A bit more understanding: Young adults' views of mental health services in care in Ireland ☆,☆☆

Mimi Tatlow-Golden [a],[*], Rosaleen McElvaney [b]

[a] School of Psychology, University College, Dublin, Ireland
[b] School of Nursing and Human Sciences, Dublin City University, Dublin 1, Ireland

ABSTRACT

Children and young people in the care system typically experience very high levels of mental health difficulties, yet their views of these difficulties and of mental health services have rarely been explored. For this qualitative study we spoke with eight young adults aged 18 to 27 years with experience of the care system in Ireland about mental health challenges, service experiences, and how they felt mental health services needed to improve. Themes from the interviews illuminated young adults' views of their emotional well-being while in care, and the double stigma of being in care and mental health difficulties. In terms of services, young adults wanted these to be flexible and sensitive to level of need; to offer choice and more congenial environments; to provide more creative routes to engaging young people; and to offer honest, reciprocal, caring communication — treating children in care as one would any child. Recommendations highlight three key needs: an ethic of care in services as well as an ethic of justice; mental health training for all professionals in contact with children in care; and the need to listen, hear and act on what children and young people say.

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1. Introduction

Young people in care belong to the most vulnerable populations in society (Tarren-Sweeney, 2008). Prevalence studies consistently report that about 70–80% of children and young people in care have behavioural difficulties, substance abuse and mental health challenges (Chitsabesan et al., 2006; Ford, Vostanis, Meltzer, & Goodman, 2007; McNicholas et al., 2011), often with multiple co-morbidities (Tarren-Sweeney, 2008). These high rates may indeed be underestimates, as children in care often experience attachment- and trauma-related difficulties not identified by standard psychiatric diagnostic systems (DeJong, 2010; Tarren-Sweeney, 2008).

The challenge of adequately supporting traumatised young people is underlined by the fact that in Ireland between 2000 and 2010, the deaths occurred of 196 children and young people in care or known to child protection services. A review by the Independent Child Death Review Group (Shannon & Gibbons, 2012) concluded that mental health service failures had been partly responsible, and that inexperienced social workers were often working unsupported by mental health

services for the most serious cases. Pressures on services are further exacerbated by reduced spending on public services in Ireland and by consistently rising numbers of children entering state care: Ireland's Health Service Executive reports that from 2006 to 2012 numbers rose 21%, from 5247 to 6332 (HSE, 2012).

Children's complex mental health difficulties are attributed to multiple factors, including pre-natal maternal substance use; early neglect and/or trauma resulting from parental mental illness, alcohol and drug use, and from disadvantaged and disorganised backgrounds including domestic violence and abuse; and trauma involving the primary caregiving relationship leading to disturbed attachments (DeJong, 2010; Golding, 2010; McAuley & Davis, 2009). Experiences in the care system, such as placement instability, exacerbate mental health challenges (Golding, 2010). Addressing the needs of these exceptionally vulnerable young people is particularly challenging. However the imperative to do so is expressed in Ireland's National Children's Strategy (NCS; Department of Health & Children, 2000), one of whose goals states that children will receive quality supports and services, to promote all aspects of their development.

The two other goals of the NCS are that children's lives will be better understood and that they will have a voice in matters that affect them in accordance with their age and maturity. In line with such goals, a number of studies have explored views and experiences of young people in care. For example, McEvoy and Smith (2011) consulted with 211 children and young people with experience of the care and youth justice systems in Ireland. Participants spoke about their complex

relationships with families of origin; difficulties caused by multiple placements; the need for foster carers to be assessed and trained; and the value of a single person who could support them through their time in care.

However, few studies have considered perspectives on mental health of young people with experience of care (see Holland, 2009; Winter, 2010). Davies and Wright (2008), reviewing studies of children's views of mental health services, found that few encompassed the views of children in care; only two (total 20 children) met their criteria for inclusion in the review. These studies concluded that children in care were ambivalent about professional intervention and about talking, but that they valued other forms of communication such as drawing or play. In the UK, one study noted that young people generally had a poor understanding of mental health and they relied on drugs, alcohol, anger and talking to cope with problems (Mullan, McAlister, Rollock, & Fitzsimons, 2007). Another UK study explored mental health with young people in care, identifying key themes as mixed experiences in relationships with mothers and carers; stigma of the care system; having choice about receiving professional help; and involving care leavers in services (Stanley, 2007).

1.1. Aim

This study was conducted within a larger project that explored multiple stakeholder perspectives of policy and services for the mental health of children with experience of the care and youth justice systems in Ireland (McElvaney, Tatlow-Golden, Webb, Lawlor, & Merriman, 2013). This portion of the study aimed to identify young adults' understanding of mental health; their views of their mental health; their experiences of mental health supports while in care; and their recommendations for improving services.

2. Method

2.1. Ethics

Ethical approval for the study was granted after full review by the University College Dublin Human Research Ethics Committee. Young adults' preferences and the voluntary nature of their participation were reviewed at several points through the study.

2.2. Design, participants and method

As part of the design process, two young adults with former experiences of care were consulted on the interview questions and on practical matters such as meeting locations. To contact potential participants, professionals in two agencies supplying after-care supports, Empowering People In Care (EPIC) and Focus Ireland, who served on an advisory committee to the study, acted as gatekeepers, as researchers face considerable difficulties in accessing such populations. The gatekeepers directly approached young adults within their respective agencies, giving them written information about the study. They only approached individuals known to them, who they felt would cope with an interview on their mental health, and whose best interests would not be undermined by participation. Although introducing the potential for sampling bias, this was considered necessary due to the sensitive nature of the research topic and to minimise the chance of adverse consequences arising from participating in the study for this vulnerable population. To the best of our knowledge, all the young adults approached agreed to participate in the study.

Participation was voluntary, and potential participants were given at least a week to consider taking part. The on-going nature of consent and right to withdraw at any time were emphasised. We offered participants the choice of focus groups or individual interviews. All chose interviews, and these were held on services' premises at times chosen by each participant. Care staff were on site to provide follow-up support

if necessary. Interviews took approximately 70–90 min each. A €10 phone credit or store voucher was given to each participant after the interview, as a surprise token of appreciation for their contribution. Eight young adults (seven women and one man) participated in the study, seven aged 18 to 24 years and one aged 27 years.

Interviews were conducted by both authors, both of whom are qualitative researchers. The first author is a research psychologist specialising in working with vulnerable populations such as children, young people, and people with mental health difficulties or disabilities. The second author is a clinical psychologist and psychotherapist with several years' experience working in the public health service in addition to experience of training social care workers in an academic setting. Semi-structured interviews used open-ended questions and probes to explore (i) difficulties participants experienced in care and how they coped; (ii) what supports were available, including mental health services, and what helped and what didn't; and (iv) what services need to do to help young people in care who are facing mental health challenges.

2.3. Analysis

The approach to data collection and analysis was informed by principles of Consensual Qualitative Research (CQR: Hill, Knox, Thompson, Williams and Hess, 2005). CQR employs "consensus among judges to construct findings and the use of words rather than numbers to reflect meaning in the data" (Hill et al., p. 197) and integrates a rigorous approach with features of exploratory, discovery-oriented qualitative methods, drawing primarily on phenomenology, grounded theory, and comprehensive process analysis. Essential components of CQR are using open-ended semi-structured questions in interviews, to collect consistent data across individuals yet detail the individual nature of experience; recognition of researchers' positions and potential for bias; having multiple judges for data analysis to foster multiple perspectives; and employing a consensus approach to judging the meaning of data.

The first author carried out initial thematic data analysis, establishing codes of meaning; combining these into themes; exploring recurring themes, commonalities and differences in the data set; and creating broader domains where themes were conceptually related (Braun & Clarke, 2006). During the analysis, the second author reviewed codes, themes, domains, and associated examples, and as part of the 'on-going reflexive dialogue' recommended by Braun and Clarke (2006), differences were resolved by regular discussion (Hill et al., 2005), to arrive at consensual judgments about how themes and domains reflected the meaning of the data. Both researchers are psychologists, but our differing professional backgrounds brought varying perspectives to the interpretation of the data, and discussions formed part of a triangulation process to support the validity and credibility of the analysis (Hill et al., 2005; Yardley, 2008).

2.4. Experiences in care

To contextualise young adults' experiences and their views about mental health and services, we briefly summarise their backgrounds and mental health-related experiences here. In order to avoid identifying participants we have pooled the nature of their care and mental health experiences, and have assigned a number to each participant in the sections that follow.

The eight participants entered care aged between 1 and 15 years, having experienced some or all of the following: neglect; sexual abuse; parental mental illness; parental alcohol or drug problems. Some had family support workers in the home, or were in extended family care. Each experienced between 2 and 23 care settings (relative foster care, foster care, residential and secure units). All participants described traumatic experiences before entering care; several spoke of further traumatic experiences in care. Almost all had received mental