

HOW WELL DOES THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE DETECT CLINICALLY ELEVATED PTSD, ANXIETY, AND DEPRESSION SYMPTOMS IN CHILDREN IN CARE?

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BACKGROUND

1 in 30 UK children are taken into care before their 18th birthday. Compared to their peers, children in care are **5 times more likely** to meet criteria for a mental health diagnosis but not commensurately more likely to access mental health services.

Mental health screening for children in care is inconsistent across the UK. In England, statutory assessment of children in care's mental health is **limited to only carer-report Strengths and Difficulties Questionnaire (SDQ)**.

AIMS

Our aim was to understand the **sufficiency of current screening practices** for children living in care.

We investigated how sensitive the SDQ, especially the carer-report version, was to clinically elevated symptoms of **post-traumatic stress disorder (PTSD), anxiety, and depression**.

PARTICIPANTS

- 491 children aged 10–18 living in local authority care in England and Wales (15 local authorities)
- Recruited through two studies (ReThink and C-CATS)
- 342 carers (foster carers, kinship carers, keyworkers)

MEASURES

Three common screeners of mental health symptoms:

- **SDQ** (carer and child-report) - total difficulties, internalising (peer / emotional problems), and externalising (conduct problems / hyperactivity) sub-scales
- **CRIES-8** (child-report) - PTSD symptoms
- **RCADS-25** (child-report) - anxiety and depression symptoms



Message for practice postcard from care-experienced advisor

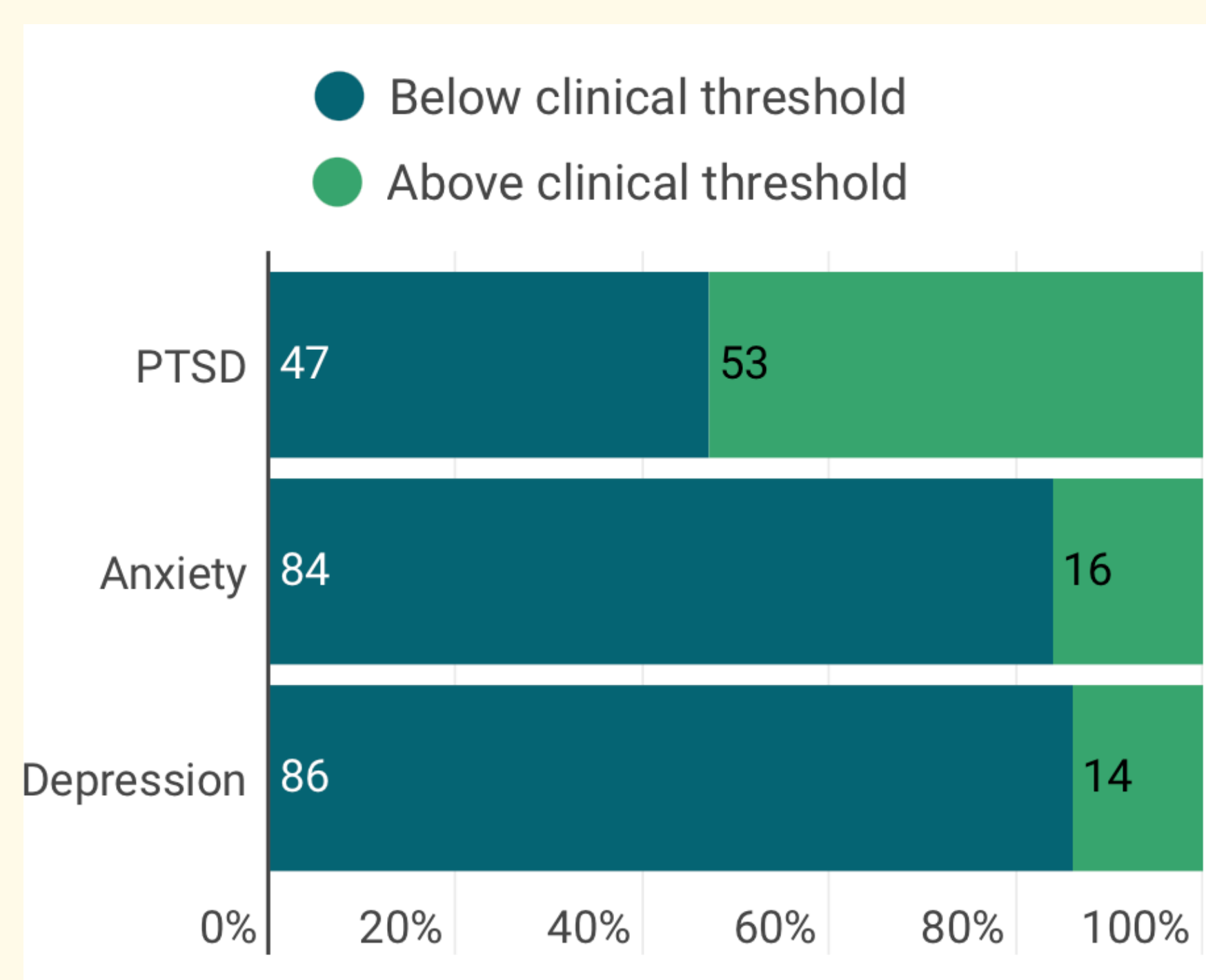


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FINDINGS: DEMOGRAPHICS AND MENTAL HEALTH NEED

Children:

- 49% Boys, 48% Girls, 2% Non-Binary, 1% Not known
- 2% Asian, 8% Black, 11% Mixed, 2% Other, 75% White, 2% Not known
- 75% Foster care, 11% Kinship care, 10% Residential or Semi-independent
- **49% of children scored above clinical range on carer-report SDQ, (36% according to child self-report)**



FINDINGS: HOW MANY CHILDREN'S SYMPTOMS WERE MISSED BY THE SDQ?

Carer-report - Of the 342 children with caregiver data:

- 173 had elevated PTSD symptoms with **48.6%** of these children **undetected** (below clinical threshold) on the carer-report SDQ
- 45 had elevated anxiety symptoms with **44.4%** undetected on the carer-report SDQ
- 37 had elevated depression symptoms with **46.0%** undetected by the carer-report SDQ

Child-report: Of the 491 children with child-report data:

- 261 had elevated PTSD symptoms with **51.0%** of these children **undetected** (below clinical threshold) on the child self-report SDQ.
- 78 had elevated anxiety symptoms with **28.2%** undetected on the carer-report SDQ
- 70 had elevated depression symptoms with **25.7%** undetected by the carer-report SDQ

FINDINGS: WHICH CHILDREN'S SYMPTOMS WERE MISSED?

- Using the **emotional sub-scale** of the care-report SDQ further **reduced detection** of PTSD, anxiety, and depression symptoms.
- **Combining carer and child-report SDQ scores increased detection** of PTSD, anxiety, and depression symptoms.
- There was some evidence that **boys and children in longer placements** were **more likely to be missed** by the carer-report SDQ.
- There was some evidence that **boys, those not living in residential care, and non-white children** were **more likely to be missed** by the child self-report SDQ.

CONCLUSIONS

- The **carer-report SDQ is likely insufficient** to detect children in care struggling with PTSD, anxiety, and depression symptoms.
- Current mental health screening practice of children in care is likely **failing to detect 1/3 to 1/2 of children struggling with specific mental health symptoms**.
- There may be benefits to including **disorder-specific screening tools and child self-report measures** in statutory screening practices.