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 **Foresight**

**Mental Capital and Wellbeing:  
Making the most of ourselves in the 21st century**

**State-of-Science Review: SR-B7  
The Mental Ill-Health of Children in Local Authority Care**

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Mental Capital and Wellbeing. The views expressed do not represent the policy of  
any Government or organisation.*

## Summary

**This review of research into the mental ill-health of children in local authority care also examines the risk factors which influence it, and its associated disability and wider consequences. Children in the care of local authorities are one of society's most vulnerable groups for mental health problems. Nearly a half of youngsters aged 5-17 in the care of local authorities in the UK have a mental disorder compared to 10% in private households. Anxiety, depression and conduct disorders are the most frequent conditions. The rates and kinds of disorder vary according to the four kinds of placement: in foster care; with natural parents; in residential care; and living independently. The prevalence of mental disorder tends to decrease with the length of time in placements. The majority of children with mental disorder in care have at least one physical complaint. Poor scholastic ability also tends to be associated with mental disorder. Children with mental disorder are more likely to smoke and be regular drinkers, and teenagers are likely to have used cannabis and other drugs. Children in care experience many stressful life events including sexual abuse, neglect, parental illness, family stress or dysfunction, and low income.**

### 1. Children in care

Social services for children (in England) are provided under the Children Act 1989, which was implemented on 14 October 1991. Under this Act, a child is 'looked after' by a local authority if he or she is placed in their care by a court (under a care order) or provided with accommodation by the authority's Social Services Department for more than 24 hours (DfES, 2007). At 31 March 2006, 60,300 children were looked after by local authorities in England; approximately 70% were placed in foster care (DfES, 2006).

Studies on the mental health of children and young people looked after by local authorities are far rarer than those on children living in the private household population, even though they represent one of the most vulnerable groups in society. Children looked after by local authorities are often excluded from epidemiological studies owing to their high mobility and difficulties surrounding parental responsibility and informed consent (Rosenfeld et al., 1997).

Sir William Utting summarised the situation relating to the mental health of such children in his Foreword to the publication, *The Mental Health Needs of Looked After Children* (Richardson and Joughin, 2000). 'Children who are looked after by local authorities suffer as a group because of the unthinking and cruel assumption that they are at fault rather than the adults whose crimes and failings are responsible. The stigma of being "in care" handicaps these children in gaining access to the services to which all children are entitled. Many of them have moved so often between placements that their lives have lost the stability and rhythm that children need in order to thrive. They lag far behind their contemporaries in educational attainment and have serious health needs, which in the past have often not been met. In particular, the Review (Children Safeguards Review, 1997) received evidence that 75% of looked after children had mental health problems, some of them complex and severe.'

In the UK, a few studies have attempted to estimate the prevalence of mental disorder among children looked after by local authorities, but have concentrated on a particular geographical area (Wolkind and Rushton, 1994; Dimigen et al., 1999), or have relatively small samples (Phillips, 1997). Nevertheless, they have been invaluable in drawing attention to the high rates of mental disorder among this group.

In this review, data will be presented from the national survey of over 1,000 children looked after by local authorities in England (Meltzer et al., 2003) yet, where appropriate, reference will be made to international studies in relation to prevalence, risk factors, associated disability and wider consequences.

## **2. Prevalence of childhood mental disorders**

In the national survey of children and young people aged 5-17 years, looked after by local authorities in England, 45% were assessed as having a mental disorder, 37% had clinically significant conduct disorders, 12% were assessed as having emotional disorders – anxiety and depression – and 7% were rated as hyperactive. The less common disorders (pervasive developmental disorders, tics and eating disorders) were attributed to 4% of the sampled population. The overall rate of 45% includes some children who had more than one type of disorder.

In contrast, about 10% of children and young people aged 5-16 living in private households were assessed as having a mental disorder (Green et al., 2005).

All these rates are based on the diagnostic criteria for research using the World Health Organization ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria: that the disorder causes distress to the child or has a considerable impact on the child's day-to-day life.

In a survey of children looked after in Oxfordshire local authority, 57% of the 13- to 17-year-olds in foster care and 96% of those in residential care had psychiatric disorders (McCann et al., 1996). Overall, the most common diagnoses were conduct disorder (28%), overanxious disorder (26%), major depressive disorder (23%), ADHD (14%), and other depressive disorders (12%). Similarly, high rates of mental disorder were found among children in residential care in Germany. Nutzelt et al. (2005) found that 57% of the children and adolescents in their sample fulfilled the criteria for one or more ICD-10 diagnoses. The most frequent disorders were also conduct disorders, ADHD and depressive disorders.

A study focusing on the social worker's views of the mental health of looked after children was conducted by Phillips (1997). The most frequently reported symptom groups were anxiety, conduct disorder and depression. Fifty-five per cent had anxiety: all were fearful that something awful was going to happen to them or their foster families, and most of them had social anxiety (about visitors to the foster home). Forty-six per cent had conduct disorders: fighting with siblings, stealing, truanting and being generally destructive.

In the large survey in England, children looked after by local authorities were about five times more likely to have a mental disorder than those living in private households, thus replicating the increased morbidity found in three North American studies (Stein et al., 1994; dos Reis et al., 2001; Farmer et al., 2001). Conduct disorders seemed to contribute to the largest difference in childhood psychopathology between the local authority and private household populations (Meltzer et al., 2003). The reporting of behavioural problems replicates earlier studies in the UK (Bamford and Wolkind, 1988; Wolkind and Rushton, 1994; Dimigen et al., 1999).

These behavioural problems, especially among children in residential as distinct from foster care, may have contributed to the child being placed 'in care' in the first place. Ford et al. (2007) has also demonstrated that the rate of childhood mental disorders among children in residential care is also higher than that for disadvantaged children living in private households.

## **3. Sex and age**

The proportion of children and adolescents with any mental disorder was greater among boys than girls: 49% compared with 39%. This disparity was evident in 5- to 15-year-olds but not among the older children. Among 5- to 10-year-olds, 50% of boys and 33% of girls had a mental disorder. In the middle age group, the 11- to 15-year-olds, the proportions of children with any mental disorder were 55% for boys and 43% for girls. However, the rate among the 16- to 17-year-olds for both boys and girls was around 40%.

Whereas the rates of emotional disorders were similar for boys and girls, 10% and 14% respectively, their prevalence tended to decrease with age among boys (13% of 5- to 10-year-olds compared with 8% of older children), yet to increase with age among girls (from 8% among the youngest girls to 20% of the 16- to 17-year-olds).

Overall, 37% of the children and young people looked after by local authorities were rated as having a conduct disorder: 42% of boys and 31% of girls. The highest proportions were found among the 11- to 15-year-olds: 45% of boys and 34% of girls.

Seven per cent of the 5- to 17-year-olds were assessed as having a hyperkinetic disorder. Rates of this disorder decreased with age. The highest rate, 16%, was found among 5- to 10-year-old boys, then fell to 11% among 11- to 15-year-olds and 2% among the oldest children. The equivalent percentages for girls were 5% and 2%, with no cases among the oldest group of girls.

#### **4. Type of placement**

In the survey of children looked after by local authorities (Meltzer et al., 2003), the young people were initially categorised into four types of placement: with foster carers; with their natural parents; in residential care; and living independently.

About two-thirds of children living in residential care were assessed as having a mental disorder, compared with a half of those living independently, and about four in ten of those placed with foster carers or with their natural parents. The distributions of all mental disorders were significantly different according to placement. Children living with their natural parents or in residential care were about twice as likely as those in foster care to have emotional disorders (20% and 18% compared with 9%). Children in residential care were far more likely than those in foster care or living with their natural parents to have conduct disorders (56% compared with 33% and 28%).

The prevalence of hyperkinetic disorders hardly varied by type of placement – between 7% and 8%. The survey sample only comprised 39 young people living independently, and by necessity, they were aged 16 or 17, hence the relatively low rate of hyperkinetic disorders among this group.

#### **5. Range of family placements**

Family placements can be divided into two categories: the child is placed with his/her own parents or a person with parental responsibility; or in foster care. Foster care can be further subdivided into three groups: foster placement with relative or friend; placement provided through the local authority; or other foster care arranged through an agency.

Nearly 800 children included in the survey in England were in a family placement. By far the largest group, 533, were in foster care provided by the local authority. The prevalence of any childhood mental disorder among the children in this group was 40%. This rate was similar to that found among children living with their parents, 42%, and slightly higher than the 33% for children placed with their own families or friends. Similarly, in the US, there were no differences in prevalence of childhood mental disorders for youths in kinship care and those in non-kin foster families (McMillen et al., 2005).

Although the number of children in foster care arranged through fostering agencies was relatively small, 37 in total, the rate of disorder among this group was at least half that for other placements, 18%. In terms of the main categories of childhood disorder, the main difference between the types of family placement

was in the prevalence of emotional disorders: 22% of children living with their parents had an anxiety or depressive disorder compared with 9% or less of children in foster placements.

## **6. Location of foster placement**

Local authorities have different policies about placement of children in foster care. The vast majority of children throughout England are placed within the boundaries of the local authority. About 10% of children in the survey in England live outside the authority's boundaries. There were no significant differences in the proportions of children with emotional, conduct, and hyperkinetic disorders by location of foster placement.

## **7. Residential placements**

Overall, nearly three-quarters of the children in residential care, 72%, were clinically rated as having a mental disorder. Sixty per cent had a conduct disorder, 18% were assessed as having an emotional disorder, 8% a hyperkinetic disorder, and 13% a less common disorder. Children in residential care homes, and homes and hostels, had very similar rates of emotional disorders and conduct disorders. However, residential care home children were far more likely than the others to have hyperkinetic disorders (12% compared with around 4%).

Many children come in and out of care, and many of those who remain in care frequently change placements. The prevalence of childhood mental disorders tended to decrease with the length of time in their current placement. The overall rate fell from 49% of those in their current placement for less than a year, to 31% of children in their current placement for at least five years.

## **8. Physical complaints**

Two-thirds of all children looked after by local authorities were reported to have at least one physical complaint (Meltzer et al., 2003). The most commonly reported complaints among the sample were: eye and/or sight problems (16%); speech or language problems (14%); bed-wetting (13%); difficulty with co-ordination (10%); and asthma (10%).

Over three-quarters of children with a mental disorder had at least one physical complaint compared with just over half (57%) of the children who were assessed as not having a mental disorder. Children with each of the four types of disorder were much more likely to have a physical complaint than those with no disorder. Around three-quarters of those with emotional and conduct disorders had at least one physical complaint, as did 80% of those with a hyperkinetic disorder.

Children with conduct disorders were around twice as likely as those with no mental disorder to suffer from bed-wetting (18% compared with 10%), food allergies (4% compared with 2%) and kidney/urinary tract problems (4% compared with 2%).

Children with emotional disorders were four times more likely than those with no disorder to suffer from a non-food allergy (8% compared with 2%), three times more likely to suffer from stomach or digestive problems (13% compared with 4%) and twice as likely to suffer from asthma (16% compared with 8%).

Compared with children with no disorders, children with hyperkinetic disorders were particularly likely to suffer from bed-wetting (29% compared with 10%), eye/sight problems (25% compared with 14%), speech/language problems (22% compared with 12%), and difficulty with co-ordination (17% compared with 10%).

Children with hyperkinetic disorders were also more likely than children with other types of mental disorder to have ever been life-threateningly ill (16% compared with between 8% and 10% of the other groups).

## **9. Scholastic ability**

### **9.1 *Intellectual development***

Among children with any mental disorder, about a third, 35%, were three or more years behind in their intellectual development: twice the rate of the no disorder group, 17%. The major contribution to this difference was made by children with a conduct or hyperkinetic disorder in contrast to those with emotional problems. Among the children with a mental disorder, 42% had a statement of special educational needs (SEN), twice the proportion found among the sample with no mental disorder. The proportion of children with Stage 5 SEN also varied greatly by type of disorder: five in 10 of those with a hyperkinetic disorder, four in 10 of children with a conduct disorder and about three in 10 among children with an emotional disorder had a statement of SEN.

### **9.2 *Reading, mathematics and spelling***

In the national survey of looked after children in England, those with a mental disorder were nearly twice as likely as children with no disorder to have marked difficulties with reading (37% compared with 19%), mathematics (35% compared with 20%), and spelling (41% compared with 24%).

As hyperkinesis is characterised by lack of concentration, it is not unexpected that the highest rates of marked difficulty were found among this group: 46% had severe problems with spelling, 45% with maths, and 39% with reading.

## **10. Lifestyle behaviours**

### **10.1 *Smoking***

Children with a mental disorder appeared to be much more likely to smoke. Over half of the young people aged 11-17 years with a mental disorder were current smokers compared with only 19% of those with no disorder. Sixty-five per cent of the children with an emotional disorder were current smokers.

### **10.2 *Drinking***

Young people aged 11-17 with a mental disorder were more likely to be regular drinkers than children with no mental disorder: 5% of children with a mental disorder reported that they drank alcohol almost every day, compared with none of the children with no disorder. Six per cent of children with conduct disorder drank almost every day, and a quarter of children with an emotional disorder drank once or twice a week.

Children with a mental disorder appeared to be more likely to start drinking at a young age: 27% of children with a mental disorder started to drink at age 10 or less compared with 11% of those with no disorder.

### 10.3 Drug-taking

Young people aged 11-17 with a mental disorder were three times more likely than children with no disorder to have used cannabis in the past month: 19% compared with 6%. The next most popular drugs after cannabis were ecstasy and glue, gas or solvents. The pattern for use of these drugs was the same as that for cannabis use. The greatest proportions were found among boys, children in residential care, children who had been in their placement for a short period of time, and children with a mental disorder.

### 10.4 Sexual activity

Almost a quarter, 23%, of young people aged 11-17 in care had experienced some sexual abuse or rape. Around a third of the non-abused young people (31%) reported that they had had sexual intercourse. As expected, experience of sexual intercourse was much more common among 16- to 17-year-olds than younger people (70% compared with 16%). Boys were slightly more likely than girls to report having had sexual intercourse (36% compared with 26%). The young people who had a mental disorder were slightly more likely than those with no disorder to report having had sexual intercourse: 40% compared with 26%.

## 11. Stressful life events

Children looked after by local authorities have experienced many stressful life events. This can be seen from the eight categories of reasons children are placed in local authority care: as a result of risk of abuse or neglect; the child's disability; parental illness or disability; family in acute stress; family dysfunction; socially unacceptable behaviour; low income; and absent parenting (DfES, 2007).

Over 90% of the children in foster care in Glasgow had previously been abused or neglected, and 60% had evidence of mental health problems including conduct and emotional problems, hyperactivity and difficulties with peer relations (Minnis et al., 2006). The number of types of maltreatment experienced by a sample of older youths in the US foster care system was the most robust predictor of psychiatric disorder among several maltreatment variables (McMillen et al., 2005).

## 12. Conclusions

In England, children looked after by local authorities are about five times more likely to have a mental disorder than those living in private households. Among these children, 45% were assessed as having a mental disorder: 37% had clinically significant conduct disorders; 12% were assessed as having emotional disorders – anxiety and depression – and 7% were rated as hyperactive.

Conduct disorders are particularly prevalent among children in residential care whereas, for those in foster care, high rates of emotional disorders are evident in children placed with their own families but under local authority supervision.

Increased rates of childhood mental disorders are significantly associated with: poor physical health; low educational achievement; unhealthy lifestyle behaviours; and the degree to which individuals have suffered stressful life events, including physical, psychological or sexual abuse, prior to entering the care system.

The findings presented in this scientific review focus on the associations between childhood mental disorders and placement in local authority care. Causal relationships should not be assumed for any of these associations. Psychosocial factors can have different effects on different children, while children's reactions to the world around them also differ widely.

## References

- Bamford, F. and Wolkind, S.N. 1988. *The physical and mental health of children in care: research methods*. London: Economic Research Council.
- Department for Education and Skills 2007. *Children Looked After By Local Authorities Year Ending 31 March 2006*. Data Services Group, DfES, Internet Only.
- Department for Education and Skills 2006. *Children Looked After In England (including adoptions and care leavers 2005-2006)*. National Statistics First Release, SFR 244/2006, 16 November 2006.
- Dimigen, G., Del Priore, C., Butler, S., Evans, S., Ferguson, L. and Swan, M. 1999. Psychiatric disorder among children at time of entering local authority care: questionnaire survey. *BMJ*, 319:675-675.
- DosReis, S., Zito, J.M., Safer, D.J. and Soeken, K.L. 2001. Mental health services for youths in foster care and disabled youths. *Am J Public Health*, 91:1094-1099.
- Farmer, E.M.Z., Burns, B.J., Chapman, M.V. et al. 2001. Use of mental health services by youth in contact with social services. *Social Service Review*, 75:605-624.
- Ford, T., Vostanis, P., Meltzer, H. and Goodman, R. 2007. Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *Br J Psychiatry*, 190:319-25.
- Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. 2005. *Mental Health of children and young people in Great Britain 2004*. Palgrave Macmillan.
- McCann, J.B., James, A., Wilson, S. and Dunn, G. 1996. Prevalence of psychiatric disorders in young people in the care system. *BMJ*, 313:1529-1530.
- McMillen, J.C., Zima, B.T., Scott, L.D.Jr., Auslander, W.F., Munson, M.R., Ollie, M.T. and Spitznagel, E.L. (2005) Prevalence of psychiatric disorders among older youths in the foster care system. *J Am Acad Child Adolesc Psychiatry*, 44:88-95.
- Meltzer, M., Gatward, R., Corbin, T. et al. 2003. *The Mental Health of Young People Looked After by Local Authorities in England*. TSO (The Stationery Office).
- Minnis, H., Everett, K., Pelosi, A.J., Dunn, J., Knapp, M. 2006. Children in foster care: mental health, service use and costs. *Eur Child Adolesc Psychiatry*, 15:63-70.
- Minnis, H., Pelosi, A.J., Knapp, M. and Dunn, J. 2001. Mental health and foster care training. *Arch. Dis. Child*, 84:302-306.
- Nutzel, J., Schmid, M., Goldbeck, L. and Fegert, J.M. 2005. Psychiatric support for children and adolescents in residential care in a German sample. *Prax Kinderpsychol Kinderpsychiatr*, 54:627-44.
- Phillips, J. 1997. Meeting the psychiatric needs of children in foster care: social workers' views. *Psychiatric Bulletin*, 21:609-611.
- Richardson, J. and Joughin, C. 2000. *The Mental Health Needs of Looked After Children*. FOCUS at the Royal College of Psychiatrists Research Unit: Gaskell.

Rosenfeld, A.A., Pilowsky, D.J., Fine, P., Thorpe, M., Fein, E., Simms, M.D., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R. and Nickman, S. 1997. Foster care: an update. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36:448-457.

Stein, E., Rae-Grant, N., Ackland, S. and Avison, W. 1994. Psychiatric disorders of children 'in care'; methodology and demographic correlates. *Canadian Journal of Psychiatry*, 39:341-347.

Wolkind, S. and Rushton, A. 1994. Residential and family foster care, in Rutter, M., Taylor, E. and Hersov, L. (eds) *Child and Adolescent Psychiatry*. Oxford: Blackwell Scientific: 252-266.

World Health Organization 1993. *The ICD-10 Classification of Mental and Behavioural Disorders; Diagnostic Criteria for Research*. WHO.

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