Mental Health & Wellbeing of Care Leavers: Making Sense of Their Perspectives.

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Young Care Leavers

- Growing body of research focussing on children and young people in state care. *Yet two areas remain under-developed;*
  1) Research that draws attention to the *lived experiences of young people,*
  2) The development of conceptual frameworks that *centralises their perspectives* to support the development of practice (Eronen, 2011; Mayock et al, 2011; Winter, 2014).
Life Skills Project

- The project was developed as part of the New Belongings programme designed to bring the principles and concepts of Access All Areas and the Charter for Care Leavers to a local level.
- Essentially this programme is designed to explore how services for care leavers can be fully integrated and easily accessed and responds to a call from the Care Leavers Foundation for more to be done to tackle the rising numbers of care leavers who are not in education, employment or training (NEETs).
Our Role

- Evaluation of the programme.
- In the light of key performance indicators in relation to education, employability, physical and mental health, living skills, housing and money-management.
- KPI’s, based on the Bromford Assessment Tool indicated that Mental Health needs were not met.
- Yet, education, housing, life skills and employability needs were met.
MH and Resilience within a Strengths-Based CBT Framework

- The WHO defines MH as *a state of well-being in which every individual realises his or her own potential*.

- **Strengths-Based CBT:** *We define strengths as strategies, beliefs, and personal assets used with relative ease that can promote the positive quality one is trying to build, in this case, resilience* (Padesky and Mooney, 2012).
Current Study

- This study addresses the concept of position and positioning of young care leavers within the life skills programme, with a specific focus on mental health and wellbeing.

- Generally, positioning theory is concerned with revealing the explicit and implicit patterns of reasoning that are linked to how people construct themselves and their own position within this (Harre et al, 2009).
Methodology

- 22 participants
  1) Discursive Psychology (concerned with what people do with their talk, e.g. disclaiming and making extreme statements – link with CA).
  2) Wider discourses that participants draw on to make sense of themselves, including common sense discourses and ideologies.

Data is transcribed in detail, drawing on Jefferson (1985)
Examples of Talk in Relation to Themselves; Pre–Positioning

**Relationships:** difficulties making and maintaining friends

**Loneliness:** having no-one to talk to and share experiences and concerns with

**Coping with Change:** Not coping well with change, new situations and new people
Sometimes I have nobody to talk to and stuff, and I was getting, as I was telling X earlier, my hair is falling out, I am so stressed. I can talk to her and she makes me feel so much better.
I think she’s taught me how to speak to people and not like... As I used to be quite aggressive and horrible and stuff. To speak properly and not get wound up and say things the right way.
Change/New People

- I don’t like new people and change, it is just not what I want right now

But

I have learned to socialise and they are always there for me and listen to me, more so than my social worker – I don’t like her.
Examples of Talk in relation to the Life Skills–project; Re–Positioning

- **Skills and Abilities:** In relation to dealing with money issues; going to the Dr and Bank.

- **People skills:** Learning to talk, engage and enjoy being around other people.

- **Education/employability/housing:** Dealing with issues around this; being and becoming more able to deal with applications, phone calls etc.

- *Overall increase of confidence in own worth and abilities.*
The project has helped me gain confidence in talking to people – like talking to doctors, bank people – I am more confident now, I was never confident
‘My mental health is extremely complicated’
I don’t know, I am a good tempered person. So basically, for me if someone talks to me and that’s someone I don’t get on with really easily.
Dont need help here
I have a separate person who helps me here.
Mental Health??!!

- A controversial concept!
- Little coordination in multi-agency teams around this: CAMHS – social work – charities – PCC.
- Misunderstandings: Medical Interpretation versus Social Constructionism
Conclusions

- Improvement in skills and confidence.
- Resilience.
- Mental Health as separate.
- More insight is needed into pathways to resilience and personal models of resilience, and what role this can play in MH and wellbeing.
Summary

- Resilience as a process of overcoming adversity; bouncing back from trauma and making life changes.

- Role of MH programmes and support.