'It must be because ...'

Non-biological care and mental health

Part II. The pattern of referrals to Alfred Child and Adolescent Mental Health Service

Cas O'Neill

This article, the second of a series of three, reports on research undertaken at a Child and Adolescent Mental Health Centre (CAMHS) in Melbourne. The research aimed to establish whether children who had experienced non-biological care in Melbourne presented to this CAMHS in higher numbers than would be expected, given their prevalence in the population and, if so, whether their diagnostic profile was more serious than a control group at the same CAMHS. An audit of all new case registrations over a two year period, 1.7.1991-30.6.1993, elicited information on 604 children. The proportions of those in non-biological care at the time of intake were then compared with the 1991 Australian Census and Department of Human Services data, giving rise to the finding that children in non-biological care are indeed referred to this CAMHS in far greater numbers than would be expected. The comparison of the Achenbach scores of 41 children who had experienced non-biological care and 54 children in a control group suggests that the former group's parents and caregivers rate their problems as higher and their competencies as lower than the control group.

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The clinical experience and practice wisdom of professionals in child and adolescent mental health settings continues to suggest that children in non-biological care do have more serious psychological, emotional and social problems, as well as associated difficulties in the learning, language and sensori-motor areas, than children who have continuously lived with their biological families.

This article is the second in a series of three which looks at children who have experienced non-biological care and the mental health system. As with the first and third articles in this series, the question informing the research was: are children who have experienced non-biological care different in some ways from other children or do adults (caregivers, as well as professionals) just expect them to be different (Warren, 1992)?

The research aimed to establish whether children who had experienced non-biological care in Melbourne presented to Alfred Child and Adolescent Mental Health Service (Alfred CAMHS) in higher numbers than would be expected, given their prevalence in the population and, if so, whether their diagnostic profile was more serious than a control group at the same CAMHS.

The first article presented an overview of context and literature together with some of the systemic issues raised by previous research, while the third article will look at who refers children to Child and Adolescent Mental Health Services and what prompts referral. This present article details the findings of an analysis of referrals to Alfred CAMHS between 1 July 1991 and 30 June 1993.

Alfred Child and Adolescent Mental Health Service (Alfred CAMHS, formerly South Eastern Child and Family Centre) is a child, adolescent and family psychiatric agency funded by the Victorian Department of Human Services (DHS). It provides an out-patient service with clinical, training and consultancy programs for children up to the age of eighteen years (and their families) who are experiencing psychiatric, emotional, behavioural and developmental problems. The staff is multi-disciplinary and includes the disciplines of Child Psychiatry, Social Work, Psychology, Child Psychiatric Nursing, Occupational Therapy, Speech Therapy and Teaching.

REFERRAL PATTERNS

In order to understand whether Victorian children in adoptive, permanent care, foster and residential placements are referred to mental health agencies in greater numbers than their incidence in the population, an audit was undertaken of all new case registrations at Alfred CAMHS over a two year period, 1.7.1991 - 30.6.1993. All workers were given a listing of their new case registrations for this period and asked to fill out categories of care which each child had experienced. Of 746 new case registrations in the two year period, information was received on 604 registrations, a response rate of 80.9%.

The analysis of referral patterns was then based on the following information:

- a census of all new case registrations at Alfred CAMHS between 1.7.1991 and 30.6.1993;
- the 1991 Australian census (children aged 4-18 years in Victoria and in the Southern region of Victoria);
- a census of all children in state funded family-based care on 30.6.1994, undertaken by the Accommodation and Support Branch of the Department of Human Services (formerly Health and Community Services);
- Victorian adoption statistics, 1.7.1973 - 30.6.1991, from the Department of Human Services.

The Australian Bureau of Statistics 1991 Census indicated that there were 872,581 children between the ages of 4 and 18 years living in Victoria. Of these, approximately 51% were male. The Southern region of Melbourne had 181,800 children between the ages of 4 and 18 years. While Alfred CAMHS is not the only publicly funded organisation of this kind accepting referrals in the Southern Region, the Director of Clinical Services at Alfred CAMHS has stated that referrals to Alfred CAMHS are likely to be representative of referrals to the other large health care agency in this region.

Table I shows the number of children in non-biological family care as at 30.6.1994 (30.6.91 for adopted children).

Children in foster placements and 'Kith and Kin' placements

The DHS one day (30.6.1994) census of children in foster care in Victoria gave rise to the following figures:

- 939 children in foster care;
- 54 children in shared family care (for children with disabilities);
- 181 children in adolescent community placements (similar to foster care, but for adolescents – this figure is under-reported as the statistics from one agency were unavailable);
- 483 children in 'kith and kin' placements.
- Total = 1657

These children, in foster and kith and kin placements, were 0.19% of the state's children, aged 4-18 years, on 30.6.94.

Children in adoptive placements

The number of adopted children in Victoria, 0-18 years, was estimated by adding together all local (5593 children) and intercountry (693 children) non-relative adoptive placements for the years 1.7.1973 - 30.6.1991. Five per cent[i] was then subtracted from this total to approximately account for those children within this cohort who were placed at an older age and who had passed their 18th birthday by 30.6.1991. A further 5%[1] was subtracted to account for those children under 4 years of age. A total of 5658 Victorian adopted children were identified in this way, a number which represents 0.65% of Victoria's children on 30.6.1991. Although there have been variations in the past 18 years between regions in terms of adoptive placements, it is unlikely that the proportion of adopted children in the southern region is markedly dissimilar to the state proportion.

TABLE I

CHILDREN IN CARE 4-18 YEARS (VICTORIA AND SOUTHERN REGION)

Type of Care	4–18 years Victoria	% of Victoria n = 872581	4–18 years Southern region	% of Southern region n = 181800
Foster Care[1] (30.6.94)	1174	0.13%	153	0.08%
Kith and Kin[2] (30.6.94)	483	0.05%	109	0.06%
Permanent Care[3] (30.6.94)	83	0.01%	14	0.008%
Adoption (30.6.91)	5658	0.65%	Figure unavailable	

[1] In this chart, foster care includes several categories – foster care, shared family care (for children with disabilities) and adolescent community placements – as they were not distinguished by Alfred CAMHS workers in the intake process.

[2] Kith and kin placements include several payment categories – 'non–parent assistance', 'protective worker placements' and 'relative placements'. These have all been included in the kith and kin category, as the Alfred CAMHS workers did not distinguish them in the intake process.

[3] These figures are an underestimate, as they represent only those permanent care placements which were receiving payments (payments to permanent care families are means tested).

ALFRED CAMHS'S NEW CASE REGISTRATIONS, 1.7.1991 - 30.6.1993

The Alfred CAMHS figures cover 604 new case registrations in the period 1.7.1991 - 30.6.1993. Of these:

- 70 (11.6%) had experience of foster care, including kinship foster care;
- 11 (1.8%) had experience of adoption (2 of intercountry adoption);
- 10 (1.7%) had experience of permanent care;
- 74 (12.3%) had experience of other categories of care, such as family group home care. However, as there were no comparable state figures available on children in residential care, it was not possible to look at how representative this group of children is.

In total, 103 children of the 604 new registrations (17.0%) had experienced one or more kinds of care at the time the therapists compiled this information.[ii]

As these two year audit figures contained information about children's care status at any time in their lives (period prevalence), they could not be compared with the ABS statistics or the DHS one day census of children in alternative care (point prevalence).[iii] The Alfred CAMHS figures were therefore re-analysed to look at the child's care status at the time of intake into the service. Of the 103 children who had experienced alternative care at some stage in their lives, 56 (54.4%) were in non-biological care at the time of intake, as follows:

- 19 children, or 3.1%, were in foster care;

- 11 children, or 1.8%, were in the care of adoptive parents;
- 22 children, or 3.6%, were in residential care – 12 in family group homes, 10 in other categories (eg, homeless unit, correctional unit, adolescent unit);
- 4 children, or 0.7%, were in the care of relatives – 'kith and kin' placements;
- 0 children were in permanent care.

SUMMARY OF REGISTRATION PROPORTIONS

1. **Foster care** – 0.08% of the children in Southern region, 4-18 years, were in foster care on 30.6.94, yet 3.1% of Alfred CAMHS's new case registrations, 1.7.1991-30.6.1993, were in foster care at the time of intake.[iv]
2. **Kinship care** – 0.06% of the children in Southern region, 4-18 years, were in kinship care on 30.6.94, yet 0.7% of Alfred CAMHS'S total new case registrations, 1.7.91-30.6.93, were in kinship care at the time of intake.
1. **Adoption** – 0.65% of the children in Southern region, 4-18 years, were estimated to be in adoptive families on 30.6.1991, yet 1.8% of Alfred CAMHS's total new case registrations, 1.7.91-30.6.93, were in adoptive families at the time of intake.
2. **Permanent care** – although 1.7% of Alfred CAMHS's registrations, 1.7.91-30.6.93, had experienced permanent care at some time in their lives,[v] none of these 10 children were in permanent care at the time of intake and the figures cannot be compared to the 0.008% of children, 4-18 years, in southern region, who were in Permanent Care placements on 30.6.94.

During the period 1.7.1991 - 30.6.1993, adopted children were referred to Alfred CAMHS 2.8 times more than would be expected; children in foster care were referred 38.8 times more than would be expected, and children in kinship care were referred 11.7 times more than would be expected, given their prevalence in the population.[vi]

It may well be that these children genuinely have more psychological problems, but it is also possible that their parents and caregivers tend to assume more problems due to the children's status

WHY ARE THESE CHILDREN REFERRED MORE FREQUENTLY?

Establishing that adoptive, permanent care and foster children are referred to mental health agencies more frequently than children in birth families does not, however, explain why this occurs. It may well be that these children genuinely have more psychological problems, but it is also possible that their parents and caregivers tend to assume more problems due to the children's status.[vii]

A decision was therefore made to compare the Achenbach scores (where available) of these groups of children with the Achenbach scores of children in the same agency who had not experienced care away from their birth families.

THE ACHENBACH CHILD BEHAVIOUR CHECKLIST (CBCL)

The Achenbach CBCL, developed by Thomas Achenbach and his colleagues since 1966 (Achenbach, 1966), is a standard procedure for classifying behaviour and psychopathology in children and adolescents. It is used by clinicians and researchers in many different countries to identify particular problem and competency patterns in individuals and to establish the prevalence of disorders within populations.

While Achenbach forms are available for teachers (Teacher Report Form) and adolescents (Youth Self-Report), the CBCL, which is filled out by parents and caregivers, is the checklist which is used at Alfred CAMHS. The results are graphed according to psychological problems on one chart and competence in areas such as activities (eg, sports and hobbies), social and family relationships, and school performance on another chart.

As the Achenbach CBCL had recently

TABLE II

ACHENBACH PROBLEM SCORES

Type of Care	No. of children	Median Score	Range	Percentage Scores of 70 or above (clinical range)
Residential Care	13	72.00	56-88	76.9%
Foster Care	10	72.50	66-81	70.0%
Foster/Resi	10	73.0	46-82	60.0%
Foster/Resi/ Permanent Care	4	70.0	65-78	50.0%
Foster/Adoption	2	58.0	56-60	0.0%
Resi/Intercountry Adoption	1	73.0		
Adoption/Resi	1	81.0		
Total Non-Biological Care	**41**	**72**	**46-88**	**65.8%**
Control Group	**54**	**65**	**40-85**	**31.5%**

been introduced for clinical use at Alfred CAMHS in the years 1991-3, only 41 Achenbach scores were able to be obtained for children with at least one experience of non-biological family care (n=103) and it is not known how representative this group is of the whole.

Achenbach scores were also obtained for 54 children who had not experienced non-biological family care (henceforth called the control group). These children were selected by matching each of the first group with the closest Unit Record numbers in the same age group (on 13 occasions there were 2 such children), for which Achenbach scores were available, leading to a control group of 54.

The clinical range for Achenbach Problem Scores is 70+, while the clinical range for Achenbach Competence Scores is 30 and under. The tables in the next section have been generated from the 41 scores for the children who had experienced non-biological care and the 54 scores from the control group.[viii]

... statistical research can only tell us so much and the issue of whether these children are indeed more troubled than their peers remains elusive.

RESULTS

Table II shows the Problem scores. The median Problem Score for the Non-Biological Care group was higher than for the Control group ($p < 0.001$, Mann-Whitney test), with children in residential care scoring higher than those in foster care, permanent care and adoption.

Considering the proportions of children in each category of care with a score of 70 and above, ie, the 2% most symptomatic in the community, the Control group has only 31.5 % in this category, while the overall Non-Biological care group has 65.8%, with variations amongst different kinds of care.

Table III shows the Competency scores. Interestingly, the median Competency score for the Non-Biological Care group was higher than for the Control group in terms of activities,[ix] but slightly lower for school performance, although there are individual variations for children in different kinds of care. However, these differences were not statistically significant.

As might have been predicted, however, overall the children in the Non-Biological Care group scored significantly lower than the Control group in terms of social competence ($p = 0.003$, Mann-Whitney test), although there was variation across the different types of care groups. The discrepancy evident in the social competence scores is most obvious in the clinical range percentage scores, where it can be seen that while only 8.3% of the Control group fall within this range, 36.1% of the Non-Biological Care group are within the clinical range.

TABLE III
ACHENBACH COMPETENCY SCORES

Type of Care	No. Children	Median Scores (range)			Percentage Scores of 30 or below (clinical range)		
		Activities	Social	School	Activities	Social	School
Resi Care	13	48 (21–55)	30 (20–48)	35 (23–53)	7.4%	47.6%	23.5%
Foster	10	49.5 (33–55)	42.5 (27–55)	32 (22–53)	0.0%	31.8%	29.4%
Fost/Resi	10	46 (36–55)	32 (25–51)	38 (33–55)	0.0%	66.6%	100.0%
Fost/Resi/PC	4	40 (35–46)	22 (21–37)	26 (24–28)	0.0%	0.0%	0.0%
Fost/Adopt	2	52 (51–53)	36.5 (36–37)	37 (35–39)	0.0%	0.0%	0.0%
Resi/ICA	1	42	32	37			
Adopt/Resi	1	53	-	32			
Total Non-Biological Care	**41**	**48 (21–55)**	**35 (20–55)**	**33 (22–55)**	**5.1%**	**36.1%**	**25.9%**
Control Group	**54**	**44 (19–55)**	**41 (13–55)**	**39 (16–53)**	**4.0%**	**8.3%**	**22.7%**

TABLE IV

SUMMARY OF DIFFERENCES BETWEEN GROUPS

Achenbach	Non-Biological Care		Control Group		P-value Mann-Whitney
	n	Median/ Range	n	Median/ Range	
Problem Scores	41	72 (46–88)	54	65 (40–85)	<0.001
Activities	39	48 (21–55)	50	44 (19–55)	0.2
Social	33	35 (20–55)	48	41 (13–55)	0.003
School	27	33 (22–55)	44	39 (16–33)	0.1

Due to the low numbers within some of the individual categories of care, competency scores between the groups were not compared.

Table IV presents a summary probability table for comparisons of the problem and competency scores for the two groups.

In summary, it would seem from the analysis of Achenbach scores that the Alfred CAMHS children who have been separated from their biological families do indeed have more psychological problems than the control group of children. However, as the Achenbach CBCL is filled out by the parent or caregiver, it is possible that problems are overestimated and competencies underestimated due to the children's status and the caregivers' expectations of problems.

Although a subsequent analysis was undertaken of the therapists' diagnoses, as derived from the DSM-IV Diagnostic Codings in Child Psychiatry, the numbers within each diagnostic category were too small to make reliable inferences.

DISCUSSION

This study supports the findings of other research that children in non-biological care situations are referred to child mental health facilities in greater numbers than would be expected, given their numbers in the community.[x] The analysis of Achenbach scores also shows that the children are *perceived* to have greater problems by their parents/caregivers than a control group of children living in their biological families. However, these results do not, *per se*, show that children who have experienced non-biological care have a different profile to those living with their biological families.

An analysis undertaken of the diagnoses in the two groups of children has not been presented here as the numbers in each category were too small to make reliable inferences. However, the use of diagnostic categories as the sole indicator of the mental health professional's perception of the seriousness of a child's disturbance is problematic for two reasons. Firstly, diagnostic categories such as depression, anxiety and behavioural disorders are very broad, covering a spectrum from mild to severe difficulties. Thus, although the children in the non-biological care group may have the same statistical incidence of diagnostic profiles as the children living with biological families, clinical experience suggests that the level of severity of their difficulties may be more extreme. This hypothesis is supported by the marked difference between the two groups in the percentage scores of >70 for the Problem Scores (Table II) and <30 for the Competency Scores (Table III).

Another factor which needs to be considered is whether the diagnostic category selected by the professionals does accurately reflect the level of disturbance of the children they are treating.[xi] Professionals in child and adolescent mental health settings are frequently reluctant to attach serious psychiatric diagnoses to children, particularly young children.[xii] While this might clearly be a factor for both these groups of children, clinical experience suggests that children in non-biological care are more troubled than their peers and that this reluctance may therefore be more likely to occur with this group of children. In addition, mental health professionals may be wary about labelling children in foster care or residential care with a serious diagnosis, for fear that this will alienate potential permanent parents.

CONCLUSION

The clinical experience of professionals at Alfred CAMHS strongly suggests that children who have lived away from their biological families do have a range of difficulties which are more serious than other children who have not had this experience.

This research found that children with an experience of non-biological care are referred to Alfred CAMHS in greater numbers than their prevalence in the community would suggest and that their parents and caregivers rate their problems as higher and their competencies as lower than a control group of children entering the same agency.

Future research, with larger samples, could further investigate differences between the two groups (as well as differences *within* the non-biological care group) in diagnoses and Achenbach scores. However, statistical research can only tell us so much and the issue of whether these children are indeed more troubled than their peers remains elusive. It is suggested therefore that any future research of this kind should include a qualitative study which looks at the meaning and experience of different kinds of referrals for children, their birth and caregiving families, and the professionals who work with them. □

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[i] This percentage was decided upon in consultation with the former Manager of the Adoption Information Service, Department of Human Services.

[ii] Some children had experienced alternative care after intake to Alfred CAMHS.

[iii] The adoption statistics do not show any changes when the point and period prevalences are compared, illustrating perhaps the permanent nature of adoption - in contrast to other kinds of care, once a child is adopted, even if the placement disrupts, that person is likely to view him or herself as adopted.

[iv] Despite the discrepancy in these years, there is no reason to believe that the overall numbers of foster children in Victoria would have been significantly different in the years 1991-1993.

[v] The experience of permanent care could have been either before or after intake to Alfred CAMHS, as the therapists were completing the data collection forms in 1994.

[vi] It should be noted that these proportions are based on small numbers, as detailed above.

[vii] This is the finding of Warren's (1992) research.

[viii] While Problem scores were available for all of the children in both groups, not all the Competency scores were available.

[ix] This may be indicative of the range of activities available for children in alternative care.

[x] While it is assumed (and there is no contradictory evidence) that the pattern of referrals to this agency is similar to the pattern of referrals to child and adolescent mental health services in other regions, it is impossible to be sure of this without undertaking a similar study in more than one region.

[xi] Alfred CAMHS has recently introduced the Global Assessment of Functioning, a tool which may give a clearer picture of a child's level of disturbance in future research of this kind.

[xii] For a discussion of the use of a psychopathological model in adoption, see Wegar (1995).

NEWS FROM AAYPIC

The Australian Association of Young People in Care continues to go from strength to strength. Congratulations to Jan Owen on receiving an innovation and leadership award from the Peter F. Drucker Foundation for Nonprofit Management. It is the first fellowship awarded outside the United States. Congratulations to the Association itself for winning the 1998 Australian Human Rights Award for innovation and excellence in promoting the rights and participation of children and young people in care. It was presented by the Human Rights and Equal Opportunity Commission for the Youth Category.

The association magazine, *Illusion Free Zone*, has been relaunched in March 1999 with profound comment and stunning graphics. It will be of interest to young people in care throughout Australia and has much of interest for young people generally. Even older people will enjoy its day-to-day reality and forward looking style.

AAYPIC participated in the National Children's Summit held in Canberra in December last year. A declaration resulted from the work of the 300 delegates from youth networks, government, non-government organisations and corporations. The full declaration and other information can be accessed on the Coalition for Australia's Children website (www.chatabox.com.au/cfc).

State Face to Faces, where key players meet on issues for people in out-of-home care, are under way this year following the earlier National Face to Face.

A range of participation projects are going on in each State, including:

PIR (as in peer) 'Professionalism is Realism': The workers and young women in a SA residential service will work in partnership to design and implement a change strategy in the service.
Bruises: A team of young people in the Toowoomba area are producing a video on the stereotyping of young people in care. The video will then be used as a community education tool.
MAD - Making a Difference: A team of young people in Victoria are creating a resource to support children and young people on entering the care system.
Community paper: Young people in Bunbury, WA will produce a community newspaper for local community groups, government departments, non-government agencies and young people in care to inform each other of events, services, issues and rights.
Long Grass: young people across the Northern Territory will be participating in creating a user friendly resource with information on where, what and how to access support when the time comes to leave care.
Far Out Brussel Sprout: Young people in the New England area will create a forum for young people in care to explore the issues they face.
IFCO '99: Young people are working with other stakeholders to plan, design and run an international foster care conference in Melbourne in 1999.

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