This study by Alison Beck explores the views of young people in the care of Lambeth local authority, and those of their carers, about the young people’s mental health and their access to and experience of mental health services. It is associated with a separate study which used a quantitative design to clarify mental health needs in the same population (Beck, forthcoming) and which identified two particularly disadvantaged subgroups: young people living out of the borough and young people who moved their placements frequently. Their views are considered separately, where relevant, in this paper.

The main methodology was a postal questionnaire survey comprising open-ended questions. The results highlighted a number of themes: young people tended to identify internal emotional problems while their carers predominantly focused on externally visible problem behaviours; young people generally valued contact with social workers but reported this lacking; both groups of respondents described barriers to accessing mental health services. These included physical obstacles, such as distance to travel, as well as psychological barriers such as the belief that only ‘mad’ people use such services. A two-limbed service model is proposed to address the needs of young people in local authority care incorporating: provision by mental health professionals of information about mental health services and liaison between all parties to secure appropriate services; and mental health interventions aimed at engaging young people with local CAMHS.

Introduction
The aim of this study was to gather the views of young people in the care of Lambeth local authority (LA) and their carers about three issues: the young people’s mental health; their access to mental health services; and their experience of those services.

This information was gathered in order to inform the mapping of a model of mental health service delivery to the young people and, in particular, to address the needs of disadvantaged subgroups such as those living out of the borough and/or those who moved their placements frequently.

McCann and colleagues (1996) compared the mental health needs of adolescents (aged 13–17 years) looked after by Oxfordshire LA with a matched sample who had had no contact with the authority. Using the Child Behaviour Checklist (Achenbach and Edelbrock, 1983) and the Kiddie SADS-P (Chambers et al, 1985), these authors identified 67 per cent of looked after children as having a psychiatric disorder compared with 15 per cent in the comparison group. Their study was conducted with a group of adolescents, but similar findings were found in a younger group of looked after children by Dimigen et al (1999), who conducted a study in Glasgow focusing on children aged between five and 12 years who entered care in 1996/7. They used the Devereux Scales of Mental Disorders (Naglieri et al, 1993) to assess the prevalence of any psychiatric disorders in children attending for health assessment. The most common mental disorders identified were conduct disorder (present in 38% of boys and 33% of girls) and depression, which was most common among children in residential units (prevailing in 50% of children in residential units and 27% of children in foster care). Both of these studies were small and local but the results were dramatic.

The Office for National Statistics (ONS) studied the mental health of five-to 15-year-olds in Britain (Meltzer et al, 2000) and found that one in ten children in the general population had a clinically diagnosable disorder (ICD-10). The early studies suggested that the prevalence of mental health problems among looked
after children was very high by comparison. Furthermore, Minnis and Devine (2001) undertook a randomised control trial of a training programme for foster carers involving 121 families with 182 children in 17 Scottish local authorities. The mental health needs of the young people in this trial were assessed using the Strengths & Difficulties Questionnaire (SDQ) (Goodman, 1997, 1999; Goodman et al, 2000) among other measures, which had been utilised in the ONS study. Using this measure, over 60 per cent of the young people had abnormal or borderline SDQ scores.

In 2003, the ONS undertook a prevalence study of the mental health of young people looked after by LAs in England (Meltzer et al, 2003) and found that 45 per cent of those aged five to 17 years had a mental disorder.

The evidence that young people in LA care have high rates of mental health problems is therefore substantial. However, despite these repeated findings studies have also continued to suggest that looked after children have considerable difficulties accessing mental health services (eg Glisson, 1996; Dimigen et al, 1999; Zima et al, 2000). The reasons for this are no doubt complex and will require multiple approaches to unravel. This study explores the views held by young people and their carers about the barriers they perceive there to be to their accessing mental health services.

A substantial body of Department of Health guidance (eg Patient and Public Involvement Guidance, 2006) rightly emphasises the importance of ongoing consultation with stakeholders throughout the process of developing mental health services. The implications of the findings of this study for the proposed model of service delivery and for other services, such as child and adolescent mental health services (CAMHS) and social services, are discussed.

Method
The carers (N = 661) of all the young people (aged over three years) looked after by Lambeth social services in July 2001 and all young people themselves aged over 11 years (N = 529) (excluding those for whom consent was withdrawn by social workers or birth parents) – a total of 1,190 stakeholders – were asked to complete a questionnaire. Everyone invited to take part in the study was sent a letter describing the project and emphasising that they were under no obligation to participate. They were told that refusal would not affect their care in any way. It was also explained that all published information would be anonymous and all details would be kept confidential, except in cases of serious risk to self or others. In four cases a serious risk to self was detected and the young person was contacted to explain that a breach of confidentiality to their GP was necessary. In each case the young person consented.

The covering letter offered a financial incentive of £5 for the return of the questionnaire in a stamped, addressed envelope. Young people and their carers were also encouraged to contact the research staff by telephone if they had any concerns or wished to complete the questionnaire over the phone. Fifteen young people and ten carers chose to do so.

The questionnaire was a non-standardised tool developed to provide young people and their carers with an opportunity to share descriptive information about factors affecting their mental health. Questions were open ended, making collation of the results difficult but allowing for the expression of a broad range of views to inform future studies. The questionnaire was piloted on 48 service users (young people and carers) and 23 mental health professionals and senior social services staff. Their views about the questionnaire were explored in detail and substantial revisions were made to incorporate their feedback and strike a balance between helping participants voice their opinions without over-burdening them with questions.

Questionnaires took several months to collect. The results were collated by two independent markers who scanned all the responses to each question for common themes. Responses were grouped accordingly and the number within each group totalled. Second and third markers reviewed the groupings, and differences
were discussed until there was consensus over the categories.

Results

a) Information from social services’ database
Information from social services’ database highlighted that 786 young people aged over three years were known to be in the care of Lambeth LA in July 2001. Of these, 330 (42%) were girls and 456 (58%) boys. Sixty-three (8%) were aged three to five years, 157 (20%) were aged six to ten, 330 (42%) were aged 11 to 15 and 236 (30%) 16 to 18. Two hundred and twelve (27%) were white, 212 (27%) were black British Caribbean, 134 (17%) were black British African and 228 (29%) were from other ethnic groups. Three hundred and thirty-eight (43%) were on full care orders, 79 (10%) on interim care orders and 352 (46%) accommodated under section 20 on a voluntary basis.

Three-quarters (73%; 573) of the young people lived outside Lambeth and 118 (15%) lived outside Greater London. It is reasonable to speculate that there may be additional barriers to accessing mental health services for young people residing out of borough; for example, social workers may be less familiar with the contact details and referral procedures of local mental health services. Therefore the views of service users living in and out of borough were distinguished where relevant differences emerged.

The vast majority of looked after children had been in two placements or less in the last year. However, the minority of 86 (11%) young people who had moved placement more frequently were found (Beck, forthcoming) to be a particularly vulnerable group, having three times the likelihood of having a major psychiatric disorder compared with young people in more stable placements. Nevertheless, despite their greater vulnerability, they were also found to face the same increased barriers to mental health services as other out-of-borough children, but they were also likely to encounter further obstacles arising from the instability of their placements. For example, young people in less stable placements might be expected to be less well known by their carers, who might be less aware of their mental health problems, which in turn might reduce their chances of being referred to, or supported in the process of engagement with, a mental health service.

The views of young people who had moved placement frequently (three or more times in the last year) were therefore distinguished from those in more stable placements and others living out of borough, where relevant differences emerged.

b) Response rates
These are summarised in Table 1. Response rates to individual questions varied enormously. However, 162 out of 661 carers (approximately a 25% response rate) and 109 out of 529 young people (approximately a 21% response rate) returned the questionnaire. Some differences were found between respondents and non-respondents. The first were significantly more likely to be white rather than from other ethnic backgrounds ($\chi^2 = 12.7, p<.001$ OR = 1.8; 95% CI = 1.3–2.5) and to be in foster care rather than other forms of care such as residential units ($\chi^2 = 6.2, p = .01$, OR = 1.5, 95% CI 1.1–2.0). The sample used in this study was therefore not entirely representative of the overall population of Lambeth’s looked after children. However, it was representative in important respects including placement in or out of borough and placement stability (as well as other factors such as legal status, gender and time in current placement).
Responses to young persons’ questionnaire

Question: Do you have any problems (at school, or at home, or with others)?
One hundred and six young people answered this question. Many provided more than one answer, indicating problems in a range of areas of life. The most frequently reported problems were with external factors, in particular with their birth family (N = 25) and with their current placement (N = 22). These difficulties were often related; for example, ‘I don’t like it where I am because I want to be back with my mum and dad. They’ve stopped drinking now.’

Young people also reported problems at school (N = 18), in particular ‘nicking naming’ and ‘bullying’ (15). Twenty reported difficulties with friendships. These problems were also related in a number of individuals. A further 17 young people said that they had problems with the police, generally associated with criminal activity.

Some young people focused on internal aspects of themselves, describing problems with the way they looked (N = 16); for example, ‘I don’t want any facial hair’ or ‘I’m too fat’; also poor self-confidence (N = 24), as in ‘I think I’m not confident because of all that happened in my past.’

Question: ‘Do you or other people notice any problems with your behaviour or with your emotions?’
Sixty-four young people answered this question. Their responses were grouped as follows:

- Twenty-five reported feeling depressed and/or anxious; for example, ‘I frequently suffer from depression and stress’ and ‘At times I feel nervous, down, anxious and I have thought of self-harm.’
- Ten reported feeling angry and losing their temper, as in ‘I have problems with my temper and it’s hard to control it’; ‘I have a bad temper problem when people the same age as me telling me what to do.’
- Twenty-nine reported other difficulties including lacking social skills, being hyperactive and sleep problems.

The majority (N = 54) of the young people who responded affirmatively to this question lived out of borough and 15 had moved placement frequently.

Question: What has your social worker done that has helped you?
Thirty-one young people chose to answer this question. The most reported answer was that the social worker had talked to the young person and/or had been to visit them (N = 13). Seven said their social worker had given them practical advice and support; for example, ‘When I get angry she said I must rip up some paper’ and ‘He helped me with benefits and with filling in the form at the DSS.’

Six out of the 31 young people said that their social worker had referred them to another organisation; for example, ‘She linked me up with Nia Project’ and ‘She helped set up mentoring.’ Two out of the 31 stated that their social worker had referred them to a mental health service, although in both cases they were still awaiting therapy. Three out of 31 said that they had had limited contact with their social worker. All lived out of borough and had experienced frequent placement moves.

<table>
<thead>
<tr>
<th>Group</th>
<th>Description</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Number of young people aged over 3 years care in Lambeth</td>
<td>786</td>
</tr>
<tr>
<td>B</td>
<td>Number of group A aged over 11 years</td>
<td>566</td>
</tr>
<tr>
<td>C</td>
<td>Number of group B for whom consent given</td>
<td>529</td>
</tr>
<tr>
<td>D</td>
<td>Number of group C who returned questionnaire</td>
<td>109</td>
</tr>
<tr>
<td>E</td>
<td>Number of group D who lived out of borough of Lambeth</td>
<td>76</td>
</tr>
<tr>
<td>F</td>
<td>Number of group D who moved placement more than three times</td>
<td>10</td>
</tr>
<tr>
<td>G</td>
<td>Number of carers of young people aged over 3 years in care in Lambeth (note that 109 of the over 11-year-old group did not have identified carers)</td>
<td>747</td>
</tr>
<tr>
<td>H</td>
<td>Number of group G for whom consent given</td>
<td>661</td>
</tr>
<tr>
<td>I</td>
<td>Number of group H who returned questionnaire</td>
<td>162</td>
</tr>
<tr>
<td>J</td>
<td>Number of group H living outside Lambeth</td>
<td>120</td>
</tr>
</tbody>
</table>
Question: If your social worker doesn’t know about your problems, why not?
About half of young people who answered this question (18 out of 38) said that they would not tell their social worker because they would rather tell someone else or no one; for example, ‘I won’t tell her, I’d like to talk to my mum instead’; ‘I wouldn’t tell the social worker – I don’t tell anyone’; ‘I don’t believe she’s on my side, I’d rather tell my foster mum.’ Other reasons included the view that young people did not see their social worker often enough (N = 10) or thought ‘It’d be a waste of time to talk’ about their problems (N = 10).

Question: Who have you talked to about your problems?
Forty-two young people answered this question and described seeking help from:
- their foster carer or key worker (N = 16);
- people within the education system (N = 9);
- a friend (N = 8);
- a therapist (N = 6);
- their social worker (N = 2);
- their GP (N = 1).

Almost all of the young people who responded to this question were in stable placements (N = 40 out of 42). The numbers living out of borough were fairly representative of the overall population (N = 29).

Question: What has put you off going to mental health services?
Seventy-eight young people chose to answer this question. The most common replies might be divided into the following four categories:
1. believing that use of mental health services might mean that they were ‘mad’ (N = 19); for example, ‘I’m not “mad”, I just want someone to talk to’; ‘I don’t want to get locked up.’
2. lack of knowledge about how to access mental health services (N = 12), such as ‘I don’t know the number or where they are’ and even ‘What are they?’
3. regarding mental health services as having a bad reputation (N = 6), such as ‘Everyone knows they don’t help . . . they just tell you what to do but it doesn’t work.’
4. difficulty getting to mental health services (N = 5); for example, ‘I don’t want to go in school time . . . I don’t want anyone to know’; ‘No one would take me.’

Other reasons included the appointments being inconvenient, not liking the building, wanting the therapist to come to them, wanting a different kind of therapy, not liking the therapist, the waiting times being too long, and feeling that the therapist did not understand their culture and/or speak their language (N = 36).

A common theme arising in the ‘other’ category was that the young person already felt that their needs were being met; for example, ‘I feel my needs are already being met by my key worker’ and ‘I don’t want counselling, I’m getting mentoring.’ Other reasons were very specific to the individual, as in ‘I used to go once but stopped when I came back to London.’

Young people living out of the borough were clearly over-represented in two response categories. They were more likely than their in-borough counterparts to describe a lack of knowledge about how to access mental health services (11 out of 12) and difficulty getting to mental health services (5 out of 5).

Question: What kind of service would help you to overcome your emotional or behavioural difficulties?
Twenty-nine young people answered this question. Common themes were:
- talking to someone they didn’t know (N = 11); for example, ‘I’d like to go out and talk to someone I don’t know from nowhere’ and ‘to work with someone new on a one-to-one basis’;
- talking to someone who had gone through similar experiences and who understood (N = 5); for example, ‘Talking to people who have gone through the same’ and ‘I don’t know. I just think that someone who understands . . .’;
something different from that which they were currently receiving (N = 6); for example, ‘I want a different social worker’ or a different kind of therapy such as ‘therapy through music’;

• speaking to someone they knew well (N = 4); for example, ‘talking to someone about it who I know very well’ and ‘me speaking to close friends’.

The three responses of the remaining young people could not be categorised and were specific to those individuals.

Responses to carers’ questionnaire

Question: Does the young person in your care have any behavioural or emotional or social problems?

All the 162 carers who returned questionnaires answered this question affirmatively. Some reported problems that were grouped into more than one category. The most frequently reported problems could be categorised as follows:

• challenging behaviours (N = 125); for example, ‘severe behavioural problems including aggression, tantrums, social problems, bullying, fighting, stealing, fire setting, harm to younger children and animals’; ‘re-enacting scenes of mum and dad’s violence’; ‘gets involved in violent fights at school’ or ‘smashing up possessions’;

• lack of social skills (N = 9); for example, ‘He doesn’t know how to respond appropriately to different situations’;

• deliberate self-harm (N = 10), such as ‘She burns herself’ and ‘I caught her cutting’;

• sleep difficulties including nightmares, bed-wetting and poor sleep routines (N = 29);

• hyperactivity (N = 25), such as ‘He doesn’t sit still or stop . . . he loses control of himself and often ends up in trouble’;

• depressed or anxious (N = 22), such as ‘He locks himself in his room and won’t come out. I think he’s scared’; ‘She doesn’t seem to have any life or energy. She doesn’t care about anything or anybody including herself.’

Question: What has the social worker done to help?

Ninety-six carers answered this question. Their answers were grouped as follows:

• activities which support the carer, such as ‘taking them out for the day to give me some space’, ‘visiting them for a few hours so I can clear up’, ‘talking to him, helping him see sense’, ‘asking if he is out of bed over the telephone and encouraging him to get up earlier’ or ‘regular supporting discussions to ease the concerns of parenting’ (N = 36);

• contacting other agencies like the child’s school or obtaining therapeutic support (N = 27);

• talking to or supporting the child (N = 21); for example ‘talking and listening to him’;

• practical support (N = 12).

Carers living in the borough were over-represented in the group who valued the active support of the social worker (33 out of 36) and talking to/supporting the child (21 out of 21), which might reflect greater levels of contact by social workers to carers living in the borough.

Question: How has the social worker been unable to ease the young person’s problems?

Fifty-eight carers answered this question:

• Twenty-one viewed social services as failing to help with practical matters including funding the placement; for example, ‘the social worker hasn’t completed referrals as recommended in the Review’; ‘She hasn’t done the paper work needed for Statementing.’

• Seventeen reported that the social worker had little contact with the young person or carer.

• Six reported that the appropriate therapeutic support was not available.

Other concerns included that there was no
allocated social worker (N = 5), that there had been many different social workers (N = 4) or the social worker was not interested in the problem (N = 5).

**Question: Where else have you tried to get help?**

One hundred and sixty-two carers answered this question:

- Fifty-four sought help from education (class teachers, school nurses and SENCOs).
- Forty-six went to mental health professionals (sometimes on a private basis).
- Forty-four reported the problems to their GP.
- Eighteen went to non-statutory organisations such as Identity Awareness, Lambeth Mencap Young Carers or NSPCC.

**Question: What has been the most useful thing about the mental health services?**

Thirty-nine carers answered this question:

- Twenty-two reported some form of therapy.
- Six said that ‘recognising there is a problem’ was the most useful.
- Four said that collaboration with education was the most useful.
- Seven made more negative comments including ‘[the young person] refuses all forms of therapy’ or ‘Nothing yet. Still waiting to see a doctor at CAMHS.’

**Question: What has put you off going to mental health services?**

Forty carers answered this question. They reported that long waiting times and inefficient bureaucracy were problematic (N = 12); for example, ‘waiting a long time and having to keep ringing people to make things happen’. Other obstacles included appointments being disruptive to the young person’s school timetable (N = 5); help not always being available when the carer requested it (N = 5); the placement breaking down (N = 2); the young person not being registered with a GP (N = 2); the appointment times being inflexible (N = 2); off-putting venue (N = 2); no home visits (N = 2); wanting a different type of therapy or a different therapist (N = 3); the distance to travel being too far or costing too much (N = 3); and a breakdown of partnership between CAMHS and social services (N = 2), as in ‘They [CAMHS and social services] don’t talk to each other.’

**Conclusions**

All young people in care have access to their local Tier 3 CAMHS, just like those who are not in care. Young people living out of the borough might be expected to have greater difficulty accessing CAMHS because of lack of familiarity with the local services on the part of them, their carers and their social workers. Furthermore, CAMHS do not have nationally consistent referral criteria, nor nationally uniform service availability. Therefore a young person may, for instance, receive long-term psychotherapy in one locality and then move placement to somewhere that only provides treatment within a different paradigm (such as short-term cognitive-behavioural interventions).

Beck (forthcoming) found that young people in the care of Lambeth who move placement frequently were much more likely to be placed out of the borough than those in stable placements. They were also found to be at greater risk of developing a mental disorder than those more stably placed counterparts. Despite these findings, at the time of this study, in Lambeth a dedicated mental health service was only available to young people living in borough.

The views expressed by the young people and their carers are difficult to group. However, it is possible to identify some differences according to whether they lived within or outside the borough, and whether or not the young person was in a stable placement. Common themes also emerged.

**Young people’s views**

In general, carers were much more likely to view those in their care as having behavioural problems than the young people were themselves. Young people tended to see problems as located in their relationships with others or to blame
others for the problems they experienced. This might be a defensive position; it may be that these young people would be more willing to explore their behaviour if they trusted others not to blame them and perhaps even to help. It is noteworthy that a significant minority described feeling inadequate in some way, lacking confidence and blaming themselves for things which might reasonably be considered beyond their control, and/or disliking themselves.

By contrast with their carers, young people tended to report emotional problems. It may be that if carers were more aware of young people’s internal experiences they would be less inclined to view their problems solely in behavioural terms and recognise, for example, the angry and challenging young person in their care as also depressed and anxious. This may be a barrier to young people accessing mental health services.

Of course it might be expected that young people would not only depend on their carers to help them access mental health services, but also rely on support from their social worker. However, only a third of young respondents elected to answer the question about what their social worker had done to help them. It is true that many clearly valued contact with their social worker; they liked to talk to them and found the practical advice and referrals they made useful. At the same time, a number of young people raised concerns about having only limited contact with their social worker and, although the numbers were very small, all who reported little contact lived out of the borough.

It is understandable that young people might be reluctant to criticise their social workers in a written questionnaire returned to a social services building, even given our assurances of confidentiality. It is reasonable to suppose that these results do not provide a full picture of young people’s views. Young people are unlikely to have sufficient access to their social workers or to anyone whom they feel that they can trust. This is particularly worrying in view of their possible reluctance to talk to anyone about their problems.

Those young people who responded to the question exploring why their social worker might not know about their problems often reported feeling that talking would be a ‘waste of time’.

It was of particular concern that so few of those who had moved placement frequently chose to respond to the question aimed at exploring which agencies or individuals they had talked to about their problems. This begs the question as to whether this group is sufficiently supported to talk to others about their problems at all. They may not have access to anyone they can trust to talk to, which may be a huge barrier to their access to mental health services. Further studies are required to explore this area of concern.

On the positive side, young people who had talked about their problems had done so with a range of individuals and agencies, highlighting the importance of effective multi-agency working and good communications.

Young people’s views of mental health services offer a salutary message to mental health service providers in terms of public image and information. Many expressed concerns that mental health services are for ‘mad people’. Others clearly had not received adequate information about how to access mental health services (a strikingly large number of these young people lived out of the borough) and still others raised genuine practical barriers to using the mental health services, such as difficulty getting there (all of these young people lived out of borough), appointments being inconvenient and feeling the therapist did not understand their culture or language.

Relatively few young people were able to suggest what sort of services might help them with their problems and a number of those who responded to this question simply said that they wanted something different. There may be a need for ongoing dialogue to stimulate the generation of ideas and foster collaboration between young people, their carers and service providers. Current thinking would appear to be ‘stuck’ (perhaps on both sides), requiring the creative exploration of new possibilities.
Carers’ views
All of the carers who returned questionnaires reported that the young people in their care displayed some behavioural, emotional or social problems. It might reasonably be expected that carers may have been influenced to return questionnaires in order to highlight these difficulties. However, they were expressly told that confidentiality would not be breached. These findings suggest that carers may have had high levels of unmet need for support in managing difficult situations and caring for troubled young people. When asked about the help they had received from the social worker, those living in the borough were over-represented among the group receiving support in the form of social worker contact.

Some carers clearly valued support from social workers but others specifically highlighted problems associated with social workers’ inability to ease their burden, citing reasons that included failure to help with practical matters, insufficient contact, no allocated social worker, high turnover of social workers and social worker lack of interest.

On the positive side, carers described having sought help from a variety of agencies and individuals (such as education and mental health professionals, GPs) including a range of creative initiatives in the non-statutory sector. Less than a quarter of respondents volunteered information about what they had found useful about mental health services. However, of these, about half valued the therapy on offer. Others valued the recognition of the problem and collaboration with other agencies.

Important information is also available to mental health services from the carers in this study who, like the young people, reported a range of barriers to accessing mental health services. These included long waiting times, difficulties obtaining suitable appointments, support not being available when needed, off-putting venue and a lack of home visits.

Study limitations
The aim of this study was to generate ideas for further study and to form part of a continuing dialogue with stakeholders in mapping the development of a model of mental health service delivery. The results cannot be regarded as definitive as they are based on responses to written questions and anecdotal information. Respondents were not forced to answer all questions and were free to express themselves as they wished. They would have been paid for simply returning empty questionnaires or for writing to simply withdraw consent. No information was gathered about why informants chose to respond to certain questions and not others. In particular, it must be emphasised that the young people and carers whose views were described were not a representative sample of the overall population of looked after children in Lambeth.

The pilot study sought to establish questions that were easy to answer, with good face validity and likely to yield useful information. However, as with all experimental designs, the framing of the questions and the very nature of analysing the results of a postal survey are likely to have introduced considerable subjectivity. Further research is indicated, possibly utilising a different design, to capture the views of young people and their carers from non-white ethnic backgrounds and living outside of foster care, for example, those in residential units or independent living arrangements.

Implications for practice
The research was funded as part of a joint initiative between CAMHS and social services and has implications for the way both agencies address the mental health needs of looked after children. Both the young people and their carers who responded to this survey clearly expressed a desire for increased contact with social workers. This may be particularly important for young people at risk of isolation – that is, those who are living out of the borough and in unstable placements. These young people did not report having anyone to turn to or to talk to about their problems. Furthermore, in view of the transient nature of many of their relationships with their foster carers, it may be important for social workers to position themselves more centrally in these young people’s lives.
Providers of mental health services will probably be familiar with some of the practical barriers to accessing mental health services described by young people and their carers: prolonged waiting times, inefficient bureaucracy, travel difficulties (distance and costs), inflexible and inconvenient appointments, limited types of therapy available, unattractive venues, lack of knowledge about how to access the possible provision and feeling the therapist did not understand their culture or language. These are profound challenges that have major cost implications.

A step-wise approach to achieving service excellence, a relatively low-cost initial measure which follows from the views gathered in this study, might be to develop a service aimed at engaging young people and their carers with mental health care by simply supplying them with information. Providing leaflets and telephone support from mental health professionals might enable young people, their carers and social workers to clarify the nature of the problems and identify and access appropriate treatment resources. A service such as this would need to be prepared to screen for mental health difficulties, provide details of mental health services nationally, negotiate with service providers to ensure successful transition to an appropriate resource and address funding problems.

A second and costly development might take the form of a dedicated mental health service for looked after children, particularly those at risk of isolation (in the case of Lambeth this would include young people living out of borough and moving placement frequently). A dedicated mental health team might simply aim to engage those young people and their carers, for whom information alone was not sufficient, with their local CAMHS. Such a service could explore beliefs like ‘only mad people need mental health services’ and use other evidence-based techniques (eg motivational interviewing) to help break down barriers to mental health services. The costs of such a service in the short term are likely to be outweighed by long-term savings.

Some young people reported wanting to talk to people who had had similar experiences to themselves. This raises the possibility of actively recruiting and training mental health professionals who have had experience of LA care. A scheme piloted at south-west London and St George’s NHS Mental Health Trust to actively recruit staff with mental health problems has been widely acclaimed and might encourage sceptical service providers.

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