

EVIDENCE SUMMARY

A review of the research on the practices, systems, and interventions that support improved mental health outcomes for children and young people in out-of-home care

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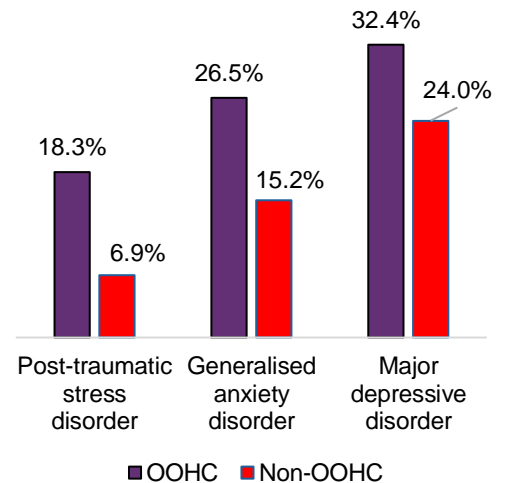
THE ISSUE

- Most children and young people in out-of-home care (OOHC) experience significant mental health issues.
- Mental health needs often go unmet or undetected.
- Standard mental health treatments and services are typically ineffective at responding to complex needs.
- Left unaddressed, mental health issues contribute to ongoing cycles of disadvantage and reduce quality of life.

Why does the issue exist?

- Pre-care maltreatment experiences and attachment disruptions are major causes of mental health issues during and after OOHC.
- Outcomes are also influenced by placement and relationship instability, endemic to the OOHC system.
- Very few mental health interventions/practices are targeted at children in OOHC therefore the evidence on 'what works' for this group is extremely limited.
- OOHC care teams and mental health practitioners often feel overwhelmed or confused by how to support improved outcomes.

Prevalence of mental health issues.
Australian Child Maltreatment Study
(N = 8503)



MENTAL HEALTH NEEDS

Every child/young person in OOHC needs their mental health addressed **proactively** and **assertively**.

Children/young people in OOHC must simultaneously experience **everyday therapeutic care** AND **highly specialised mental health treatment** (determined by a comprehensive assessment) to improve their mental health.

Both are essential and neither will improve outcomes in isolation! The question then is, what do these both look like?

Everyday therapeutic care



- ✓ Trauma and attachment sensitive
- ✓ Emphasis on developing stable relationships
- ✓ Therapeutically driven

Specialised treatment



- ✓ Highly specialised to individual needs
- ✓ Evidence-based within OOHC context
- ✓ Proactively planned
- ✓ Derived from a comprehensive assessment

✓ Improved mental health



for children and young people in OOHC

FOUNDATIONS OF EVERYDAY THERAPEUTIC CARE THAT IMPROVE MENTAL HEALTH OUTCOMES

Understanding. Underpinned by attachment theory, an understanding of child neurodevelopment and is trauma-informed.

Consistency. In every element of the therapeutic care, consistency is prioritised.

Culture. Connection to culture is continually supported using strategies appropriate to the child and their culture.

Literacy. Build a level of mental health literacy within the OOHC care team so that everyone has the skills to accurately identify emerging or presenting mental health issues without over pathologizing developmentally appropriate behaviours.

Knowledge. Children and young people can make meaning out of their experience through continual mental health education in developmentally appropriate ways by a knowledgeable OOHC care team.

Information. Children and young people are appropriately informed about all mental health care options so that they can meaningfully contribute to treatment planning and are invited into all decision-making processes.

Relationships. Children and young people are supported and encouraged to build strong and lasting relationships with people outside of the professional OOHC care team.

Involvement. The OOHC care team (particularly caregivers) understand and actively participate in the therapeutic treatment.

DID YOU KNOW...

When approached therapeutically, the **foundation for healing** lies in the **everyday interactions and connections** with attuned others that occur in the space between formal therapy sessions.

ENHANCING HEALTH ASSESSMENTS TO IMPROVE MENTAL HEALTH OUTCOMES

Tailoring to the OOHC group	Planning proactive treatment	Involving the whole care team	Conceptualising health and wellbeing broadly
The process, environment and clinicians are trauma-informed and tailored to each child/young person.	Plans are developed proactively within 30 days of entry to OOHC regardless of presenting issues.	The child/young person, caregiver, biological family, case work team and schools are engaged to provide holistic information about the child or young person.	Standardised measures are used to assess (1) clinically significant symptoms and (2) age & stage appropriate functioning .
Mental health practitioners understand the impact that childhood maltreatment has on behaviour and development .	Trauma, attachment and developmental theories , research and practice expertise underpin the development of all plans.	The OOHC care team is actively involved during the assessment process so that everyone has a joint understanding of the child or young person's functioning and needs.	Cultural safety and wellbeing are embedded elements for all children and young people but especially for Aboriginal and Torres Strait Islander people.
Mental health practitioners understand the nuances of the OOHC system including delegated responsibilities and admin processes.	Referrals to evidence-based programs that specialise in supporting children/young people in OOHC are a core component of the plan.	A multi-disciplinary team of professionals with specialised skills conduct elements of the assessment within a single 'hub' .	All protective and risk factors relevant for the child/young person are identified applying an ecological view of mental health and wellbeing.
Each child and young person's individual needs are captured in an assessment and treatment plan uniquely tailored to them.	The multi-disciplinary health and OOHC care teams collaborate to monitor treatment plans and adjust as needed.	DID YOU KNOW... The ' National Clinical Assessment Framework (2011) ' outlines an evidence-based, practical approach to improving the health of children and young people in OOHC in Australia. Currently no state or territory has embedded all the framework recommendations into policy and practice.	

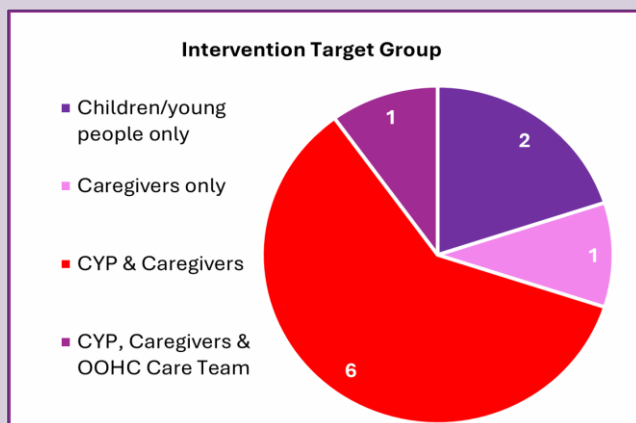
WHAT WE KNOW ABOUT SPECIALISED TREATMENTS

Our search criteria:

1. Aim to improve mental health outcomes for children and young people in OOHC
2. Have a research base within the OOHC context
3. Are currently operational in Australia.

10 treatment interventions met our criteria:

- **7 interventions** involve a stand-alone, time-limited therapy such as Trauma-Focused CBT, Theraplay and Parent-Child Interaction Therapy.
- **1 intervention** is a specialised foster care model: Family Functional Therapy – Child Welfare (FFT-CW).
- **2 interventions** included a wrap-around service in collaboration with Health departments.



All these treatment interventions have been evaluated (to varying degrees) on their ability to support positive mental health outcomes for children/young people in OOHC. See full list in our supplementary material on our study webpage.

www.acu.edu.au/icps/oohc-mentalhealth

AUSTRALIAN 'WRAP-AROUND' SPECIALISED TREATMENTS

The 'medical hub' or 'wrap-around' intervention type is an emerging, innovative idea for improving health outcomes for various cohorts.

Hubs are widely used by Aboriginal Community Controlled Health Organisations and the introduction of medical hubs is a recommendation within the National Clinical Assessment Framework.

The 'hub' model enables a huge range of services to be carefully coordinated by one team at one location reducing structural and individual barriers.

Hubs also allow a multi-disciplinary team to build a comprehensive, holistic picture of the young person and their needs and provide a range of effective treatments by specialised teams.

[KARI Clinic](#) and [Evolve Therapeutic Services](#) are two examples of 'hubs' leading the way in mental health intervention for children and young people in OOHC.

A brief overview of these two intervention treatment models is provided in the diagram below.

Disclaimer: It is likely that other models do exist but are not listed here - this evidence summary aims to be representative of the interventions currently available to children/young people in OOHC recognising that it may not be wholly exhaustive.

KEY TO ROLES WITHIN THIS EVIDENCE SUMMARY

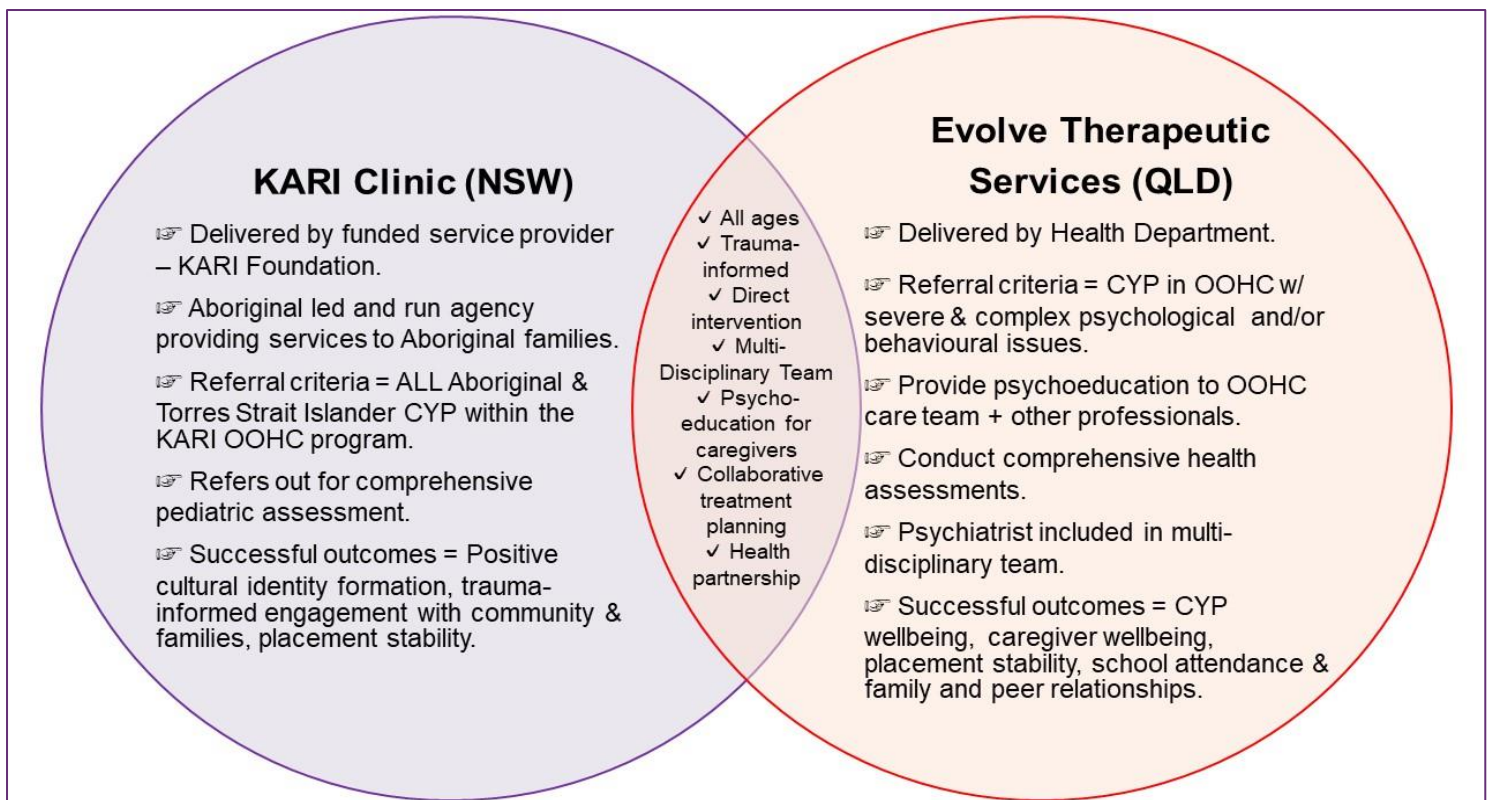
OOHC Care Team (responsible for everyday care): Child protection & NGO Case Worker, Team leader, Therapeutic specialist etc.

Caregiver (part of the OOHC Care Team): Foster Carer, Kinship Carer, Residential Care Worker

Mental Health Practitioner: Public or private health clinicians, child health nurses, Psychologist, Psychiatrists NOT employed

DID YOU KNOW...







Most mental health services accessed by children/young people in OOHC have not been empirically tested with this group. More research is needed so that everyone can be confident that referrals and treatments are appropriate and effective.



BARRIERS AND ENABLERS OF MENTAL HEALTH IMPROVEMENT FOR CHILDREN/YOUNG PEOPLE IN OOHC

Below is a summary of the key enablers and barriers to improving children and young people’s mental health that operate within both the OOHC and Mental Health sectors.

For a more comprehensive list of the barriers and enablers visit our study webpage to find [supplementary material](#).

	Barriers to mental health improvement	Enablers to mental health improvement
	Lack of knowledge of mental health presentations, symptoms, and appropriate treatments.	Mental health literacy training for the OOHC care team including the child/young person.
	Lack of consistency in staff, caregivers, treatments, and approaches.	Meaningful therapeutic care provided every day that focuses on ensuring consistency .
	Evidence-based treatment models designed only for the general youth population that are not culturally adaptable.	Evidence-based programs: <ul style="list-style-type: none"> designed, tested, and evaluated with children and young people in OOHC culturally safe and responsive adjustments to service delivery appropriate for children and young people in OOHC.
	Overly administrative systems and processes that obstruct timely and meaningful collaboration and information sharing.	Child-centred service delivery: <ul style="list-style-type: none"> build trusting relationships over time comprehensive assessments for all joint decision making priority access to appropriate interventions.
	Young people’s lack of trust and perceptions of disempowerment in mental health care.	The time and skill to build a therapeutic alliance slowly and consistently by being upfront about treatment and child led .
	Fragmented, paternalistic and non-inclusive decision-making .	Collaborative information sharing and treatment planning where everyone is appropriately informed and invited into decision-making processes.

View the supplementary material hosted on our study webpage if you would like to find any of the references used to develop this evidence summary. www.acu.edu.au/icps/oohc-mentalhealth