Mental Health care models for children in the child protection system

Experiences from Norway

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Child Protection in Norway, Values and Practice

- Family preserving focus: Voluntary home based interventions aiming at improving and supporting parental functioning (Gilbert, Parton & Skivenes 2011)
- Reflects an optimistic view on change of parental practices through homebased interventions
- When a child is placed out of home, the families have received voluntary intervention for a mean time of 3 years (Christiansen & Andersen 2010)
- Possible side-effect: prolonged exposure for detrimental care conditions?

Foto: Corbis

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Out of home placements in Norway

- Generally **higher age at first placement** than eg. the US
- 9 of of 10 children placed out of home, moves to **foster families**
- At the end of 2015, over **11.500 children** lived in foster families
- Half of the foster children were **12 years or younger**
- **Adoption is rare**, even long term placements remain a foster relation

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Poso, et al 2013, *SSB, 2015; Backe-Hansen et al, 2013*

Norwegian Knowledgebase -Two Prevalence studies

Children in foster care (Lehmann et al 2013, 2014, 2015)

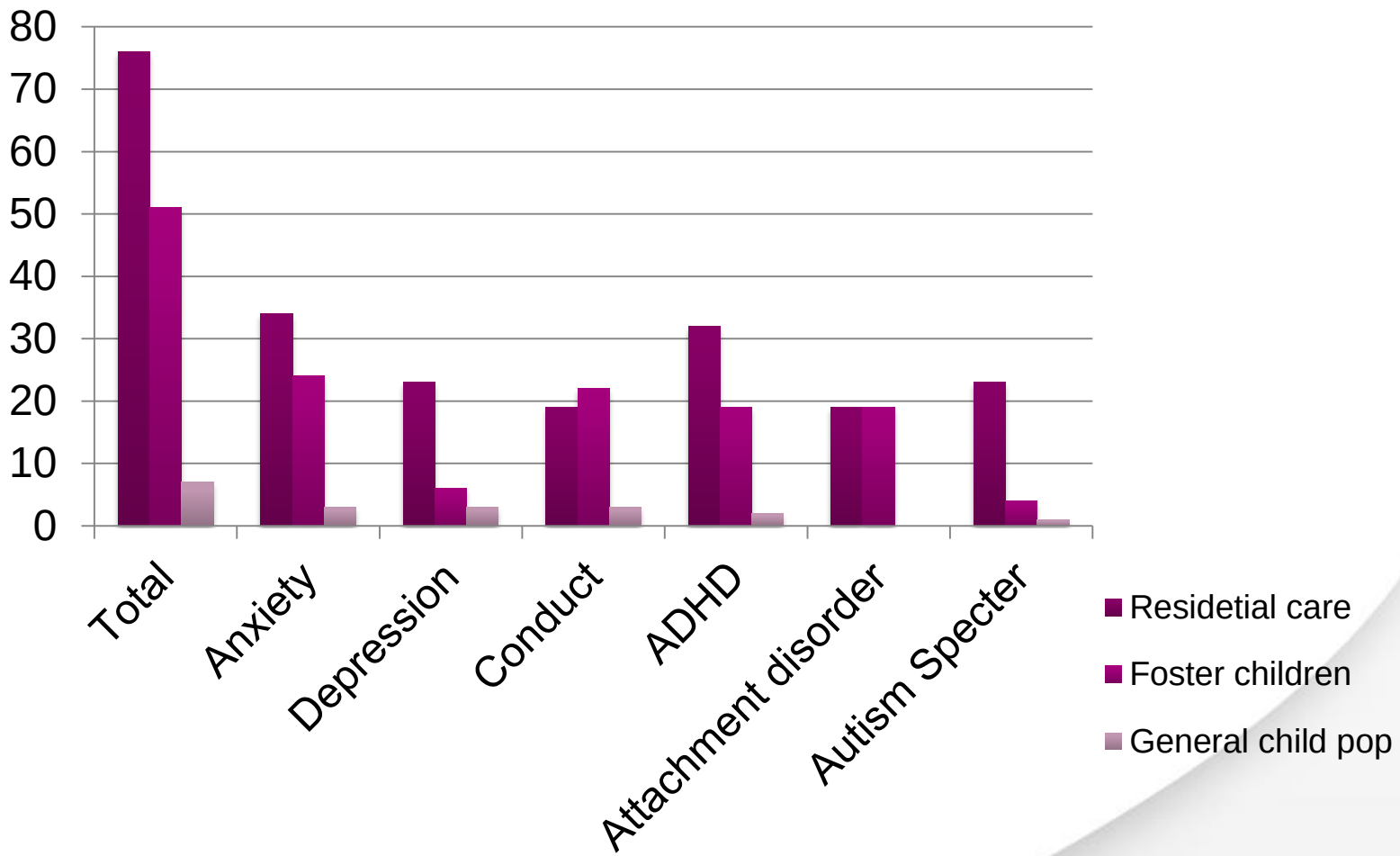
- N = 279
- 6-12 years
- Mean 4 years at first placement
- Developmental and wellbeing assessment (DAWBA)

Young people in residential care (Kayed et al 2015)

- N = 323
- 12-20 years
- Mean 12 years at first placement.
- Child and adolescent psychiatric interview (CAPA)

Picture: ARAM

Mental Disorders in Youth Placed Out of Home



Kayed et al. (2015). *Resultater fra forskningsprosjektet Psykisk helse hos barn og unge i barneverninstitusjoner*.

Lehmann et al. (2013). Mental disorders in foster children: a study of prevalence, comorbidity and risk factors. *Child and Adolescent Psychiatry and Mental Health, 7*(39).

Heiervang et al. (2007). Psychiatric Disorders in Norwegian 8- to 10-Year-Olds: An Epidemiological Survey of Prevalence, Risk Factors, and Service Use. *Journal of the American Academy of Child & and Adolescent Psychiatry, 46*(4), 438-447.

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Access to, and Use of Mental Health Services

- No national data available
- Youth in residential care
  - Receiving CAMHS last 3 months: 38% (Kayed et al 2015)

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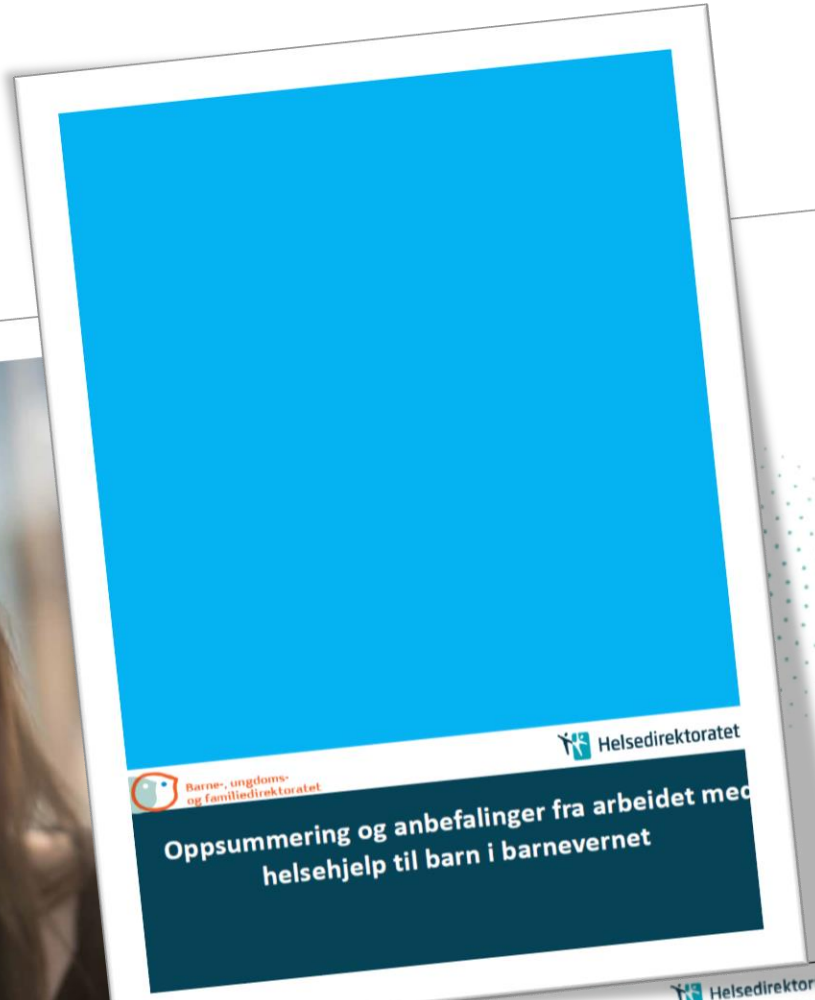

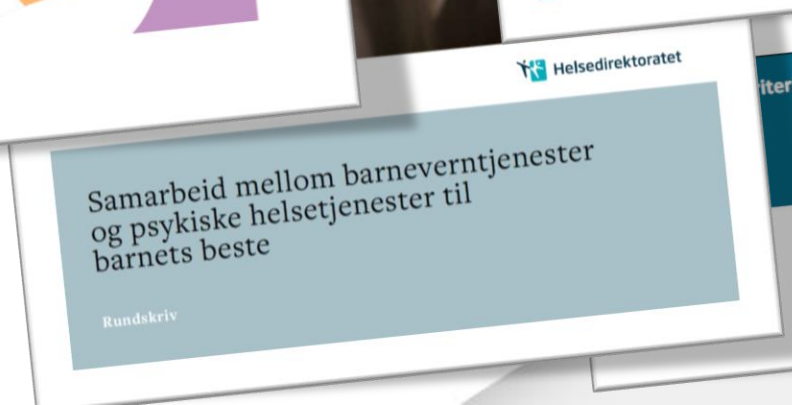

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Priority instructions for CAMHS (2009, rev 2015)

«A vulnerable family situation, influencing the patients mental health negatively, will ***strengthen the main criteria for graveness****»*

*«****The specialized mental health services should be especially attentive towards vulnerable groups*** *in high risk of mental disorders…. Children with* ***mental health problems due to circumstances in the child's primary context*** *may be in great need of, and profit from, health care from the specialized mental health services»*

Directorate for Health 2015

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Cooperation CPS and CAMHS in the best interest of the child (2015)

Directorate for Health & Directorate for Children, Youth, and Family Affairs

«*A **thorough referral** in cooperation with parents, child welfare and the young person herself ……It is important that **other relevant assessments are conducted in advance**, and that relevant **interventions at primary care level** have been tried out*»

«*The referral should **comprise a description** of the child's condition and circumstances, development, family and network, previous interventions, and the **referrers evaluation** of the service needed*»

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Actions taken to improve access to mental health services (2013-2016)

Summary and recommendations from the work on health service provision to children in the child protection system

Cooperation between The Directorate for Children Youth and Family Affairs, and the Directorate for Health

By mandate of the Ministry of Children and Equality, and Ministry of Health and Care Services

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Main recomendations

- Early identification and assessment of healthcare needs
- General practitioners in residential care
- Defining recourses in CAMHS responsible for youth in residential care
- Commitment to partnership- agreement between CPS and CAMHS on all levels
- Clarify juridical issues and assess the need for legislative amendments

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Official Norwegian Report on New Child Welfare Act

- Address the need for better cooperation between CWS and CAMHS
- Suggests changes in legislation to clarify responsibilities and enhance cooperation
  - Impose on the Regional Health authorities a responsibility to designate institutions for care and treatment
  - Trans-sectorial placements –treatment within residential care
  - Legally stated demands on the content of partnership-agreements between CPS and CAMHS

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Ongoing reseach 2016-2020: Children At Risk Evaluation (CARE) Models

Founded by the Norwegian Research Council

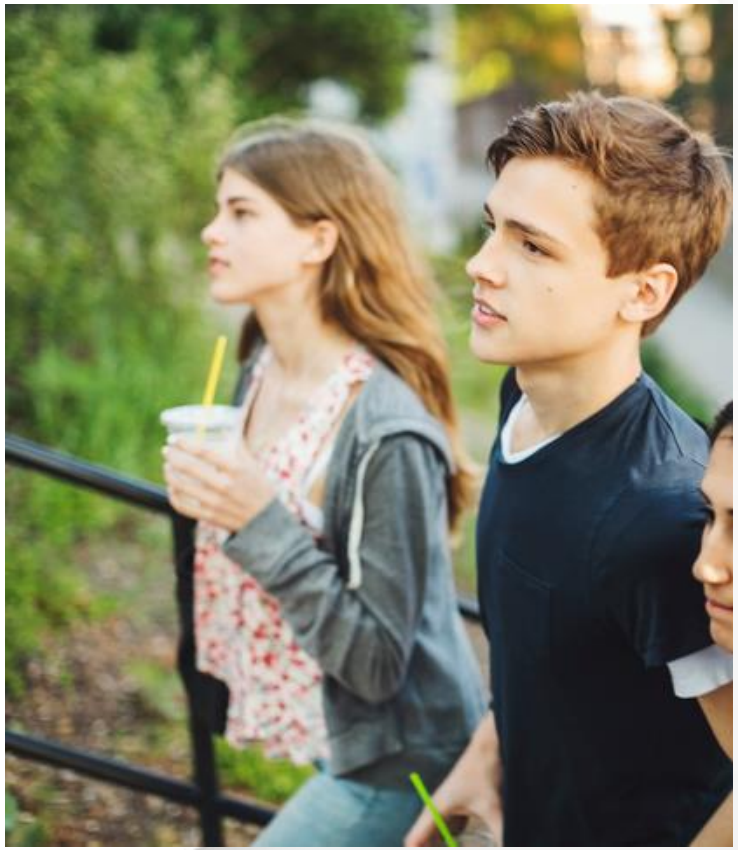
- **WP1**: Evaluate models for mental health assessment of children in foster care

  (PI Professor E. Heiervang)

- **WP2**: A five-year follow-up of cohort children in foster care (PI S. Lehmann, Ph.D)

- **WP3**: A five-year follow-up of cohort of children prenatally exposed to opiates

  (PI M. Sarfi, Ph.D)



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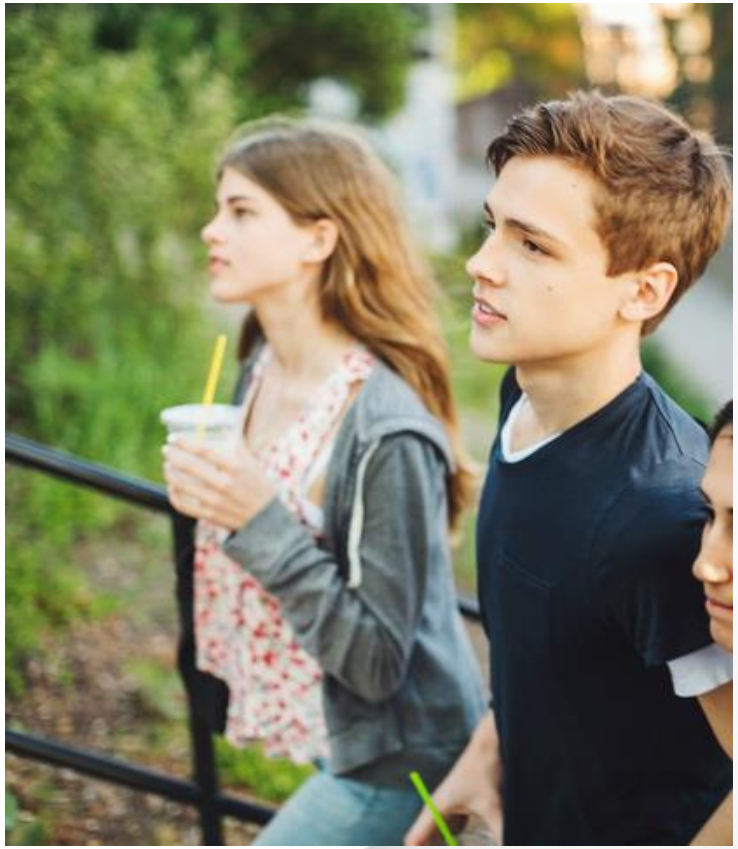
WP2: Young People in Foster Care

T2: Cohort of foster youth born 1999-2005 in south eastern Norway (N = 404)

- Stability and change in mental health from childhood to adolescence
- Factors promoting adaptive development and quality of life in young people in foster care
- Use and experiences of health and welfare services, form the perspective of the youth and their foster families



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