Evaluation of the Mental Health aspect of Adult Health Assessments for Prospective Carers in Cardiff and Vale

Abstract

Objective: To evaluate the mental health and lifestyle detail provided, in adult health (AH) forms, by prospective adoptive and foster carers and their GPs to aid the development of a quality standard.

Methods: This study used a sample of 139 AH forms from Cardiff and Vale's (C&V) database from 2018-2023 and compared the mental health and lifestyle detail provided across Part A, B and C of the forms.

Results: The number of mental health problems reported by applicants was similar to the number reported by GPs, however, the mental health detail provided by applicants and their GPs was often inconsistent.

Conclusions: This evaluation highlighted that whilst most assessments included mental health details, discrepancies did exist in the detail provided by applicants, GPs and medical advisers. The development of a quality standard will minimise the potentially devastating consequences of inadequate information sharing as was seen in the Leiland-James Corkill review.

Introduction

Adult health assessments form an integral part of the adoption and fostering process. They provide key information on a prospective carer's health and lifestyle and are reviewed by adoption and fostering panels before carer approval. AH forms are divided into three parts;

- Part A - self-declaration of the applicant's physical and mental health and lifestyle.
- Part B - completed by the applicant's General Practitioner (GP) with questions matched to Part A, plus questions regarding safeguarding and how their health may impact on an applicant's parenting capacity.
- Part C - completed by the medical adviser providing a health summary and how this may impact on an applicant's ability to care for a child.

It is vital that health information is collected on prospective carers as looked after children (LAC) often have considerable needs and carers must, therefore, have robust physical and mental health to meet these demands (1). AH forms are also important for making reasoned assumptions about a carer's ability to maintain long-term health to enable them to parent a child to independence (1, 2). Whilst there are no medical contraindications to becoming a carer, it is essential that anything that may put a child at risk or prevent a carer from nurturing a child's emotional and physical development is known (3). This ensures that placements for LAC are safe and that they are looked after by adults who have the capability to do so (2, 4).

The recent case of Leiland-James Corkill (LJC), a child who was tragically murdered by his adoptive mother, highlights the importance of the information obtained from the AH forms. The subsequent review documented concerns relating to the accuracy of the mental health and lifestyle information shared by applicants and about the degree of detail given by GPs. Recommendations included a 'thorough consideration of medical records' and that professionals shouldn't rely solely on the 'self-report' of applicants for health and lifestyle issues (5).

Despite the documented importance of AH forms in safeguarding vulnerable children, there is currently no quality standard. This study aims to evaluate C&V's AH forms to establish the degree of mental health and lifestyle detail provided by the applicant, GP and medical adviser to aid the development of a quality standard and assess whether any immediate changes to practice are required.

Methods

A sample of 139 CoramBAAF AH forms were selected from C&V's database from 2018-2023. 140 AH forms were initially selected, however, the complete form for one applicant could not be located. AH forms for all types of application were included. The sample included 115 initial AH forms and 24 review AH2 forms. Data was collected with a particular focus on those elements relating to the LJC review recommendations including the following descriptors:

- Age
- Sex
- Type of application (adoption, fostering, kinship)
- Mental health problems
- Psychiatric / psychological treatment / counselling
- Mental health medications
- Smoking
- Alcohol
- Recreational drugs
- Medical conditions
- BMI

Analysis focused on comparison between the mental health details provided by the applicant and their GP and how these were referenced in the medical adviser's summary. No ethical approval was required for this study.

Results

Demographics

Demographics are described in Table 1.

Table 1: demographics of sample (*n=139*)

Age (years) % (n)	
<25	1% (1)
25-30	6% (9)
31-35	11% (15)
36-40	11% (15)
41-45	12% (17)
46-50	12% (17)
51-55	12% (16)
56-60	22% (30)
61-65	7% (10)
66-70	4% (6)
>70	2% (3)
Sex % (n)	
Female	65% (91)
Male	35% (48)
Type of applicant % (n)	
Fostering	52% (72)
Adoption	14% (19)
Kinship	24% (33)
Special guardianship	1% (2)
Information missing	9% (13)

Mental health

The number of applicants reporting to have had a mental health problem was 83 (60%) compared to 91 (65%) applicants reported to have had a mental health problem by their GP. A total of 84 (60%) applicants reported receiving mental health treatment (medication or psychological support) compared to 69 (50%) applicants reported by their GPs.

A comparison of the types of mental health problems reported by applicants and GPs is shown in Table 2.

Table 2: Comparison of the types of mental health problems reported by applicants and GPs

Mental health problem % (n)	Applicant reported % (n)	GP reported % (n)
Postnatal depression	4% (5)	4% (6)
Reactive depression	15% (21)	6% (9)
Reactive anxiety	12% (16)	6% (8)

Generalised anxiety or depression	9% (12)	33% (46)
Work related issues	11% (15)	6% (9)
Family or relationship related issues	10% (14)	5% (7)
Adverse stress reaction	1% (1)	1% (2)
Seasonal affective disorder	1% (1)	0% (0)
Bereavement	12% (17)	9% (13)
Post-traumatic stress disorder	4% (5)	4% (5)
Childhood trauma	3% (4)	1% (2)
Bipolar disorder	1% (2)	1% (2)
Obsessive compulsive disorder	1% (2)	1% (2)
Eating disorder	1% (1)	2% (3)
Stress	1% (2)	6% (9)
Fertility or pregnancy related issues	4% (5)	1% (1)
Health related issues	6% (9)	4% (5)
Drug or alcohol misuse	1% (1)	4% (5)
Overdose	0% (0)	4% (6)
Menopause related issues	2% (3)	1% (1)
Neurodevelopmental disorder	1% (2)	1% (2)
Personality disorder	0% (0)	1% (1)

The most prevalent mental health problems reported by applicants were reactive depression, reactive anxiety and bereavement. Whilst the most prevalent reported by GPs were generalised anxiety or depression, bereavement, reactive depression, work related issues and stress.

For applicants who had experienced a mental health problem, a comparison of the timings of these, as reported by applicants and GPs, is as follows:

- Ongoing - 14 (17%) vs. 10 (11%)
- Within the last ten years - 12 (14%) vs. 35 (38%)
- Over ten years ago - 12 (14%) vs. 21 (23%)
- No detail provided - 31 (37%) vs. 25 (27%)

For applicants who had experienced mental health problems, a comparison of the number per applicant, as reported by applicants and GPs, is as follows:

- One problem - 62 (75%) vs. 61 (67%)
- Two problems - 19 (23%) vs. 25 (27%)
- Three or more problems - 2 (2%) vs. 5 (5%)

A comparison of the types of mental health management received as reported by the applicant and by GPs is shown in Table 3.

Table 3: comparison of the types of mental health management reported by applicants and GPs

Mental health management % (n)	Applicant reported % (n)	GP reported % (n)
Counselling - NHS provided or not specified	19% (27)	26% (36)
Counselling - third party provided	11% (15)	4% (5)
Private rehabilitation	1% (2)	0% (0)
Psychiatrist - outpatient	2% (3)	4% (6)
Psychiatrist - inpatient	1% (1)	1% (1)
Primary / Community Mental Health Team	3% (4)	5% (7)
Medication	27% (37)	26% (36)

The most prevalent mental health management was medication and counselling. Of those applicants reporting to have received support from a mental health professional, 37 (79%) reported one intervention, 7 (15%) reported two and 3 (6%) reported three or more. GPs reported that of those applicants requiring mental health management (psychological support or medication), 46 (67%) had one intervention, 22 required two (32%) and 1 (1%) had three or more.

Analysis of the detail regarding mental health problems provided by the applicant compared to that provided by the GPs was undertaken. For 45 applicants the information provided varied significantly between the applicant and the GP with the GP providing most detail in 33 (24%) cases and the applicant providing most in 12 (9%) cases. There was minor discrepancy in detail for 26 applicants in which in 9 (6%) instances the GP provided more detail and in 17 (12%) the applicant did. For 31 (22%) applicants the information provided regarding mental health problems was similar between the applicant and their GP and for 37 (27%) applicants both answered 'N/A' or provided no detail.

Medical adviser's summary

Where a mental health problem was disclosed by the applicant or their GP, this was referenced in the medical adviser's summary for 85 (93%) applicants. For these applicants, the medical adviser subsequently commented on the current state of the applicant's mental health or the potential implications of a historic problem for 77 (91%) applicants. Where a mental health problem had been disclosed, for 65 (71%) applicants the summary included all the crucial mental health details provided whilst for 19 (21%) applicants the summary lacked minor detail. For 6 (7%) applicants, the summary did not include important mental health details disclosed by the applicant or their GP.

Lifestyle

Analysis of lifestyle descriptors is shown in Table 4.

Table 4: lifestyle descriptors *(n=139)*

Smoking % (n)	
Never	52% (72)
Ex-smoker	30% (42)
0-5 cigarettes per day	2% (3)
5-10 cigarettes per day	6% (9)
10+ cigarettes per day	8% (11)
Incomplete	1% (2)
Alcohol % (*n*)	
≤14 units per week	57% (79)
>14 units perk week	6% (9)
Non-drinker	35% (48)
Incomplete	2% (3)
Recreational drugs % (*n*)	
Never	86% (119)
Previous use	12% (17)
Current use	1% (1)
Incomplete	1% (2)

Physical health

The number of applicants with a physical health problem was 112 (81%) and the number with a physical and mental health problem was 68 (49%). The number of applicants with a BMI of >30 was 83 (60%).

Analysis of the types of physical health problems reported by applicants and GPs is shown in Table 5.

Table 5: physical health problems reported by applicants and GPs

Type of physical health problem % (*n*)	**Detail of physical health problem**	**No. of applicants % (*n*)**
Allergy	Food intolerance, hayfever	4% (5)
Anaemia	N/A	3% (4)
Asthma	N/A	16% (22)
Cardiovascular	Myocardial infarction, ischaemic heart disease, hypercholesterolaemia, ischaemic cardiomyopathy, heart failure, hypertensive cardiomyopathy, venous insufficiency	6% (8)
Dermatological	Eczema, acne, lichen sclerosis, dermatitis, acne rosacea, basal cell carcinoma, psoriasis, hidradenitis suppurativa	12% (16)
Diabetes mellitus	Type 1, type 2	6% (9)
Gastrointestinal	Diverticular disease, haemorrhoids, irritable bowel syndrome, inflammatory bowel disease, hiatus hernia, coeliac disease	9% (12)
Gastro-oesophageal reflux disease	N/A	6% (9)

Gynaecological	Urinary incontinence, ovarian cyst, ectropion, dysmenorrhoea, endometriosis, polycystic ovarian syndrome, fibroids, uterine prolapse	9% (13)
Hepatic	Non-alcoholic fatty liver disease, focal nodular hyperplasia	2% (3)
Hypertension	N/A	14% (20)
Hypothyroidism	N/A	5% (7)
Menopause	N/A	6% (8)
Musculoskeletal	Sciatica, carpal tunnel syndrome, osteoarthritis, chronic back pain, prolapsed disc, gout, tendon dysfunction, generalised MSK pain	21% (29)
Neurological	Juvenile myoclonic epilepsy, migraines, transient ischaemic attack, vasovagal syncope, dystonia, neuropathic pain	7% (10)
Cancer	Breast cancer	2% (3)
Respiratory	COVID-19 pneumonitis, chronic obstructive pulmonary disease	2% (3)
Rheumatological	Fibromyalgia, rheumatoid arthritis	5% (7)
Other	Osteomyelitis, recurrent urinary tract infections, bladder diverticulum, detached retina, restless legs, Ehlers-Danlos syndrome, tinnitus, fibroadenoma, vitamin D deficiency, erectile dysfunction, pancreatic insufficiency, panhypopituitarism, sinusitis, benign prostatic hyperplasia	14% (20)

The most prevalent physical health conditions were musculoskeletal (MSK) problems, asthma and hypertension.

Discussion

Following the LJC review, this study aimed to evaluate the mental health and lifestyle detail in C&V's AH forms to aid in the development of a quality standard.

This study found that just over two thirds of applicants had experienced a mental health problem; this compares to around a quarter of adults in the general population (6, 7). The number of applicants reporting to have had a mental health problem was similar to the number reported by GPs. However, just under half of the forms were found to have similar levels of mental health detail in Part A and Part B and in a third of cases significant differences in detail was seen. Where the GP provided significantly more detail, this was most often regarding undisclosed overdoses, depression and anxiety, bereavements and drug or alcohol misuse. That these weren't disclosed by the applicant is concerning and potentially calls into question their ability to be open with professionals.

We also found instances of the applicant supplying significantly more mental health detail than the GP. This is worrying, particularly following the LJC review which reported concerns regarding the detail provided by GPs (5). Although there were no cases where chronic psychiatric illnesses were not disclosed by the GP, the fact that there are mental health details that GPs are unaware or do

not provide detail of is concerning. Potential reasons for this are a lack of time or resources to complete the assessment and poor accessibility to the applicant's full records.

Overall, where details of mental health problems differed significantly, it was the GP who provided greater detail. This is consistent with findings from the LJC review which found gaps in the mental health information provided by the applicant (5). Further investigation is required to understand the reasons for applicants omitting mental health details, such that applicants can be supported to complete the forms as comprehensively as possible.

Regarding the types of mental health problems recorded, just over a quarter of applicants reported a chronic psychiatric illness (see table 2) whilst over 90% reported a reactive mental health problem. In comparison, over half of applicants were reported by GPs to have a chronic psychiatric illness with only around a third reported to have a reactive problem. One reason for this may be that applicants reported more detail about triggers for their mental health problems, resulting in them being labelled 'reactive', whereas there may have been no details regarding these in the GP records. Overall, there were far more instances of reactive problems amongst applicants than chronic psychiatric illnesses. However, it is vital that, regardless of the type of mental health problem, the assessing social worker explores the impact on the applicant as it this information that ultimately informs decisions regarding applicant approval.

Of the chronic psychiatric illnesses, the number of applicants reporting post-traumatic stress disorder, bipolar disorder and obsessive compulsive disorder matched with the number reported by GPs. However, significantly, GPs reported more applicants having had an overdose or past drug or alcohol misuse than was reported by applicants - serious mental health issues for an applicant to omit. One reason for this may be that applicants are concerned about the stigma of such mental health problems and how they may affect their chances of approval. It is vital, therefore, that social workers work to remove this stigma by reassuring applicants that there are no mental health contraindications to becoming a carer; whilst emphasising the importance of being open about past problems and how these have been overcome. This is crucial to determine the impact such problems may have on an applicant's parenting capacity and to ensure appropriate support is provided.

Where timings of mental health problems were known, around half of applicants had experienced a problem within the last ten years. This is significant as there is a chance problems could recur with the demands of parenting a LAC and these applicants may require additional support. This study found that more applicants reported ongoing mental health problems and that more GPs reported problems from over ten years ago. This could be due to applicants not seeing their GP for an ongoing problem that they feel able to manage themselves and because applicants may not feel it relevant to report a historic mental health problem, information which would be readily available in

their GP records. Ensuring that applicants are open about the timing of mental health problems is vital, as highlighted by the LJC review findings which states that ‘it is this information which helps inform the decision of the medical advisor regarding the need to request additional information’ (5).

Our results suggest that the number of applicants reporting to have received mental health treatment was marginally higher than that reported by GPs. This could be due to the ability for applicants to access third party counselling with no information sharing between the provider and the applicant’s GP. Most applicants only received one type of treatment, however, GPs reported that around a third of applicants received two forms of treatment compared to just under a sixth of applicants reporting this. This may be because applicants are only asked about treatment by mental health professionals whilst GPs are asked about this alongside mental health medications. Consequently, medications were not included in the analysis of the number of types of treatments applicants reported. Only a small minority of applicants required three or more types of treatment which reflects the fact that the predominant interventions were medication and counselling. Significantly, twice the number of applicants were reported to have seen a psychiatrist by their GPs compared to reported by applicants. This is notable as a mental health problem requiring psychiatric involvement is likely more severe and would doubtlessly require further investigation by the medical adviser.

On the whole, the medical adviser’s summary was found to include all mental health problems documented in Part A and B and to comment on their potential implications. Mostly this was ‘It is well known that symptoms can recur at any time, particularly during stressful events. Therefore, I recommend that the social worker explores current stress triggers and coping strategies to ensure [the applicant] is appropriately supported… should a child be placed’. For a small minority of applicants, the summary overlooked important mental health details such as anxiety, depression and stress. Whilst there were no cases of the summary not mentioning a serious psychiatric illness, any instance of missing mental health detail is concerning as it is from the summary alone that panel receives health information before considering applicant approval.

Regarding lifestyle factors, this study found that 16% of applicants smoke, 6% drink over 14 units per week and 1% use recreational drugs. Information regarding lifestyle factors is vital as these activities can negatively impact a child’s physical and psychological wellbeing and affect an applicant’s ability to care for them. This is highlighted by the finding that for all applicants reportedly drinking more than the recommended weekly amount, the summary commented ‘I would recommend the social worker…ensures [the applicant] understand the experiences a child in care may have had with adults drinking alcohol and the impact it can have on them’. Significantly, lifestyle information is only reported by the applicant, a fact worth considering given the LJC review’s finding of concerns over the accuracy of lifestyle information provided by applicants (5).

Whilst there is no literature to support this study's findings, we highlight similar concerns to those raised in the LJC review. This emphasises the requirement for a quality standard to ensure that AH assessments are as comprehensive and accurate as possible. It is crucial that medical advisers, social workers and panel have full detail regarding mental health, so the carer is provided with the appropriate support and to ensure the upmost safety of LAC. As highlighted by the LJC case, it is vital that both the applicant and the GP provide comprehensive information so that decision making does not rely solely on the self-declaration of applicants, who may omit detail, or on medical records which may be incomplete or not fully assessed.

Limitations

This study evaluated C&V's AH forms and whilst the results are likely generalisable, it would be important to assess any regional differences before development of an 'all Wales' quality framework.

Conclusion

This study found that whilst the number of applicants reporting mental health problems was similar to the number reported by GPs, the level of detail regarding these was often inconsistent across Part A and Part B, with the GP mostly providing greater detail. The medical adviser's summary was, overall, found to include all relevant mental health detail disclosed by the applicant and their GP. These findings provide key information that could aid in the development of a quality standard for AH assessments such that they are as comprehensive and accurate as possible.

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