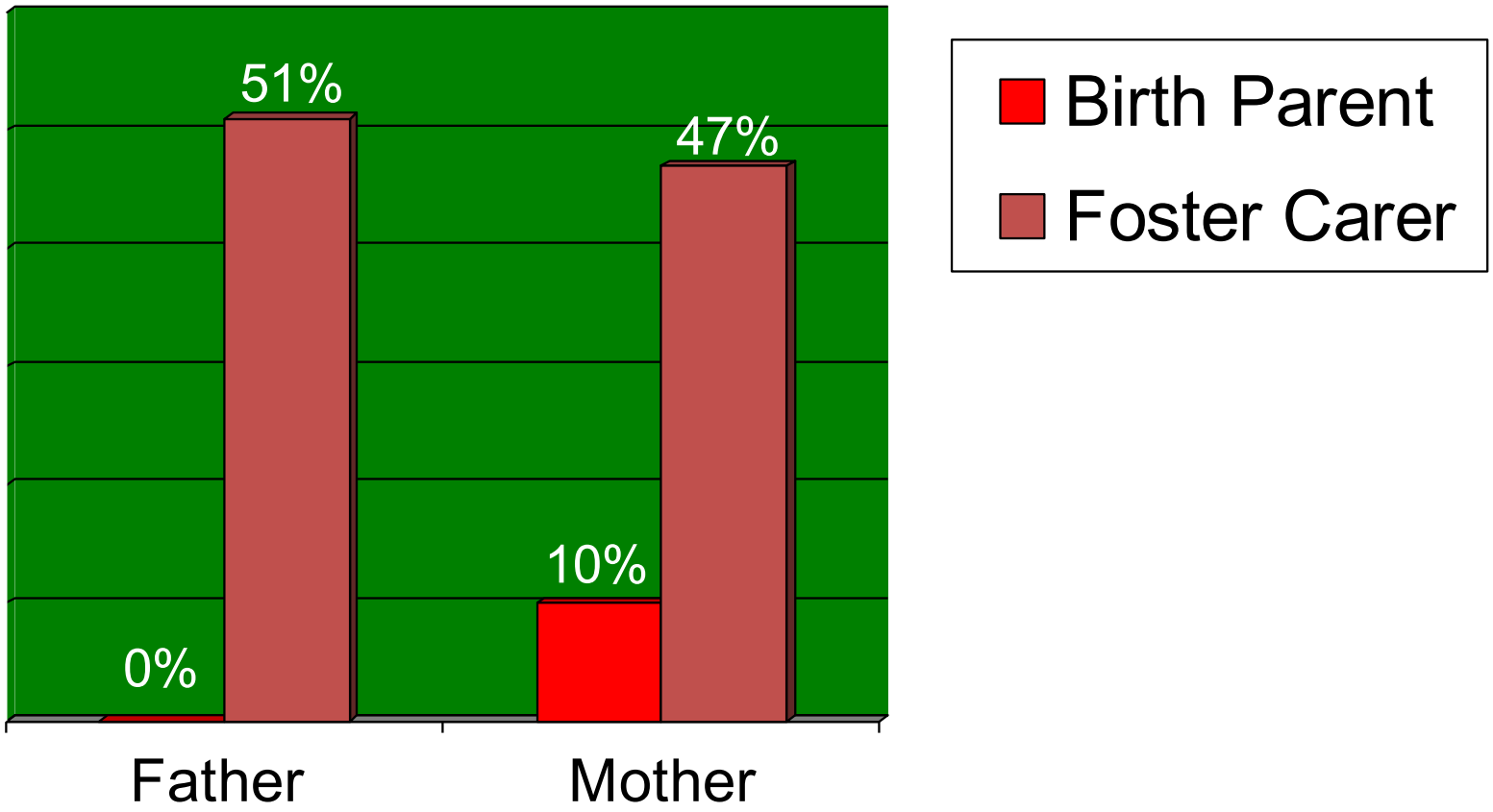


χ^2 (1)= 15.65, p<.001

χ^2 (1)= 28.01, p<.001

But – foster children show more security to their current carers

(N=51)

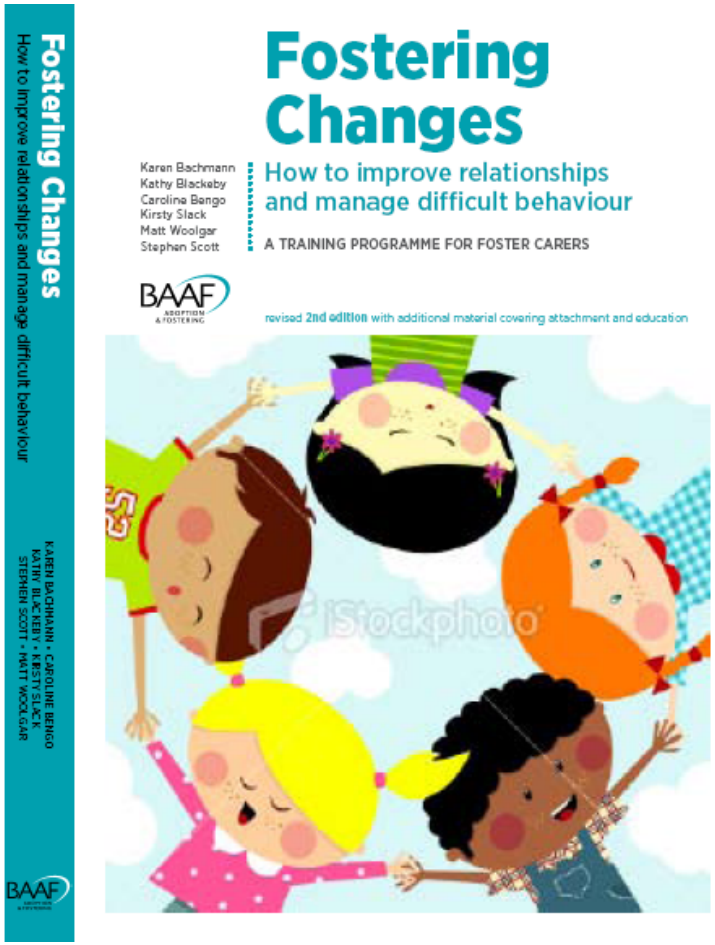


Implications

- Not a special intervention, the radical effect of 'ordinary' foster care (plus some stability) – had big effect size on attachment

- What can we do to support standard foster care & enhance carer sensitivity **now** & on a large scale [while we wait for a tiered & modular approach based on emerging interventions, personalised to child's needs]?

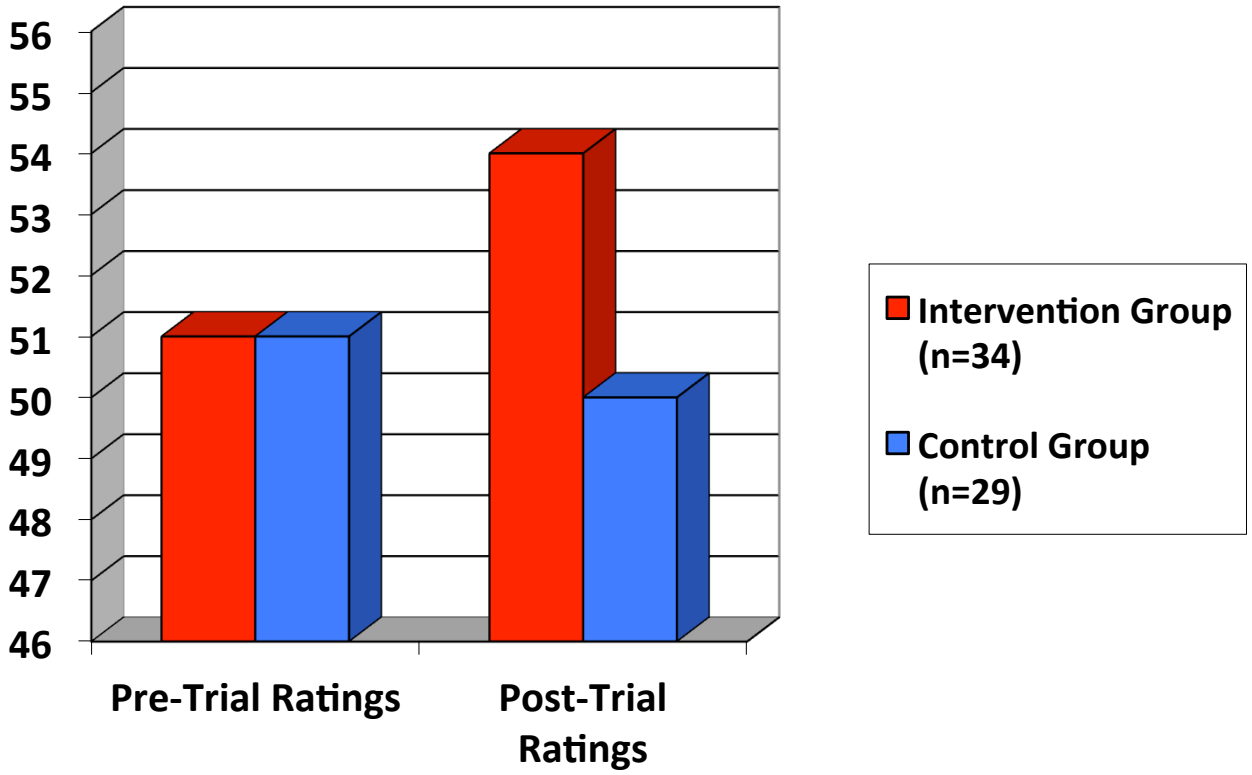
Fostering Changes



National UK role out of an evidence based (RCT), attachment sensitive, group program for Foster Carers based on social learning theory

Impact of Fostering Changes Programme on Attachment Relationship

(e.s = .04, p<.05)



What's it like to be a foster carer?

(Secondary trauma, support & burnout)

- We are looking for foster carers to complete an **online survey** your experiences of fostering as part of a research study for King's College London
- The survey takes about 25-35 minutes to complete and we'd like to offer you a **£5 Amazon voucher** for your time.
- If you are interested in taking part in this study, please contact Beatrice Hannah (Trainee Clinical Psychologist) at **beatrice.hannah@kcl.ac.uk** for more information (see Leaflets).

Conclusions

- Assessment of Individuality to personalise treatments – using Evidence base and modifying it in specific ways
- Keeping a open mind – adversity breeds diversity & avoiding ‘top-down’ explanations
- Increasing complexity means working in novel partnerships can be healthy
- But if it is one-size-fits-all, then you have probably come to the ‘wrong shop’

Readings

- **Chaffin, M., Hanson, R., Saunders, B. E., Nichols, T., Barnett, D., Zeanah, C., et al. (2006). Report of the APSAC Task Force on Attachment Therapy, Reactive Attachment Disorder, and Attachment Problems. *Child Maltreatment, 11*, 76-89.**
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