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A traumatised and traumatising system: Professionals' experiences in meeting the mental health needs of young people in the care and youth justice systems in Ireland☆

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ABSTRACT

It is well recognised that children and young people in the care and youth justice systems typically present with significant and diverse mental health needs. Much has been written about this challenging area of professional practice but the focus has been primarily on the young people themselves rather than professionals' experiences of working in this challenging context. In this study, focus groups and individual interviews were conducted with 26 professionals working in the care and youth justice services in Ireland, representing a range of disciplines, to capture professionals' perspectives of working in this field. A thematic analysis was conducted on the transcribed data. Professionals described frustration and helplessness in the face of what they perceived as inadequate system responses and poor interagency working. Their experiences are conceptualised here as reflecting a traumatised and traumatising system. The implications for practice emphasise the need for staff support through training, collaboration between agencies, and addressing vicarious traumatisation.

1. Introduction

Children in state care[1] consistently show significant rates of mental health difficulties including social, family, and educational problems, aggression, substance misuse and self-harm, complex difficulties that require highly specialised treatment (Tarren-Sweeney, 2008). This finding is similar across western jurisdictions, for example in the US (Armsden, Pecora, Payne, & Szatkiewicz, 2000; Teplin, Abran, McClelland, Dulcan, & Mericle, 2002); the UK (Ford, Vostanis, Meltzer, & Goodman, 2007; Minnis, Everett, Pelosi, Dunn, & Knapp, 2006); and Australia (Tarren-Sweeney & Hazell, 2006). Similarly, young people involved in the youth justice system present with significant psychological difficulties. In the youth justice system, a US multi-state study found that 70% young people warranted at least one mental health diagnosis and over 60% met the criteria for three or more diagnoses (Shufelt & Cocozza, 2006); and in Ireland, 83% of young people in detention centres met criteria for diagnosis of at least one mental health problem, compared to a group attending community-based adolescent mental health services at 60% (Hayes & O'Reilly, 2007). Across jurisdictions, such needs often co-exist with substance abuse problems, learning difficulties and other vulnerabilities, which exacerbate offending behavior (Chitsabesan et al., 2006; Hagell, 2002).

There is also a considerable overlap between young people in the care system, the youth justice system, and the child and adolescent mental health system (see Tarren-Sweeney, 2008 for a review). Children in care in the UK account for 41% of those in young offending institutions (Green, 2005). In the US, children in foster care make greater use of mental health services than those in the general population (Burns et al., 2004), and in Ireland, approximately one in three children attending Child and Adolescent Mental Health Services (CAMHS) have a history of contact with social services (HSE, 2012a). Indeed, DeJong (2010) points out that the range of difficulties experienced by children in the care or youth justice system is often under-recognised, as they often experience a combination of multiple 'lower level' difficulties that are below clinical thresholds yet reflect greater impairment than others who do reach the threshold on a single psychiatric diagnostic category.

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[1] In Ireland, the term 'state care' is used to refer to children who are in 'out of home' care. In the UK the term used is 'looked after' children. While the terminology varies, the contexts are similar insofar as the form of care involves small residential units, foster care placements or kinship placements.

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These considerable mental health needs among children in the care and youth justice systems clearly present a challenge to professionals working in these sectors. Some UK research has explored how professionals experience these challenges. Professionals in the care sector described a sense of powerlessness, attributed to heavy workloads, poor pay and poor supervision leading to problems with staff turnover (Colton & Roberts, 2007). Difficulties with interagency work have also been noted: the UK Department for Education and Skills (2007) noted professionals' confusion regarding understanding of roles, responsibilities and use of language in communicating with other disciplines; this may lead to poor communication and misunderstandings and impacts on interagency collaboration. CAMHS professionals have also described feeling inadequately trained in dealing with education services despite frequent contact with children with educational difficulties (Vostanis et al., 2011).

UK social workers have been reported to feel frustration towards young people in their care (Shaw, 2012). Shaw suggests this is linked to a lack of control and poor understanding of young people and their needs, noting that casework emphasizes interventions aimed at individual 'deficits' and that regular changeovers of social workers militates against relationship-building with young people. Finally, Shaw notes discrepant attitudes between professionals from social work, residential care and the courts about involving police in residential care setting incidents. In UK youth justice, Drake, Fergusson, and Briggs (2014) argue for focused research to 're-think' youth justice work and ways to create a central focus on the young person-practitioner relationship.

1.1. The care and youth justice services context in Ireland

In Ireland, small proportions of children in state care are supported in small to medium sized residential units (5%), high support units (0.3%), and special care (0.4%), but the predominant mode of care is foster care (93%). As in other jurisdictions, the number of children in care has increased steadily in recent years, with a 20.7% rise from 5247 in 2006 to 6332 in 2012 (Brierley, 2012; Health Service Executive [HSE], 2012a). The past five years have seen considerable change in service structure and governance in Ireland. Formerly, the care system was governed by the Department of Health while provision for those engaged the youth justice spanned various Departments – Justice, Education and Health in particular. However, many services have recently been streamlined since the establishment of the Department of Children and Youth Affairs (DCYA).

All children who come into contact with the Gardai (the Irish police force) are referred automatically to the Garda Youth Diversion Programme (GYDP), which is governed by The Irish Youth Justice Service (IYJS), under the remit of the DCYA. In 2011, 12,809 children were referred to the GYDP in relation to 27,384 incidents (Garda Office for Children and Youth Affairs, 2011). Children remanded or committed on criminal charges were held in one of three detention centres; these are currently due to be amalgamated into one national detention centre.

Mental health support for children and young people in the care and youth justice systems in Ireland is provided by several disciplines across multiple agencies. Social work teams provide ongoing support, as do child care leaders, often working within local social work teams. Family support workers provide support and therapeutic services to young people and families, either through statutory family support services or through family support agencies funded by the national health service. Psychological support and therapy is provided by primary care or community psychology services. Of children attending CAMHS in Ireland, one in five was also in contact with social services in November 2011–2012 (HSE, 2012b). In the youth justice system, however, psychological support for young people tends to be provided internally, with no formal links to CAMHS.

Recent national enquiries following the deaths of young people in care in Ireland (HSE, 2010a, 2010b; National Review Panel, 2011, 2012) noted the paradox that CAMHS (including child and adolescent psychiatrists) tended to be involved with children with less severe difficulties, whereas social workers in community child protection services were working with those with more severe difficulties (Shannon & Gibbons, 2012). This is despite the fact that many social workers have no mental health training: McNicholas and Bandyopadhyay (2013) found that, of 92 social workers, 42% reported no prior mental health training during their higher education qualifications in social work and related disciplines.

Irish social workers have caseloads of an average of 23–33 children per whole-time equivalent: this is high compared with maximums of 15 in Australia and 12 in the UK but comparable with the US where caseloads average at 24–31 (Burns & McCarthy, 2012). Burns and McCarthy note that an overemphasis on crisis intervention means many children are neglected – and in turn only receive attention when they reach a crisis. This work practice results in a further stress, a "stress of conscience" (p. 32) for the social worker, affecting their efficacy.

Given increased numbers of children in state-provided care, and the high proportions of young people from the care and youth justice sectors with significant mental health needs, professionals' responses to these needs are in need of urgent attention. Where this issue has been explored, most of the literature refers to the challenges experienced by social workers and care workers; despite frequent emphasis on interagency and interdisciplinary collaboration, there has been little focus on experiences of professionals from the full range of disciplines working in these sectors. Very little research has explored professionals' experiences of working with this group of young people; and existing research typically explores professionals' views of the needs of young people being cared for, rather than experiences of the professionals themselves. In striving to find ways to improve practice, it is important to listen to the voices of all those working with these vulnerable young people; to obtain a better understanding of the challenges that professionals experience; and to identify opportunities for developing best practice.

1.2. Aims and objectives

The aim of this study was to explore professionals' experiences of working with young people in the care and youth justice context in Ireland, focusing on the issue of mental health need. We were interested in exploring how professionals from a range of disciplines experienced this work, its challenges and what recommendations they would make for improvement. Given the similar extent and nature of mental health difficulties in young people in care and youth justice systems internationally, these findings have the potential to contribute to the knowledge base in different settings.

2. Methodology

Consultations with professionals were undertaken as part of a larger study examining mental health needs of young people in the care and youth justice systems in Ireland (authors, published report, 2013; peer-reviewed article, 2015). Ethical approval was obtained from [university to be inserted after peer review].

Purposive, snowball sampling recruited a range of professionals with experience in this field. Contact was made through professional bodies and service providers, facilitated by a coalition of interdisciplinary professionals concerned with children's mental health (The Children's Mental Health Coalition). In addition, direct approaches were made to individuals involved in advocating for young people. In total, 26 professionals from 14 disciplines participated, representing the disciplines of psychiatry (2), psychology (2), social work (3), social care (4), occupational therapy (1), speech and language therapy (2), education (2), police (2), detention/probation (4) law (1) and other services (3) they worked in a variety of contexts encompassing child protection, child and adolescent mental health, Garda (police) diversion services, residential services, after-care transition services, addiction services, probation/detention/prison services, schools, education support, and community child and family services, in both rural and urban settings. Four individuals who were not available to participate in focus groups