



Higher National Unit specification

General information

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

Unit code: HG35 36

Superclass: PN

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Version: 01

Unit purpose

The purpose of this Unit is to enable learners to critically reflect upon mental health and developmental delay issues which face children and young people in residential child care. An understanding of the issues and some of the interventions which can be supported by practitioners is crucial to the health and wellbeing of those children and young people who are affected. The Standard for Residential Child Care says that practitioners need to 'demonstrate a critical understanding of adversity and trauma, their effects on children and young people, and children's responses to them.' In addition, they are required to 'have a developed knowledge and a critical understanding of the range of developmental impairments and disabilities that children and young people may have' (Standard 3.2). In addition, the standard highlights the importance of inter-professional work with specialists to support the wellbeing of children and young people, and also asks for an understanding of counselling and therapeutic roles in child care settings.

The Unit will provide underpinning knowledge about the extent and type of mental health and developmental delay issues for children and young people in residential care. It will examine how trauma and adversity can contribute to mental health issues. Some of the common behavioural challenges associated with mental health and developmental delay issues, which commonly face practitioners, will be examined. The Unit will also provide an opportunity to reflect on some of the simple interventions which can be implemented to support mental health. Finally, the Unit will examine the key principles of collaborative practice, which ensures that the child or young person has access to the correct services at the right time. Successful completion of the Unit will enable learners to understand and critically reflect upon the impact of mental health and developmental delay issues on the lives of children and young people in residential care, and what they can do as practitioners to alleviate some of these.

Higher National Unit specification: General information (cont)

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

Outcomes

On successful completion of the Unit the learner will be able to:

- 1 Critically analyse the extent of mental health and developmental delay issues in residential child care in Scotland.
- 2 Critically evaluate legislation, policy and services which help to meet the needs of children and young people affected by mental health and developmental delay issues.
- 3 Critically analyse the nature of collaborative work in child and adolescent mental health.
- 4 Demonstrate a critical understanding of the origins of mental health issues in relation to attachment issues, loss and trauma.
- 5 Critically examine interventions implemented to support mental health in residential child care.

Credit points and level

2 Higher National Unit credits at SCQF level 9: (16 SCQF credit points at SCQF level 9)

Recommended entry to the Unit

In order to access the PDA level 9 Residential Child Care award learners must be able to demonstrate appropriate experience of working in a residential child care setting and have gained 120 credits at SCQF levels 7 and 8 which are recognised as meeting the requirements for registration with the Scottish Social Services Council in residential child care.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes for this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

Equality and inclusion

This Unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit specification: Statement of standards

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Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Learners should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Critically analyse the extent of mental health and developmental delay issues in residential child care in Scotland.

Knowledge and/or Skills

- ◆ Terminology of mental health
- ◆ Terminology of developmental delay
- ◆ Definition of autism
- ◆ Mental health and developmental delay issues in residential child care

Outcome 2

Critically evaluate legislation, policy and services which help to meet the needs of children and young people affected by mental health and developmental delay issues.

Knowledge and/or Skills

- ◆ Relevant legislation, national policy and guidance on mental health and developmental delay
- ◆ Services relevant to meeting the needs of children, young people affected by mental health, developmental delay issues
- ◆ Factors affecting access to services

Outcome 3

Critically analyse the nature of collaborative work in child and adolescent mental health.

- ◆ Meaning of collaborative practice
- ◆ Professional issues affecting collaborative practice
- ◆ Ethical and philosophical factors affecting collaborative work
- ◆ Role of advocacy in mental health

Higher National Unit specification: Statement of standards (cont)

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

Outcome 4

Demonstrate a critical understanding of the origins of mental health issues in relation to attachment issues, loss and trauma.

Knowledge and/or Skills

- ◆ Impacts of attachment issues, loss and trauma on mental health
- ◆ Self-harm and suicide
- ◆ Problematic substance use
- ◆ Depression

Outcome 5

Critically examine interventions implemented to support mental health in residential child care.

Knowledge and/or Skills

- ◆ Counselling techniques
- ◆ Mindfulness practice
- ◆ Cognitive behavioural therapy techniques
- ◆ Groupwork interventions
- ◆ Common medications used in mental health and developmental delay

Evidence Requirements for this Unit

Learners will need to provide evidence to demonstrate their Knowledge and/or Skills across all Outcomes by showing that they can:

- ◆ critically examine how mental health and developmental delay are conceptualised in Scotland, considering categories of mental health issues and developmental disorders.
- ◆ critically analyse the Outcomes of two research studies, one of which will be in relation to mental health and the other into developmental disorders or autism.
- ◆ critically examine the main legislation informing mental health strategy in Scotland.
- ◆ critically evaluate one national policy document in relation to mental health and wellbeing which may impact on children and young people in residential child care.
- ◆ identify and critically examine two agencies or organisations involved in providing services to children and young people affected by mental health and developmental delay issues and analyse at least two factors which affect access to provision for young people affected by mental health and developmental delay.
- ◆ critically analyse two collaborative professions and their codes of practice which can impact on provision for children and young people with mental health or developmental delay issues.

Higher National Unit specification: Statement of standards (cont)

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

- ◆ critically analyse the impact of at least two ethical and philosophical factors on collaborative work.
- ◆ critically evaluate the role of advocacy and explain its importance when dealing with children and young people affected by mental health issues or developmental delay.
- ◆ critically analyse how problems with attachment, loss and trauma can lead to mental health issues.
- ◆ critically evaluate research evidence on self-harm, suicide, problematic substance use and depression.
- ◆ examine the effects of autism and its co-morbidity with one other mental health issue (for example, depression).
- ◆ critically analyse the research on at least one intervention used with children and young people affected by mental health and developmental delay issues.
- ◆ identify and describe a range of medications used in the treatment of mental health and developmental delay issues and the possible side effects noted.



Higher National Unit Support Notes

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

Unit Support Notes are offered as guidance and are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 80 hours.

Guidance on the content and context for this Unit

This Unit is concerned with exploring the mental health and developmental delay issues which may affect children and young people in residential child care. When the learner has completed the Unit, they should have had the opportunity to understand and evaluate the main mental health and developmental delay issues, practice questions and approaches. They should also have had a chance to look at some of the interventions used, examine some of the policy which may have an effect on interventions, critically analyse collaborative work with mental health practitioners and reflect on how to support young people affected by mental health and developmental delay issues more effectively. For ease of understanding, this set of support notes has been divided into the five Outcomes.

Outcome 1

The first Outcome forms the foundation for the Unit. An exploration of terminology and attitudes is necessary. Terminology is important but difficult. In the Scottish Mental Health Strategy (Scottish Government, 2012) it is stated that 'we use the term 'mental illness' where there is or may be a diagnosis of a particular and defined condition within a document such as *The ICD-10 Classification of Mental and Behavioural Disorders* published by the WHO; 'mental disorder' to refer to the broader category of mental illness, 'personality disorder' and 'mental illness' (which follows the definition in Section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003 as well as substance misuse disorders); and 'mental health problems' to refer to the more ambiguous territory which includes those with illness, but also people who may be experiencing challenges to their psychological wellbeing, but who do not have a persisting mental illness or disorder.' Also, the evolution and use of terminology in relation to developmental delay should be considered (eg developmental delay, learning delay, intellectual impairment, physical disability, blindness or visual impairment, etc) and the power of language in this area.

Higher National Unit Support Notes (cont)

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It is important for learners to be familiar with the research evidence about the mental health and developmental delay issues in residential child care. Meltzer and Lader (2004) carried out a major survey in this area. Their findings make sobering reading:

- ◆ 45% of children and young people aged 5–17 looked after by a local authority had a diagnosed mental health issue.
- ◆ Amongst children aged 5–10, 52% of accommodated children had a mental health issue, compared to 8% of children living in private households.
- ◆ 44% of children placed with birth parents, half of children placed in foster care and two-fifths of children in residential care have a mental health issue.
- ◆ Over 22% of looked after children surveyed had tried to hurt, harm or kill themselves this rate was higher for children living in residential Units (39%) compared to those with birth parents (18%) or foster carers (13%).

In some studies, as many as 80% of young people involved with child welfare agencies are judged to have emotional or behavioural disorders, developmental delays, or other indications suggesting mental health intervention (Burns et al., 2004). Moreover, those young people living in out-of-home care with mental health problems continue to experience mental health problems in adulthood (Shin, 2005). Sempik et al (2008) conducted a longitudinal study. This considered the needs of children at the point of first entry into care and identified emotional and behavioural problems from information recorded in case files by social workers and subsequently assessed by psychologists. Using these methods, it was found that 72% of looked after children aged 5 to 15 had a mental or behavioural problem compared to 45% in the ONS general population survey. Among children starting to be looked after under the age of five nearly one in five showed signs of emotional or behavioural problems.

The issue of mental health is also complicated by gender issues. Research demonstrates that females have a higher rate of diagnosis of mental health issues than males. In residential populations, research indicates that the relative magnitude of gender differences in adolescent girls appears to be higher than that of adolescent boys and highly significant gender differences exist particularly for depression, anxiety and somatic complaints (Caufman et al., 2007; WHO, 2002). The existence of gender issues in mental health should be examined. Meltzer and Lader (2004) reported that certain mental health issues were more prevalent than others among residential populations. 38% of children and young people had clinically significant conduct disorders; 16% were assessed as having emotional disorders — anxiety and depression — and 10% were rated as hyperactive. In addition, a number had more than one mental health issue. Learners should understand what is meant by terms such as depression, anxiety, conduct disorders, ADHD etc. They should also develop some understanding of wider mental health categories, including the distinction between neurosis and psychosis, and examples of these types of mental health issue. In addition, there is evidence of a growing number of children and young people in residential child care who are affected by autism (Smith et al., 2013). Given the growing number of young people affected, both in mainstream and in services for children and young people with disabilities, it is important that learners understand the defining features of autism and some of the behavioural issues which have to be addressed.

Higher National Unit Support Notes (cont)

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

Outcome 2

Learners should be able to understand the legislation, guidance and policy which inform their work with children and young people. The main legislation was the Mental Health (Care and Treatment) (Scotland) Act 2003. Certain sections of this act will be amended by the Mental Health (Scotland) Act 2015.

Learners should understand the broad components of the acts. There are a range of policy and guidance documents relating to mental health of young people in Scotland. The resource section of the 'Young Scotland in Mind' website contains a comprehensive selection of national policy and guidance documents at <http://www.youngscotlandinmind.org.uk/resources/policy-documents-frameworks/>

In addition, learners should familiarise themselves with documents such as 'The Same as You?' (IRISS, 2010) and the Scottish Autism Strategy (Scottish Government, 2011) Learners are required to know about the services which may be provided for children and young people affected by mental health issues. Such services should include statutory services such as child and adolescent mental health services (CAMHS) and specialist national and local voluntary sector services such as *Young Scotland in Mind*, the National Autistic Society, or the Notre Dame Centre (<http://www.notredamecentre.org.uk/>) for example. Children affected by disability make up the majority of the residential child care population in Scotland. Within this population, and also in mainstream services, children affected by autism spectrum disorders make up a substantial portion and this is a growing population. This has been recognised at policy level with the Autism Strategy. It is therefore important for learners to understand the features of autism, its co-morbidities and the services available.

When examining services, learners should look at the factors which affect access to diagnosis and treatment of mental health and developmental delay issues. Waiting lists, scarcity of resources, availability of secure care, etc. may be some of the factors which can be considered.

Outcome 3

Collaborative practice is a key area for residential practitioners. It is especially important when different professional groups have to work together to support the mental health of children and young people in residential care. Learners should understand what is meant by collaborative practice. Two of the professions which have a major impact on the mental health of children and young people are CAMHS mental health nurses and teachers. Learners should access the codes of practice of the two professional groups and identify the points of commonality and disparity with the SSSC code of practice for social service staff. Milligan and Stevens (2007) looked at this area and found differences in expectations of approach and perceptions.

Higher National Unit Support Notes (cont)

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The philosophical stance of approach to care should be examined in relation to work with mental health practitioners. Smith and Carroll (2015) outlined the findings of a project which looked at joint training between residential staff and mental health staff and identified widespread and persistent divergences in the status and respective expectations of the two groups of professionals. Learners should bring their own knowledge of practice within their own arenas of care to share experiences of how collaborative work happens and reflect on the issues which have arisen for them in their practice.

Advocacy is a key component of supporting children and young people with mental health issues and developmental disabilities. Learners should understand its central nature to upholding the rights of children who are affected. They should consider what is meant by advocacy, both external advocacy (as a right under mental health legislation) and their role as advocates for the children and young people in their care when it comes to such areas as obtaining access to services.

Outcome 4

In this Outcome learners are asked to reflect specifically on why attachment, trauma and loss can lead to mental health issues, and what the behavioural and emotional Outcomes of these adversities are.

In most settings, learners will have come across some serious behaviours which are linked to poor mental health. They will examine research on self harm, suicide, problematic substance use and depression, as these have emerged as key areas of concern in mainstream residential care (eg Meltzer and Lader 2004; Williams et al., 2001; Furnivall, 2013, etc). There is an interesting set of discussion and peer commentaries on depression among children at <http://www.personalityresearch.org/papers/sokolova.html>.

When these commentaries are analysed, it is clear to see the links between early life and subsequent depression.

Learners may also want to examine the effects of foetal alcohol syndrome and foetal drug syndrome, as a growing proportion of children are becoming looked after as a result of their parents' problematic substance use. This will have implications for future residential child care workers, as developmental delay may result from this. Learners should also consider how mental health issues can be co-morbid with developmental disabilities and autism. Research demonstrates that children with learning disabilities, developmental delay and autism are just as prone to depression, ADHD and conduct disorders as other children in the care system. However, the delay becomes a 'master label' and often an underlying mental health issue can go untreated. For example, the *Autism at a Glance* website reports that depression is MORE common among adolescents affected by autism than it is among the general population. (See http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/CSESA_Depression-in-Adolescents-with-ASD.pdf) This should be considered by learners.

Higher National Unit Support Notes (cont)

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Outcome 5

Learners are asked to look at some of the interventions which they can support in their working practice. The particular techniques on which there should be focus are counselling techniques, mindfulness and the techniques associated with cognitive behavioural therapy. Murphy and Fonagy (2014) reviewed evidence which indicates that psychosocial approaches involving the use of counselling skills, and cognitive behavioural therapy are helpful.

Mindfulness is a way of directing one's attention that originates in Eastern meditation traditions. It is increasingly used in secular contexts like education and mental health services and residential care. Brown and Ryan (2003) identify consciousness, with its attributes of awareness and attention, as a core characteristic of mindfulness. The key features of mindfulness include a focus on the breath, paying attention to the events occurring within one's mind and body, and bearing witness to one's own experience. Research suggests that mindfulness training teaches individuals a different way of being. While engaged in mindfulness practice, individuals pay open-minded and open-hearted attention to thoughts or events as they unfold. Mindfulness involves paying attention to both the thoughts themselves and one's reaction to them. By utilising a mindfulness-based technique such as a body-scan meditation, individuals have an opportunity to view their reactions simply and non-judgementally (Williams, 2010).

Semple, Lee, and Miller (2006) suggest that mindfulness-based approaches may be suitable interventions for anxiety, depression, and/or conduct disorder. Mindfulness-based practices appeal to children and young people because they are self-management techniques and therefore allow them to play a key role in their own growth and development. Mindfulness-based interventions show promise in helping children manage stress by improving self-regulation, mood, and social/emotional development (Mendelson et al., 2010).

Learners should examine the key components of counselling skills and consider how these contribute to relational practice. They may well have undergone some training or awareness of counselling techniques and skills, but the focus should now be on the use of these skills in supporting mental health.

Learners should identify what is meant by cognitive behavioural therapy (CBT) and look at some of the techniques associated with this. CBT focusses on the 'here and now'. CBT looks at how automatic thoughts can affect how a young person feels and aims to change these, in a conscious way. CBT is available through mental health services but CBT techniques can be used either in self-help way or by practitioners who want to help a young person focus on a particular aspect of unhelpful thinking. An excellent website with CBT worksheets can be found at the Cognitive Behavioural Self Help Website at <http://www.getselfhelp.co.uk/cbtstep1.htm>

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The impact of the physical environment is important when supporting mental health. Aspects such as use of colour, décor, noise levels, quiet space, soft play and sensory rooms etc. should be considered, and the effect of such environmental adjustments considered. One interesting paper here was *Designing with care* (Kendrick et al, 2006) which looked at the factors taken into account when building new children's Units in Lanarkshire. Learners will also have had the opportunity of looking at working in the lifespace and the developmental of supportive relational practice. The use of the everyday in practice and how to use this to support the development of self-efficacy in children and young people is very important.

When learners are working with children and young people who have received a diagnosis of a mental health issue, they may be aware that they are taking one or more medications. Learners should be able to describe the common medications used in the treatment of mental health issues and also to examine some of the side effects of these medications. They should be encouraged to critically reflect on the medications used by children and young people with whom they work. This is particularly the case for those working with children and young people with developmental delay, autism and learning disabilities. In a large scale cohort study in the UK, Sheehan et al (2015) found that the proportion of people with intellectual delay who have been treated with psychotropic drugs far exceeds the proportion with recorded mental illness. Antipsychotics are often prescribed to people without recorded severe mental illness but who have a record of challenging behaviour. The findings suggest that changes are needed in the prescribing of psychotropics for people with intellectual delay. More evidence is needed of the efficacy and safety of psychotropic drugs in this group, particularly when they are used for challenging behaviour. An excellent resource to use for looking at the types and effects of medication prescribed for mental health issues is *HeadMeds*. This website, which is part of *Young Minds*, gives general information about medication. Being aimed at young people it is very easy to understand. <http://www.headmeds.org.uk/>

References and websites to support the Outcomes

Brown, K., & Ryan, R. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822–848.

Burns, B., Phillips, S., Wagner, R., Barth, R., Kolko, D., Campbell, Y. & Landsverk, J. (2004). Mental health needs and access to mental health services by youths involved with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry* 43(8), 960–970.

Caufman, E., Lexcen, F., Goldweber, A., Shulman, E. & Grisso, T. (2007) Gender Differences in Mental Health Symptoms Among Delinquent and Community Youth. *Youth Violence and Juvenile Justice*, 5(3), 287-307

Furnivall. (2013). Understanding suicide and self-harm amongst children in care and care leavers: Accessed on 23 Jan, 2016 at <http://www.iriss.org.uk/resources/understanding-suicide-and-self-harm-amongst-children-care-and-care-leavers>

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Meltzer, H. & Lader, D. (2004). The mental health of young people looked after by local authorities in Scotland. *Scottish Journal of Residential Child Care* http://www.celcis.org/media/resources/publications/mental_health_of_young_peoplev3no2.pdf

Milligan, I. & Stevens, I. (2007). *Residential Child Care: Collaborative Practice*. London; Sage.

Mendelson, T., Greenberg, M., Dariotis, J., Gould, L., Rhoades, B., & Leaf, P. (2010). Feasibility and preliminary Outcomes of a school-based mindfulness intervention for urban youth. *Journal of Abnormal Child Psychology*, 38(7), 985–994.

Murphy, M. & Fonagy, P. (2014) Mental health problems in children and young people. Accessed on 27 Feb at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf N.B. To access this paper, please cut and paste this link into your browser.

Scottish Government (2011) The Scottish Autism Strategy. Accessed on 20 Jan., 2016 at <http://www.gov.scot/Resource/Doc/361926/0122373.pdf>

Scottish Government (2015) Mental Health (Scotland) Act 2015. Accessed on 15 Jan, 2016 at <http://www.gov.scot/Topics/Health/Services/Mental-Health/Law>

Sempik J., Ward H. & Darker I. (2008) Emotional and behavioural difficulties of children and young people at entry to care, *Clinical Child Psychology and Psychiatry*, 13, 2, 221-233

Semple, R., Reid, E., & Miller, L. (2005). Treating anxiety with mindfulness: An open trial of mindfulness training for anxious children. *Journal of Cognitive Psychotherapy: An International Quarterly*, 19(4), 379–392. doi:10.1891/jcop.2005.19.4.379

Shin, S. (2005). Need for and actual use of mental health service by adolescents in the child welfare system. *Children and Youth Services Review* 27, 1071–1083.

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Smith, M., Fulcher, L., & Doran, P. (2013) *Residential Child Care in Practice: Making a Difference*. London: Policy Press

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Sheehan, R., Hassiotis, A., Walters, K., Osborn, D., Strydom, A. & Horsfall, L. (2015) Mental illness, challenging behaviour, and psychotropic drug prescribing in people with intellectual delay: UK population based cohort study. *British Medical Journal*, 351:h4326. Accessed on 28 Jan, 2016 at <http://www.bmj.com/content/351/bmj.h4326>

WHO (2002) Gender disparities in mental health. Accessed on 18 Feb, 2016 at http://www.who.int/mental_health/media/en/242.pdf

Williams J, Jackson S, Maddocks, J., A, Cheung W-Y, Love A, & Hutchings H. (2001) Case control study of the health of those looked after by local authorities. *Arch Dis Child*; 85(4):280–5.

Williams, J. M. G. (2010). Mindfulness and psychological process. *Emotion*, 10(1), 1–7.

Guidance on approaches to delivery of this Unit

The first Outcome sets the foundation for the Unit. An exploration of terminology and attitudes is necessary at the start of the Unit, as some learners may be more familiar with the concepts and debates than others. It is not expected that tutors spend a long time on this but it is helpful to ensure that all learners start from the same baseline. An examination of the research evidence into the extent and type of mental health and developmental delay issues which may arise. The paper by Meltzer and Lader (2004) is probably the most important in terms of setting the agenda for mental health awareness in residential child care in Scotland. It is suggested that tutors may want learners to present reviews of some of the other research in the area. Gender issues in mental health are also important. Tutors may want learners to reflect on some of the gender issues in their own workplaces, particularly the ratio of male to female staff and the roles which they are often taking. This can affect role modelling opportunities. Reflection of how gender stereotypes can be challenged can also be encouraged. Autism is a growing area of concern both in mainstream and in specialist residential care settings. It is therefore important that learners know at least what the defining characteristics of autism are and some ideas of the behaviours associated with autism and its co-morbidities. There are some excellent YOUTUBE presentations on this area, and learners should be encouraged to draw on their own experience.

The second Outcome focusses on guidance and legislation. The main legislation was the Mental Health (Care and Treatment) (Scotland) Act 2003 and certain sections of this act will be amended by the Mental Health (Scotland) Act 2015. Learners should be aware of this legislation. In terms of policy and guidance, the resource section of the 'Young Scotland in Mind' website contains a comprehensive selection of national policy and guidance documents at <http://www.youngscotlandinmind.org.uk/resources/policy-documents-frameworks/>. One approach may be to have learners working in small groups to give a presentation on some of the key documents and also to encourage debate on how these policy documents affect practice (or not). Mental health services, both statutory and non-statutory should be examined. The key service is child and adolescent mental health services (CAMHS) and it is important that they have a thorough understanding of this service. You may encourage them to do some research into local or larger voluntary organisations which can provide services and support to children and young people affected by mental health issues.

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The third Outcome looks at collaborative practice. This can be a highly contentious area. It is suggested that learners are asked to explore their own relationships with other professionals who are involved with supporting the mental health of children and to identify some of the issues concerned. An analysis of codes of practice or professional conduct is very helpful in this respect. It is also suggested that the learners critically analyse the paper by Smith and Carroll (2015) as this focused specifically on mental health practitioners and residential child care practitioners /social pedagogues. Once again, learners should bring their own knowledge of practice within their own arenas of care to share experiences of how collaborative work happens and reflect on the issues which have arisen for them in their practice. Advocacy is a key component of supporting children and young people with mental health issues and developmental disabilities, yet it is a misunderstood concept. Learners should be encouraged to share their ideas of what it is and what it means in terms of mental health legislation. They may want to examine the skills of advocacy. It may be helpful to invite a speaker who provides external advocacy services. Partners in Advocacy provide some excellent speakers and there are many other organisations who would help in this respect. <http://www.partnersinadvocacy.org.uk/>

Outcome four should help learners make some links between issues such as trauma and poor attachment, and some of the behavioural Outcomes of this. In their wider training and in other Units for the RCC PDA, learners will have gained knowledge of what is meant by trauma, attachment and loss. They should be very familiar with these concepts so it is not envisaged that tutors will labour these points. However, learners should reflect specifically on why attachment, trauma and loss can lead to mental health issues, and what the behavioural and emotional Outcomes of these adversities are. The use of case studies and drawing on personal experience of young people affected may be helpful to make these links.

In most settings, learners will have come across some serious behaviours which are linked to poor mental health. They should examine research on self harm, suicide, problematic substance use and depression. This could perhaps be approached by encouraging critical review of some of the papers listed in the reference section, or even by encouraging a search for papers and for learners to bring their own examples to review. As stated before, there is an interesting set of discussion and peer commentaries on depression among children at <http://www.personalityresearch.org/papers/sokolova.html>. When these commentaries are analysed, it is clear to see the links between early life and subsequent depression. This could be done in the group session. An excellent source of material is TED talks on YouTube. One particularly powerful TED talk was on how it felt to be a teenager who wanted to commit suicide See <https://www.youtube.com/watch?v=D1QoyTmeAYw> Given that these TED Talks can bring a subject to life and also that there are new ones going onto the web every day, it is advised that tutors use this as a resource for teaching. Foetal alcohol syndrome and foetal drug syndrome are a growing concern. A large percentage of children are being taken into care because of their parents' problematic substance use. The Outcomes and behavioural consequences for such children should be examined. Learners should also consider how mental health issues can be co-morbid with developmental disabilities and autism. Research demonstrates that children with learning disabilities, developmental delay and autism are just as prone to depression, ADHD and conduct disorders as other children in the care system. However, the delay becomes a 'master label' and often an underlying mental health issue can go untreated. For example, the Autism at a Glance website reports that depression is MORE common among adolescents affected by autism than it is among the general population.

Higher National Unit Support Notes (cont)

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/CESA_Depression-in-Adolescents-with-ASD.pdf

This should be considered by learners.

Outcome 5 examines some of the interventions which can alleviate mental health and developmental delay issues. Tutors should start by drawing the distinction between using therapeutic techniques and being a therapist. For example, cognitive behavioural therapy is a type of therapy which can be accessed through the NHS. It is carried out by trained therapists. However, this does not stop a practitioner from being aware of some of the techniques used and integrating them into practice. The particular techniques on which there should be focus are counselling techniques, mindfulness and the techniques associated with cognitive behavioural therapy. Once again, YouTube clips are a nice way of illustrating how these techniques are actually practiced. Triad work on counselling techniques is particularly useful, and practising mindfulness techniques in class, such as the body scan (eg from the Living Well website at <http://www.livingwell.org.au/mindfulness-exercises-3/6-body-scan/>) can be useful.

The impact of the physical environment is important when supporting mental health. Learners should be encouraged to reflect on what makes their Units either positive or negative. The *Designing with care* report (Kendrick et al, 2006) is particularly good because it focuses on what can be done to create supportive living environments which impact on mental health. Clear links have been made between excessive noise levels and the production of the stress hormone cortisol. Learners could reflect on what makes for a peaceful and restful Unit for all children and young people. Finally, learners should understand the effects of medication on their young people. It may be interesting to ask them to come to class and list the medication taken by one of their children or young people (anonymously, of course). This is particularly the case when a child or young person has a developmental delay. They can then reflect on the behaviour of the young person and see if there are any links to the side effects of medication. As previously stated an excellent resource to use for looking at the types and effects of medication prescribed for mental health issues is HeadMeds. This website, which is part of Young Minds, gives general information about medication. Being aimed at young people it is very easy to understand. <http://www.headmeds.org.uk/>

Guidance on approaches to assessment of this Unit

Evidence can be generated using different types of assessment. The following is a suggestion only. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

It is suggested that the assessment for this Unit is in the form of a written assignment and a case study which would cover all of the Outcomes for the Unit. The written assignment should be around 2,000 words and the case study should be around 1,000 words.

Higher National Unit Support Notes (cont)

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

The written assignment could have the following title and subheadings:

Mental health and developmental delay affect many children and young people in residential care. Critically examine the issues which inform practice in this area. Specifically, you should focus on the following areas:

- ◆ A critical examination of how definitions of mental health, developmental delay and autism are conceptualised in Scotland
- ◆ A critical analysis of two research studies, one addressing mental health and the other addressing developmental delay or autism
- ◆ A critical examination of at least one national policy document and one piece of legislation and how they have impacted on the lives of children and young people in residential care
- ◆ A critical examination of at least two agencies or organisations providing services in this area
- ◆ A critical analysis of two collaborative professionals who may be involved with you in the wider care of the child affected and sources of commonality and conflict based on different professional codes of practice or conduct
- ◆ Critical evaluation of the importance of advocacy services for children and young people affected by mental health or developmental delay issues

The case study could be as follows:

Write a case study on one child or young person with whom you work or have worked. The following subheadings should be used:

- 1 Brief description of child background and mental health/autism/developmental delay issue which affects them.
- 2 Critical analysis of behaviours and characteristics associated with their condition (eg self-harm, hyper/hypo-sensitivities, low frustration tolerance thresholds, problematic substance use).
- 3 Critical analysis of issue and associated characteristics or behaviours in terms of trauma, attachment and/or loss.
- 4 Critical analysis of at least one intervention used with the child or young person by you and/or your team in the Unit and the evidence base for the implementation of the intervention.
- 5 Critical reflection on interventions used.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Higher National Unit Support Notes (cont)

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

Opportunities for developing Core and other essential skills

Assessment of this Unit will assume the development of Core Skills necessary in the performance of work tasks at this level. For example, the assessment is likely to include the use of appropriate information technology. Taking part in the activities of the class will lead to the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

Learners will have the opportunity to develop the following Core Skills:

Communication: Written communications will be developed through learners producing written work in a variety of formats; oral communication will be developed through discussion, debate and evidence of engagement with other professionals and key people.

Working with Others: Will be developed as learners will be required to work collaboratively with colleagues from their own Unit in the preparation and research for their assessment.

Information and Communication Technology (ICT): Learners will develop their *ICT* skills through research and the presentation of the written assignment and case study.

Problem Solving: Learners will have the opportunity to develop their skills through research and evaluation and through relating their learning to their own work practices.

History of changes to Unit

Version	Description of change	Date

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General information for learners

Unit title: Mental Health and Developmental Delay: Issues and Interventions in Residential Child Care (SCQF level 9)

This section will help you decide whether this is the Unit for you by explaining what the Unit is about, what you should know or be able to do before you start, what you will need to do during the Unit and opportunities for further learning and employment.

The purpose of this Unit is to enable you to analyse and critically reflect upon mental health and developmental delay issues which face children and young people in residential child care. An understanding of the issues and some of the interventions which can be supported by practitioners is crucial to the health and wellbeing of looked after and accommodated young people. The Standard for Residential Child Care says that practitioners need to 'demonstrate a critical understanding of adversity and trauma, their effects on children and young people, and children's responses to them.' In addition, they are required to 'have a developed knowledge and a critical understanding of the range of developmental impairments and disabilities that children and young people may have' (Standard 3.2.). In addition, the standard highlights the importance of inter-professional work with specialists to support the wellbeing of children and young people, and also asks for an understanding of counselling and therapeutic roles in child care settings.

The Unit will provide underpinning knowledge about the extent and type of mental health and developmental delay issues for children and young people in residential care. It will examine how trauma and adversity can contribute to mental health issues. Some of the common behavioural challenges associated with mental health and developmental delay issues, which commonly face practitioners, will be examined. It will also provide an opportunity to reflect on some of the simple interventions which can be implemented to support mental health. The Unit will also examine the key principles of collaborative practice, which ensures that the child or young person has access to the correct services at the right time. Successful completion of the Unit will enable you to understand and critically reflect upon the impact of mental health and developmental delay issues on the lives of children and young people in residential care, and what you can do as a practitioner to alleviate some of these.

You will be assessed by means of a written assignment and a case study. In these assessments you will be given the opportunity to analyse research and policy in this area and reflect on how this impacts on practice. In the case study you will be invited to reflect on work you have done with a child or young person affected by mental health or developmental delay. You will bring your own experience into the case study.

Successful completion of the Unit will enable you to understand the challenges of working with mental health and developmental delay issues. You will also further enhance some of your Core Skills in *Communication*, *ICT* and *Working with Others* and *Problem Solving*.