

Adhd mental health  
the impact and  
implications for young  
people in the uk  
society...



This essay will explore and critically analyse the impact and implications of youths who are known to be part of the Youth Justice System and have been diagnosed or need to be assessed as to whether they are treated for Attention Deficit Hyperactivity Disorder (ADHD) or a different mental health disorder.

The implications and impact of diagnosis relates to young people who unbeknown to themselves are affected by this disorder. My analyse of the topic ADHD/mental health, (MH) and the impact and implications for young people in the Youth Justice System will explore that greater awareness is needed to recognise that ADHD/ has a significant impact on youth pathways into the criminal justice system.

The objective of this essay is to evaluate how different departments such as the Department of Health, (DoH), Mental Health, Criminal Justice System and the Metropolitan Police services, (Young et al, BMC Psychiatry 2011), can raise awareness towards the ADHD disorder/mental health, enabling and recognising that assessments, treatments and management of youths with ADHD are able to support vulnerable young people and alleviate behaviour that leads them into criminal behaviour.

Diagnosis of the ADHD disorder in young people is an important assessment of a complex and controversial disorder. A quote from a young person (O'Hara, 2010), the Guardian newspaper had this to say " I didn't get any practical help," he says of his encounters with the justice system. " It would have helped, because then basically I would have had a childhood. " With this in mind (O'Regan, p. 5-6, 2007) mentions core features and overlapping

conditions of educational disabilities and needs, such as dyslexia, dyspraxia, difficulties in social settings.

Excessive impulsivity, disorganisation having difficulty sustaining attention to different tasks, always being on the go, easily distracted and other symptoms related to the ones mentioned. It could be said that this behaviour is normal behaviour of many young people, but the ADHD disorder can/is chronic and intense and if not diagnosed appropriately can lead into adulthood, (O'Regan, p. 26, 2007) associates Oppositional Defiant Disorder (ODD) as being linked with ADHD that of challenging behaviour, criminal behaviour substance misuse and school exclusion.

New government proposals to contest youth crime such as the Anti-social Behaviour Orders (ASBO) will be replaced with the new Injunctions to Prevent Nuisance and Annoyance (IPNA). Previously the ASBO was issued if a person young or old caused or was likely to cause harassment distress of alarm to the public. Under the new law/legislation PNAs, (Steeleslaw, 2013) section 1 of the new Anti-social Behaviour, Crime and Policing Bill 2013 - 2014, that is part of the Crime and Disorder Act (1998) is to be implemented as part of criminal Law.

Although in essence it is a sanction to preventing Anti-social behaviour this bill of Law could further criminalise vulnerable young people who could be diagnosed with the ADHD disorder or mental health issue. Rather than exacerbate the influx of young people into the Criminal Justice System, as mentioned earlier in my essay greater awareness from all departments in the Youth Justice System is needed, social action, (Williamson, 1995),

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community cohesion, Department for Communities and Local Government, 2008, p. 10 and Restorative Justice, Criminal Justice Act (2003) are intervention schemes that support strategies for young people to steer away from prolonged criminal/anti-social behaviour.

Ultimately what are the implications and impact on youths in the Criminal Justice System and youth crime? Moreover statistically the percentages of young people being categorised as defiant when in fact they are experiencing ADHD behaviour. Studies conducted, 2009-10 by the Youth Offending Team (YOT) Managers, as cited from (O'Hara, 2010) mentions that researchers surveyed YOT officers in England and Wales, as part of a five year programme.

The survey revealed that 67% of ADHD young people were five times more likely to be given sentences. The high percentage of young people who are exhibiting or are diagnosed with the ADHD disorder should be a reason of concern and have a target audience No Health without Mental Health (2011) of Medical Directors, Allied Health Professionals, (NHWMH, 2011) GPs, Directors of Children's, Youth Offending Services plus the Criminal Justice System, Heads of teachers and employers, to name but a few.

Multi-professionals/practitioners then, have a duty of care to promote the care and support of young people with complex needs regarding their mental health A policy proposal set out from the Government strategy of (NHWMH, 2011) to support people with mental health/disorders acknowledges the importance of access to mental health services, it mentions that " better services must be better for all - whatever people's age, race, religion or

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belief, sex, sexual orientation, disability, 'protected characteristics' or groups as set out in the Equality Act 2010", "the Government's commitment to promoting equality and reducing inequalities in mental health. This support was evident whilst on a social work placement with the Princes Trust, (PT) organisation, and a young person was referred from a YOT.

The young person was part of the "1.09 million young people (Office of National Statistics 2013) who are (aged from 16 to 24) in the UK who were Not in Education, Employment or Training (NEET), up 21,000 from October to December 2012 but down 101,000 from a year earlier". The young individual that had been diagnosed with ADHD, being over sixteen years of age the youth was prescribed medication that the young person could take competently themselves.

A risk assessment was completed, to take into consideration whether the new environment, stress, experiences and activities would affect the personal behaviour and their being able to cope with these situations.

According to the Equality Act (2010) section 6 a person with a disability/disorder is to be respected in social care Law. We implemented strategies of anti-discriminatory practice of treating client as an individual, talk therapy, assessing the anxiety levels and the behaviour of the young person. The young person in various conversation felt isolated, frustrated, and incapable to express, articulate and take part in team events.

An incident did take place where the personal belongings of another young person of the team went missing. The police were informed and the police visited the residential home and the item was recovered. Although the young

client did not openly admit to taking the missing item it was evident that the young woman was involved in the incident. It transpires that alcohol and taking medication elevated the risky behaviour, no police action was taken, but the young person felt victimised and was emotionally upset by the whole event.

A reassessment of the young person's care plan of support was completed to empower the young person instead of concentrating on the difficult circumstances of the young behaviour. Rather than disempower the young person, who was possibly not in full control of their actions because of the ADHD disorder, continued periodic reviews and observation of the young along with individual and additional one to one support was given for the rest of the duration of the residential event. All the above being said, an interesting research journal analysis how heterogeneity is linked to hyperactivity/ADHD.

The journal questions whether negligence, physical harm and hardship of individuals is the causation to the disorder, and if ADHD itself plays a role in the prediction of criminality in young people and into adulthood. The research paper is based on 2, 741 male and female junior children from the ages of 6-12. The methodology is qualitative using four models to estimate that of ADHD/hyperactivity by its self, ADHD/aggression together. And hardship/negligence, and normal/boy, girl ratios in its method using a social behaviour questionnaire.

The participants other than the children were mothers, and teachers who completed the questionnaires annually. The overall results of the research

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were to be calculated from the first events of criminal behaviour of the children to the age of 25, with records of criminal behaviour from the court system, depending on the overall number of children who either were not appropriate to continue in the research, or there was no consistent changes in the ADHD, or physical harm/aggression/or hardship in the children's growing childhood. From the research there are some key findings such as, (Pingault, J-B, et al, 2013. p. 4), aggression was consistent and an influence to behaviour between the ages of 6-7 or 8-12 years towards the children's adolescence and adulthood conducted by the mothers and the teachers.

Key finding two, physical aggression was the consistent behavioural predictor of criminal behaviour for the survey children up to the age of 25. For the children at the age of 25, with mother/teacher participants of the questionnaire physical aggression in childhood predicted 28. 2% of all the participants had a criminal record. The same could be said of that physical harm/aggression predicted that 45. 9% of the recorded criminal charges and 57. 4% of the violent ones.

Thus " participants in this high trajectory (Pingault, 2013 p. 5) of physical aggression are not only more likely to have a criminal record but, when they have one, to have more criminal charges". Also being male, (Pingault, 2013 p. 3), and " living in a family with high levels of adversity contributed significantly to the prediction of criminality". Significantly the research highlighted that ADHD/hyperactivity was not the main cause of criminal behaviour in the long term for adolescence, and adults with ADHD symptoms.

The relatively positive factor gained from the research conducted by (Pingault, et al 2013) Childhood Hyperactivity, Physical Aggression and Criminality: A 19-Year Prospective Population-Based Study 2013, is that greater awareness from analytical research and future research will support alternative interventions for diagnosed people with ADHD. Early intervention schemes that are holistic, family orientated, concentrated on assessing significant harm regarding children in problematic families, and monetary support for families experiencing elements of poverty and socio-economic hardship.

Furthermore a recent news article from BBC News Education & Family, (Harrison, 2013) cites from an article in the British Medical Journal relating to children in schools from the age of seven should be mental health screened. In essence a Mr Williams from the University's Institute of Public Health, recommends that " Introducing mental health screening in schools could enable early diagnosis and treatment of childhood mental health problems and therefore reduce many of the costs associated with adolescent and adult mental health problems," estimates for screening children would cost ?

27 per child with a total costing of 18. 5 million for every seven year old in the UK. This is a positive initiative to supporting and improving the mental wellbeing of children before they reach maturity. For such proposal to except credence, mental health professional/social workers assessing and the needs of vulnerable young people would have to be robust and stringent to the application of policies that are in place to support and protect young people from stigma and labelling of people with mental health problems.



Social work and the Law defines that social workers, (Adams, et al, 2009) have legal responsibilities that are actions the Law/Government make it a role for social services to carry out. Legislation, regulations, directions are approved from central Government control. The Local Authority Social Services (Act 1970), is guidance. This legal guidance relates to operational procedures and policies, at times these polices can be challenged through the Legal courts.

Any person really, Article 8, The Right to Respect for private and Family, Home and Correspondence, (2013), cited from (Adams, 2009. P. 92) who comes into contact with social services and is involved in elements of social care, have a legal right to have their concerns, voiced in Court of appeals over their civil rights, needs, protection or personalised care. This Law is incorporated in the UK Human Rights Law (1998). The balance then for social services and delivering appropriate interventions of care to clients/service users/and carers has to be anti-discriminatory to promote social equality and justice, The National Health Service and Community Care Act (1990), pivotal Act of Governmental Law to provide provision and welfare services for the UK society.

The capabilities for student social workers and social workers in the UK have to meet standardise of proficiently in social work practice, the Health Professions Council, 2. 2 Work within the principles of human and civil rights and equalities legislation, differentiating and beginning to work with absolute, qualified and competing rights and different needs and perspectives - Rights, Justice and Economic Wellbeing 4. 3.

In the case with service users with mental health problems, social workers have to evaluate and link with all other service provider professionals, to provide personalised care plans to care/safeguard/protect and to enable autonomy to vulnerable and at risk service users that will promote the ethical and duties in the best interest for the client. Future consideration has to be given to the implications of assessing the needs of carers with children with mental health problems such as ADHD.

Adolescence to adult transition to adult mental health services are delivered by Child and Adolescent Mental Health Services (CAHMS). Therefore any child if under the 18 and is provided services through CAHMS, will be deemed as a child in need, Section 17, Children Act (1989) and either will be assessed or has been assessed with a mental disorder. When a young person is at or nearing the age of 18, the looked after child or community service user would be assessed under the Community Care Assessment Section (CCA) 47 of the NHS and Community Care Act (1990).

The CCA, provides access to mental health services for adults that include therapy, counselling and support from allocated social workers or community care nurse coordinator. An example of government policy proposals take account of the different circumstances which contribute to mental health problems, the (No Health without Mental Health, 2011), (NHWMH, 2011) local authorities across London will be implementing new statutory health and wellbeing boards.

The Joint Strategic Needs Assessment (JSNA) government social care/partnership working will try to priorities the UK national local needs.

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Department committees such as Cabinet Sub-Committee of Public Health, Cabinet Committee on Social Justice and a National Inclusion Health Board that will support the needs of vulnerable adolescence /adults to tackle marginalised youth and the disadvantaged who need better access to mental health services.

Further analysis of the NHWMH strategies to enable better mental health awareness and interventions to support people with mental health, is to combat elements of stigma, discrimination, social causes attributing to poor mental health. The committees are to be set up to priorities improved access services, such as access to psychological therapies, (IAPT), early intervention schemes for children, young people and families, holistic strategies for mental health offenders and joint promotional support in cross department research into mental health and its impact on Governmental resources to cope with MH of the nation.

One of the key implementations of the NHWMH, is that the Department for Education will introduce an (' Early Intervention Grant', 2012) this is a funding facility that targets early intervention and preventative amenities that will concentrate on local authorities having greater control to deliver services that have worked in any given area. Sure Start children's centre, and (EIG, 2012), in " 2011-12, ? 2223, million was allocated to local authorities in England through the Early Intervention Grant".

Targeted Mental Health in Schools (TAMHS) and support for vulnerable young people along with targeted enablement's, for families with multiple needs, free early education intervention services for children, from underprivileged

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back grounds subject to local requirements can access needed support. Such interventions are in theory statutory duties of local authorities, (LA). The Childcare Act 2006 is policy/legislation that were possible LA have to consult Governmental committees regarding opening/closing of centres that are appropriate for long term welfare of strategies within constituencies.

This essay has endeavoured to identify strategies that the government has/will implement to provide support policies for children/young people, coping with mental health problems. There is however, increased research of parental households, were the prevalence of mental health impacts on the outcomes of the children living with parents, who are not coping with being parents, proving the necessary needs of their children due to mental health.

The Children's Needs-Parenting Capacity, (CNPC) research paper (2011), is an in depth enquiry to understand the implications and long term impact of children/young people whose parents because of influences substance misuse, learning disabilities, mental health and domestic violence has infringed on the welfare of children/young people. Research, reports and serious case reviews have flanged up serious concerns regarding the figures of the prevalence of histrionic, mental health developing in children/young people, what is meant by this.

Well the CNPC research reveals two mean theories that link environment and mental health genetic transference. The anxiety, stress of a child/young person within a family environment were the parent has mental health problems and the genetic disposition of the parent could affect the mental health of siblings in the family, " almost three quarters of the children, a

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study cited from (Rutter, et al 2006) have been living with either DV, parental mental health and substance misuse”.

Similar research (Tienari et al. 2004; Wynne et al. 2006) supports that adopted children of mothers with mental health problems once adopted were less likely to develop psychotic or non-psychotic disorders through change of environment, good supportive care plans and support from adoptees. Although these research findings are conducive to treating the effects of mental health and possible removal of children/young people from problematic mental health families, the outcome of care and support for the children is positive.

Evidence from the 1995 child protection research (Department of Health 1995a) indicated that when parents have problems of their own, these may adversely affect their capacity to respond to the needs of their children. Estimates predict that there are around 120, 000 families experiencing complex needs of poor mental health, drug/substance misuse and DV. The (Munro 2011, p. 30, paragraph 2. 30) mentions that “ Over a third of these families have children subject to child protection procedures”. Legislative procedures stipulates a duty of care towards families and especially the children/young people.

These are set under the five principle guide lines of the Children Act 2004, (Section 10(2) that physical, emotional, mental health and well-being of children should be protected from harm and neglect, have access to alternative educational needs, training and recreation catered for their needs. That the children in any family in the UK be able to make a

contribution to society in a wholesome manner and that the socio-economic impact of society did not affect their wellbeing adversely.

The research paper (CNPC, 2011, p. 4) incorporates how the multi-agency initiatives are to be made available to tackle and promote the welfare of children/young people and also to support parents to have the capacity to care for the needs of their children when they are faced with social service interventions/and unfortunately when court procedures are made to safeguard children from harm and significant harm. (A) That parents can experience multiple problems, such as being known to children's services, The Criminal Justice service because of long term unemployment, learning disabilities, poor mental health.

(B) that some families are not known to social services, disablement and to coping with acute mental health in the family and possibly children/young people acting as carers for parents who succumb to drug overdosing exacerbates the coped with environment of poor mental health in a family.

(C) That some families are already at the pinnacle of the problems they are facing within their families, poor single care parenting, physical illness and debilitating disabilities of parents warrant support from social service interventions.

Such families mentioned would need support from children's services and adult services to work together within cross party agreements of interventions and care, this is where the inadequacy's at times surface.

Social services, social workers are in dilemma regarding situations when adhering to policies that are in place for children and their welfare. The

children/young people's welfare is paramount, but the contributing factors of parental incapacity due to the different problems they have to face, can mean a balancing act of supporting and enabling the parents or the children.

Also the different departments of professionals handling problematic family case work (Lord Laming 2009, p. 10, paragraph 1. 6) and the interagency cultures of confidentiality, boundaries and reflective feedback contribute to the concerns of serious case reviews and reports. The Children Act 1989 when enforced and applicable now recognised that to promote the welfare of children/young people within parent problem families, the parents should still have a role to play, (Department of Health 1991, p. 8), although the parents may have needs themselves.

These parents " though services may be offered primarily on behalf of their children, parents are entitled to help and consideration in their own right, their parenting capacity may be limited temporarily or permanently by poverty, racism, poor housing or unemployment or by personal or marital problems, sensory or physical disability, mental illness or past life experiences". Conclusively, this essay has tried to answer and evaluate through an analytical process whether the analyse of the topic ADHD/mental health, (MH) and the impact and implications for young people in the Youth Justice System have and are being supported, through Government framework of care and necessity.

Greater awareness has been recognised that ADHD/MH has a significant impact on youth pathways into the criminal justice system. This essay has been able to look at a small synopsis of evidence that demonstrates that

the Government of the UK, such as the Department of Health, have raised awareness of the implications ADHD/MH assessments, treatments and management of youths with ADHD/MH and are prioritising strategies of interventions that are able to support vulnerable young people and alleviate behaviour that leads them into criminal behaviour by managing the causes for poor mental health.

Also the new Care and Support Bill (2013) that is being drafted and is in consultation will change how social care/primary care is to be delivered due to the Francies Report (2013) which evidenced short falls of care towards patients/clients/service user care of services. The possible dilemmas and tensions that these policies raise for children and families in social work practice are inevitable.

The Statutory guidance, Listening to and Involving children and Young People, (2012), fermenting legislation Section 176 of the Education Act 2002, requires that LA have to seek guidance about relevant proposals from LA from the Secretary of State, regarding decisions that affect children from disadvantaged backgrounds including mental health/education/and rights of a child.

UK legislation is founded on the United Nations Convention on the Rights of the Child (UNCRC), were in part that children/young adults be able to “ form his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child” and that children/young adults affected by MH issues have the “ opportunity to be heard in any



judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law”.

Multi-professional services including the (Social Work Task Force, 2009, (SWTF, 2009) are in continual reform, good practice for social workers will defiantly take into consideration the views and feelings of people in society who come into contact with social service system of support.

The executive summary page five of SWTF, 2009 Building a Safe, Confident Future had this to say “ When people are made vulnerable by poverty, bereavement, addiction, isolation,? mental distress, disability, neglect, abuse, or other circumstances what? happens next matters hugely. If outcomes are poor, if dependency becomes ingrained or harm goes unchecked, individuals, families, communities and the economy can pay a heavy price.?