

Mental health after adoption

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The challenge

- The nature of adoption
- Some of the most complex mental health needs in the community - deserving the best health care
- The development of a parallel therapy ecosystem
- CAMHS provision

Vision –

- Health needs understood and identified
- Integrated and high quality evidenced response

Why are the needs so complex?

Natural focus on attachment (disruptions and forming) – but many other cumulative/additive risks in these children

- **Familial** – genetic
- **Pre-natal** – exposure of developing fetus to alcohol, drugs, trauma, stress –
- **Post-natal** – maltreatment, neglect, relational disruption

Layered consequences for biology, genetic expression, neurodevelopment, psychological development

What are the needs?

- 25% (of 390 surveyed adopting families) report 'major challenges' and complex needs.
- 23% of children for whom placement 'going well' scored above clinical threshold on SDQ
- MH problems in 97% of disrupted children; 82% in children remaining in placement with 'major challenges.'
- Significant impact on family, problems with service access and perceptions of blame

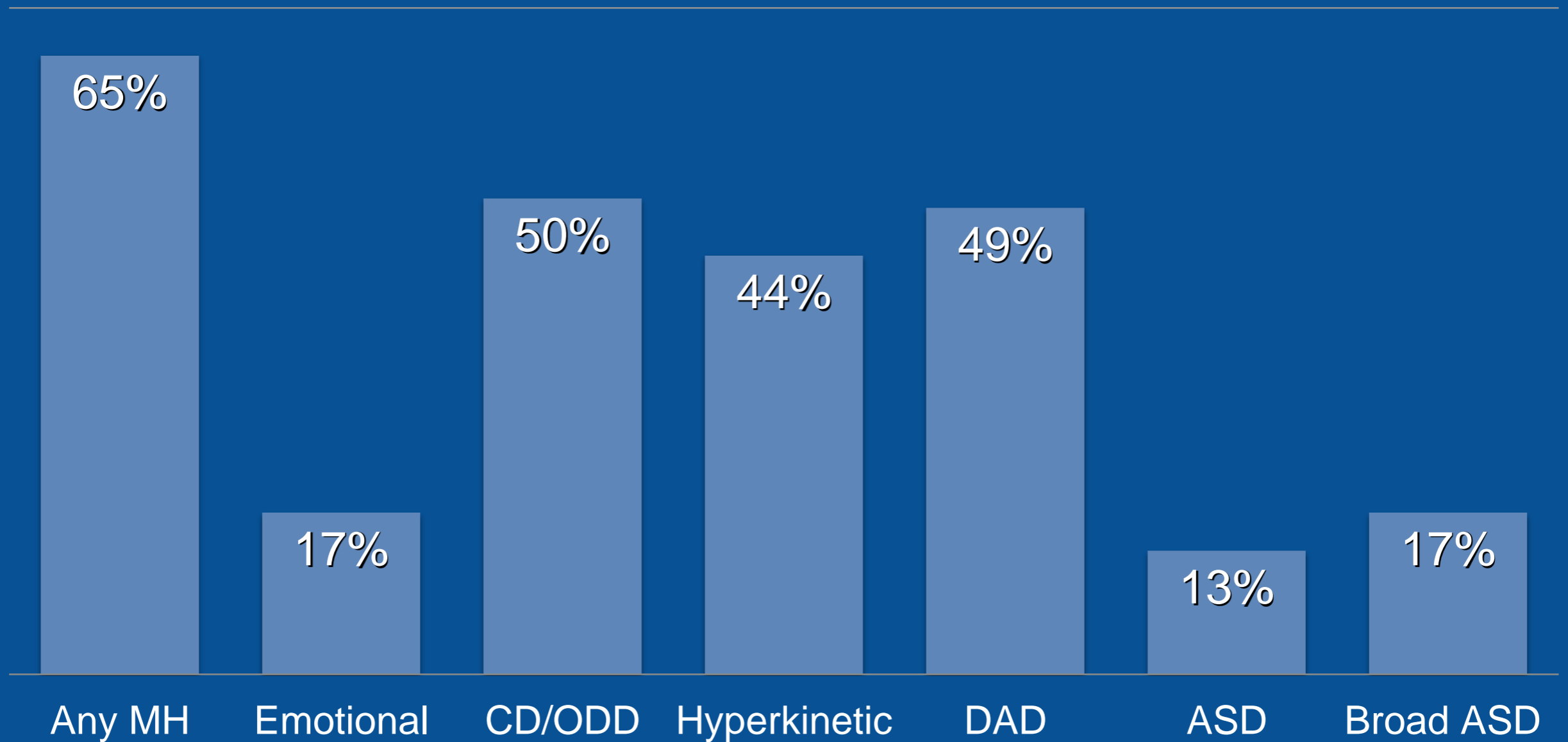
Originating SDG Studies

- *Attachment in young school age children 5-8yrs community and clinical populations, risk factors and outcomes - Manchester Child Attachment Story Task, **MCAST***
 - Jonathan Green, Ruth Goldwyn, Charlie Stanley, Ming Wai Wan (Green et al 2000, Goldwyn et al 2000, Green et al 2007, Futh et al 2008, Wan et al 2010)
- *Social and attachment outcomes in adolescents 9-16yrs in LAC after severe early adversity - Care Placement Evaluation, **CAPE***
 - Catherine Kay, Jonathan Green (Kay and Green 2013, Green et al 2014)
- *Social and attachment outcome in children 5-9yrs adopted after early adversity - Social Outcomes and Early Life Experience, **SOCiAL***
 - Catherine Kay, Kathy Leadbitter, Richard Emsley, Ami Brooks, Amy Burns, Syeda Khatun, Anna Roby, Yasmin Ahmadzadeh, Jonathan Green (Kay et al 2014 & Green et al 2015)

SOCiAL study

- 60 children adopted from UK care – responding to advertisement through Adoption UK
- 72% post-natal maltreatment/neglect; >55% pre-natal risk exposure; 20 removed at birth, mean care entry 12 months, adoption mean age 3 years
- Gold-standard in-depth assessments of mental health and developmental disorder **during middle childhood**





These 'disorders' have evidenced treatments

But in addition or underlying these there are attachment and relational predicaments and processes

Secure attachment

Attachment Disorganisation (60-80%)

RAD (??≈20%)

DAD (≈50%)

Quasi-autism

(≈13%)

Autism

Increasing Social Impairment

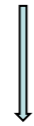
Psychological/
interpersonal

Risk

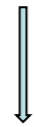
Multiple/Biological

A spectrum approach adapted from Boris and Zeanah

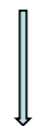
Secure attachment



(Organised) insecure attachment – avoidant, ambivalent



Disorganised attachment



Attachment disorders

- **Social skill in mentalising and competent responding**



- **Less competent/more aggressive responding**



- **Mentalising deficit. Lack of response strategies**



- **Pervasive mentalising deficit and passive response strategies**



- **Link to quasi-autism in institutionalised samples**

NEED

Evidence based interventions

Attachment	<p>New NICE guidelines</p> <p>Video Intervention to Promote Sensitive Parenting (VIPP)</p> <p>Parental sensitivity and behaviour training (parents, carers and professionals)</p> <p>Intensive training and support of foster/adoptive/residential placement</p> <p>Cognitive and interpersonal skills training for older children</p>
Anxiety	<p>Range of interventions dependent on type. CBT, group, family or parent led.</p> <p>Individual therapies, play therapy, systematic desensitisation, guided self-help, systemic therapies i.e. family therapy (NICE)</p>
PTSD	<p>Trauma-focussed therapies, e.g. CBT, Interpersonal therapy, EMDR (NICE)</p>
Conduct	<p>Group/individual parent/carer training programmes*</p> <p>CBT for child, group child-focussed social and cognitive problem solving, Multi-modal interventions i.e. MST, MTFC*, Systemic approaches i.e. family therapy (NICE)</p>
ADHD	<p>Pre-school: individual/group based parent training* and education</p> <p>School aged: Parent training*</p> <p>CBT and social skills training, occupational therapy</p> <p>Pharmacological treatment in severe cases (NICE)</p>
Attachment disorders	<p>No specific evidence-based interventions for attachment disorders</p>
ASD	<p>Social communication interventions with teachers and/or parents inc. video feedback and play based strategies,</p> <p>Social skills training, Speech and language therapy, music therapy (NICE)</p>

How to deliver care?

- Assessment
 - Critical in complex presentations combining neuro-biological, neurodevelopmental, psychological, family issues
- Development and Well Being Assessment (DAWBA) -
 - Parent-rated (online/interview),
 - Specific modules for the range of problems
 - Computer generated risk profile
 - Clinician review of data

Specialist Hub Model of LAAC Services

Example from Manchester



OUTPUT

Education

Outreach

District
CAMHS



Voluntary and
Independent
Sector



CAMHS LAAC



Local Authority



Tier 4
Social Development
Clinic



Research

INPUT

Intervention

Outreach

Consultation

Voluntary/Independent sector

DAWBA Review
Clinical
Assessment

Assessment
SDQ/DAWBA
Screen



CAMHS LAAC



Local Authority



Tier 4
SDC



ASF Pathway

OUTPUT

Education &
Knowledge
Transfer

DAWBA Review
Clinical
Assessment

Assessment
SDQ/DAWBA
Screen

Clinical Outcomes
Children & Families

CAMHS LAAC

Local Authority

Evidence
Research &
Evaluation

Tier 4
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ASF Pathway



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Clinic



Research

INPUT

Recommendations

- 'Adoption awareness' for CAMHS
- Specific training, engagement and management protocols including attachment awareness
- Systematic staged assessment of need (DAWBA)
- Focused integrated management in regional specialist multiagency contexts
- Evidenced based intervention strategies
- Keyworker system for long-term support

DAWBA as an identification screening tool

3 settings

Pre-adoption -

completed with foster carers
to help develop a prospective support plan in
collaboration with after adoption services

Pre-adoption order –

placement with prospective adopters prior to
adoption order
process similar to pre-adoption

In adoptive care, seeking support via ASF -
relevant to the ASF fund.

Thank you to
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The Social Team

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www.medicine.manchester.ac.uk/social

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