ORIGINAL ARTICLE
THEORETICAL RESEARCH

How should CAMHS work with young people who are involved with Oranga Tamariki? A literature review of principles for working with care-experienced young people

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ABSTRACT

INTRODUCTION: Care-experienced young people tend to have high levels of mental health need which have remained largely unmet by child and adolescent mental health services (CAMHS). This review focuses on how CAMHS clinicians can better support the mental health of care-experienced young people.

METHOD: A narrative review of the current research on principles for working effectively with care-experienced young people is presented. The focus is on principles that can be applied across the full range of mental health interventions, with a focus on Māori perspectives of wellbeing.

FINDINGS: A set of practice principles framed within an ethic of care is presented that includes establishing a trusting and transparent therapeutic relationship, practising flexibly, promoting youth autonomy and choice, providing support to the whole system around the young person, interagency collaboration, and providing extra support during periods of transition. These approaches can be used across a range of mental health interventions and within a philosophy of care that is youth-centred and attuned to the cultural, practical, and developmental needs of care-experienced young people. While Māori youth are the focus of this review, the findings may be applicable for care-experienced young people from other marginalised groups.

CONCLUSION: CAMHS teams should be adequately resourced to enact a responsive ethic of care. Within multi-disciplinary teams, clinical social workers are well placed to promote holistic mental health care. The principles presented in this review can also be applied across other settings to support care-experienced young people to thrive.

Keywords: Child welfare; youth; mental health; ethic of care; CAMHS; care-experienced

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Following our first literature review on mental health interventions for care-experienced young people (Appleby, Staniforth et al., 2024a), this second review examines the practice principles that can be applied across a range of mental health interventions to support care-experienced young people to thrive. Care-experienced young people are underserved by child and adolescent mental health service (CAMHS)

teams in Aotearoa New Zealand (Oranga Tamariki, 2023). This occurs despite young people involved with Oranga Tamariki, the child protection agency in Aotearoa New Zealand, having significantly higher mental distress than the general youth population (Fleming et al., 2021). Care-experienced young people tend to have high mental health needs but only episodic contact with CAMHS, often in crisis, with little longer-term support provided (Munford & Sanders, 2016, Tarren-Sweeney & Vetere, 2014). Internationally, care-experienced young people and CAMHS clinicians have advocated for more responsive mental health support for those involved with child welfare services (Coulter et al., 2022; Golm, 2023). This literature review aims to assist CAMHS clinicians to improve mental health care for this demographic. Practice principles are presented to guide effective clinical practice to meet the needs of this population.

Care-experienced is a term that is usually applied to people who have experience of being in the care of state child welfare services. We have applied a wider scope to this term for this literature review, including all young people who have been involved with Oranga Tamariki, from a referral through to those placed in the care of Oranga Tamariki. This wider definition acknowledges the experience that these young people bring, is shorthand for the more cumbersome phrase "young people who have been involved with Oranga Tamariki" and can be applied in international contexts. However, in using this broader meaning, we are mindful not to diminish the experience of being in state care, and acknowledge how traumatic this can be, as evidenced by the recent Royal Inquiry into Abuse in Care (2021).

The review is designed to support CAMHS teams with principles of how to work with care-experienced young people, recognising the impact of traumatic experiences upon clinical presentations. We present six key principles that CAMHS should consider when working with care-experienced young people, situated within an ethic of care that can be applied across any CAMHS treatment modality. While there is an emphasis on principles for supporting Māori (the Indigenous people of Aotearoa New Zealand), the findings may also be applicable for other Indigenous care-experienced young people who have experienced colonisation and those from other marginalised groups.

In Aotearoa New Zealand, efforts are being made for improved service delivery for care-experienced young people through the interagency Oranga Tamariki (2022) Action Plan. Despite the high level of mental health need and clinical complexity for this population and the plan to improve services, there is little literature about CAMHS best practice with care-experienced young people. This article synthesises the literature on effective mental health practice with care-experienced young people and presents recommendations for how CAMHS teams can best support care-experienced young people.

This is our second literature review about CAMHS care, intended to be read alongside our first review (Appleby et al., 2024a) that examined the range of CAMHS interventions that are appropriate for this group. This second review focuses on the principles that can be applied across all CAMHS interventions. The aim is to provide clinical and practical guidance to CAMHS clinicians working with care-experienced young people, presenting effective practice principles to nurture a therapeutic environment in which young people can thrive.

Focus of this review

There are two general approaches in the research literature on effective mental health practice with this group of young people. One body of research focuses on *what* interventions have been adapted and evaluated for this population. This

evaluative research base focuses on specific therapeutic interventions and includes both qualitative and quantitative research approaches. We have synthesised this body of research in our first article (Appleby et al., 2024a). This second article draws implications from the second body of research, which focuses on practice approaches and principles that can be applied across a range of interventions. Our focus in this article is on *how* to work therapeutically with care-experienced young people.

This article is structured into themes identified from this literature review: the importance and nature of the therapeutic relationship; service and clinician flexibility; providing autonomy and choice for young people; providing systemic support; interagency collaboration; and sensitively managing periods of transition. These practices are conceptualised within an ethic of care (Barnes, 2012).

Mental health needs of care-experienced young people

Care-experienced young people have higher rates of mental health issues compared to the general adolescent population (Baker et al., 2017). They often experience intersecting disadvantages, disability, and placement disruption, and have not been well served by health, education, justice, and child protection services (Oranga Tamariki, 2023). Māori young people are over-represented in Oranga Tamariki involvement and mental health need (Oranga Tamariki, 2023), and these young people often experience intergenerational institutional, cultural, and personal racism (Human Rights Commission, 2022). Despite their high levels of mental health need, care-experienced young people often experience barriers in accessing CAMHS support (Oranga Tamariki, 2023). These include the double stigma of being care-experienced and having mental health needs (Garcia et al., 2015), challenges associated with interagency collaboration (Glisson & Green, 2006), and the difficulties of CAMHS access for young people moving between geographical service boundaries (Beck, 2006a). The significant mental health needs for this population have been clearly identified in the literature (Baker et al., 2017; Kerker & Dore, 2006). However, there is little published clinical guidance for how professionals can best work with care-experienced young people.

This review responds to the well-documented difficulties of practice with care-experienced young people and offers practice principles aimed at better addressing their mental health needs. The principles align with social work values, particularly regarding ecological and systemic approaches, the central importance of attending to issues of power and equity, and the incorporation of strengths-based and collaborative practice (International Federation of Social Workers, 2021). Each principle is discussed in turn. However, they are interrelated and are most effective when used holistically within an ethic of care attuned to the needs of care-experienced young people.

Methods

The research question guiding the literature search was "What is effective mental health practice with care-experienced young people?" This is a narrative review of the literature that was conducted as a platform for a qualitative research project with care-experienced young people. The spectrum of involvement covers those who remain with their families, those in whānau (family) and non-whānau placements, and residential and foster care. Much of the existing literature includes multiple developmental periods, such as childhood and early adolescence, and later adolescence and young adulthood. For the purposes of this review, we have focused on principles for working with adolescents.

Relevant articles were searched for on the EBSCOhost suite of databases (Child

Development and Adolescent Studies, CINAHL Plus, Humanities International Complete and MEDLINE), PsychINFO and Google Scholar. Search terms included synonyms for child welfare (child protection, welfare, looked-after children, out-of-home care, foster care, vulnerable youth), mental health (wellbeing, psychological health, emotional health, CAMHS) and effective (efficacious treatment, successful, positive, enabler, benefit). The search range covered the years 2005 to 2023 and focused on peer-reviewed articles written in English.

A narrative review is a synthesis of the major themes identified in the literature via a search strategy with wide inclusion criteria. It is not a systematic review, which typically has a narrower focus, and problematically, may reproduce the western hegemony within academia by privileging certain types of studies through a colonial academic lens (Hapeta et al., 2019). We were particularly interested in qualitative research that included the perspectives of care-experienced young people, and have prioritised inclusion of local research, especially Kaupapa Māori (by Māori, for Māori) research, in recognition of the relevance of this topic for Māori. Using the search process described above to identify the key themes, primarily based on international literature given the lack of local research on this specific topic, each theme was considered for application in Aotearoa New Zealand with supporting literature for how each principle may align with Māori theory and research.

Findings

Our review of the literature identified six key principles when working with care-experienced young people. These include: the importance of a trusting therapeutic relationship; service flexibility; providing choice and promoting youth autonomy; systemic support; and attentiveness during periods of transition. Each principle can be understood within a holistic ethic of care that values responsivity, recognises the mana (self-agency and prestige) of each young person, and values genuine care at the heart of all mental health support. "Care is at the heart of the Māori values system and calls upon humans to be kaitiaki, caretakers of the mauri, the life principle, in each other" (Spiller et al., 2011, p. 155).

The importance of a trusting therapeutic relationship

The quality of the relationship between a young person and their clinician is routinely identified as critical for positive engagement, retention, and outcomes with CAMHS (Munford & Sanders, 2016; Schley et al., 2011). The therapeutic relationship is particularly important for care-experienced young people (Almqvist & Lassinantti, 2018; Butterworth et al., 2017) and can be difficult to establish due to young people's history of relationship ruptures, difficulties in forming attachments, and mistrust of institutions and services (Andrew et al., 2014). Therefore, clinicians must invest time and effort into establishing a trusting and authentic relationship when working with care-experienced young people.

Specific aspects of the therapeutic relationship that are important for care-experienced young people include trust, genuineness, persistence, and collaboration. Many of these young people have experiences of plans not working out, broken promises, and lack of transparency in decisions made for them (Toros, 2020). It is important for clinicians to do what they say they will, and to be honest about changes in the plan. Once trust has been broken, it is very difficult for care-experienced young people to trust again, and this may result in them choosing to disengage from CAMHS (Butterworth et al., 2017).

Trust is built through the therapeutic relational style, appropriate clinician self-disclosure, and clinician persistence. Many care-experienced young people prefer an

informal, authentic relational style that reduces power differentials between them and the clinician (Munford & Sanders, 2016). The literature on relational styles with care-experienced youth and with rangatahi Māori (Māori youth) is aligned. Hamley et al. (2023) discussed the importance of developing genuine connections with rangatahi Māori that occur outside of formal clinic processes. McClintock and McClintock (2018) explained the importance of clinician self-disclosure through whakawhanaungatanga for whānau Māori to engage with CAMHS. *Whakawhanaungatanga* is a term which implies building connections with both kin and non-kin and where clients and clinicians can develop whānau-like relationships. The power differential can be reduced through the clinician acting with humility and the Samoan concept of attending to the vā, the relational space between clinician and young person (Bush et al., 2009).

Due to their histories of relational trauma, many care-experienced young people also behave in ways that put pressure on the therapeutic relationship (Ryall et al., 2008). This can include young people testing the strength of clinician commitment in the early phase by being argumentative or even hostile towards the clinician (Auslander et al., 2017). The young person may test professionals to see if they 'truly' care (Malvaso et al., 2016). Trust is built by the clinician persisting with the young person and seeing the behaviour within the context of their history of relational disruption and mistrust of services. Again, literature on working with rangatahi Māori has similar findings, with the intergenerational effects of white supremacy and colonial healthcare systems (Human Rights Commission, 2022) impacting on how trusting whānau Māori are of mainstream CAMHS (Latimer et al., 2022). Hamley et al. (2023) encouraged clinicians to see these young people in the context of these experiences and provide extra time for engagement in ways that work for the young person, rather than what works for the service.

Flexibility

Another aspect of effective practice is the flexibility of the service and the clinician. Service flexibility includes the potential to meet outside of the clinic and within a young person's community (Schley et al., 2011) and being adaptable with appointment times (Connolly & Joly, 2012). Drop-in clinics may be useful for care-experienced young people to access help when they need it (Almqvist & Lassinantti, 2018). Hamley et al. (2023) developed the *Te Tapatoru* model of service engagement with rangatahi Māori. They challenged CAMHS to step outside standard forms of engagement practices that are rooted in the dominant medical model, to be innovative and creative and meet rangatahi in ways that work best for Māori.

Smith and Appleby (2021) described the dual processes of chronic underfunding of mental health services in Aotearoa New Zealand and the increased focus on standardised clinic-based brief interventions within mental health services to manage service demand, highlighting the inequities this can reproduce for people with complex problems. They suggested that mental health teams should be resourced to have greater flexibility in how services are provided.

In Aotearoa New Zealand, CAMHS service specifications promote the use of flexible appointment venues and times (Ministry of Health, 2017); however, there are many aspects of CAMHS services that are not set up to be user friendly. Services tend to be conditional, with young people expected to keep appointments and be available on certain days or to abide by certain service expectations. CAMHS often have protocols of closing cases after a set number of missed appointments. Almqvist and Lassinantti (2018) argued that this approach is designed to meet the needs of the service, rather than the needs of the young people. The high degree of structure within services is often a mismatch for the unstructured lives of young people in care and those leaving care, many of whom experience frequent

placement changes (Malvaso et al., 2016). Edwards (2007) suggested greater tolerance from services about non-attendance, a revision of policies around when cases are closed after non-attendance, and proactive follow-up by CAMHS. Smith and Appleby (2021) advocated for "adequate funding so that mental health services can move from a business model to a recovery model" (p. 64), which could support CAMHS clinicians to practise responsively with care-experienced young people.

Tarren-Sweeney and Vetere (2014) made a strong case for developing CAMHS teams specifically for care-experienced young people, rather than trying to make existing models fit for these young people. Lobatto (2021) described a specialist service in London for care-experienced young people that offers significant flexibility regarding time frames for engagement and meeting with young people in their homes and communities. This approach is similar to the Pasifika CAMHS service established in Porirua (Bush et al., 2009). This service demonstrates a move away from the medical model of discharge after a set number of missed appointments, and instead provides holistic care where clinicians can be agile and responsive to the ever-changing dynamics inherent in this work.

Autonomy and choice

Often, care-experienced young people are not offered choices by CAMHS clinicians (Tatlow-Golden & McElvaney, 2015) or by child welfare social workers (Toros, 2020). Jee et al. (2014) suggested that autonomy was particularly important for care-experienced youth, many of whom felt they had little choice in life and had experiences of child welfare decisions being made *for* them rather than *with* them. Jee et al. (2014) recommended creating opportunities for young people to assert their autonomy and make choices about their involvement with CAMHS.

Young people value autonomy as both part of the therapeutic process, and as an outcome from mental health service input (Lavik et al., 2018). In Aotearoa New Zealand, care-experienced young people have emphasised the importance of services supporting their active participation in decisions that affect them, and challenging services to demonstrate genuine commitment to them through giving time, space, aroha (love) and care to nurture the conditions for full participation (Te Rōpu Arotahi, 2022).

Systemic support

Systemic support is especially important for care-experienced young people (Andrew et al., 2014). Schley et al. (2011) suggested that CAMHS clinicians should provide consultation to the people or services in the environment surrounding a young person, including GPs, school counsellors, caregivers, foster carers, and social workers, a view which is also supported by the Ministry of Health (2017). Caregivers often require CAMHS support to manage the behavioural and emotional issues of young people in their care (Beck, 2006a). These relationships may be complicated by short-term placements and carers having poor mental health knowledge. However, foster carers have reported feeling that CAMHS providers did not listen to them and that they were excluded from treatment plans and interventions (York & Jones, 2017).

Beck (2006b) suggested enhancing placement stability is a key part of the CAMHS role, rather than being silo-ed to the exclusive domain of Oranga Tamariki. Recent studies found that increased CAMHS input, particularly clinicians consulting with child welfare staff and caregivers, resulted in more placement stability for young people which, in turn, contributed to more stable mental health (Lidchi & Wiener, 2020; Lobatto, 2021). Systemic support is also possible in the absence of direct work with a young person. Systemic models are discussed further in our

first article about interventions, including the THRIVE model (Wolpert et al., 2019).

From a Māori lens, all things are interconnected, and individual wellbeing is sustained through whānau wellbeing, alongside physical, emotional, and spiritual health (Durie, 1998). This approach encourages practitioners to understand rangatahi Māori within the context of their collective identity within whānau, whakapapa (genealogy), and whenua (land) (Pitama et al., 2017; Wilson et al., 2021). Māori models of relational care are systemic in nature, emphasising whānau-centred practice and holistic care.

Interagency collaboration

Supporting young people who are involved in both CAMHS and Oranga Tamariki requires effective interagency collaboration (Oranga Tamariki, 2023). The literature clearly underscores the need for good working relationships between CAMHS and child welfare systems to improve CAMHS access and contribute to good mental health outcomes for young people (Appleby et al., 2019; Malvaso et al., 2016).

Street and Davies (2002) discussed the philosophical differences that can exist between CAMHS and child welfare professionals. CAMHS clinicians may believe that child welfare staff blame a child for the problems that lie within the care system, while child welfare staff can become frustrated at CAMHS when they require placement stability before intervening. These differences can impact on the care that young people receive and are best mediated through opportunities for services to talk to each other and create shared understandings of young people. In Aotearoa New Zealand, liaison roles between Oranga Tamariki and mental health services have been established to help combat these difficulties (Oranga Tamariki, 2023). Maintaining effective interagency relationships is particularly important for complex cases, where there can be a tendency for the professional community to experience projective identification of a young person's anxiety and unpredictability (McElvaney & Tatlow-Golden, 2016) and to replicate family patterns of conflict (Lobatto, 2021). Interagency collaboration seems to work best when service leaders encourage collaboration, when collaborative efforts are visible and rewarded within service systems, and when there are many opportunities for services to see each other and share information (He et al., 2015).

Golding (2010) noted that collaboration requires time and is difficult to do well within services with high demand and pressure to move young people through the service. This is particularly problematic when services do not have the means to measure collaboration as activity data. It takes time to build relationships between services and engage in meaningful interagency liaison, so it is important for clinicians and service managers to factor in the time required to collaborate well.

Managing transitions

Periods of transition pose significant challenges for care-experienced young people. These include transitions between placements (Beck, 2006b), in and out of CAMHS care (Munford & Sanders, 2016), and transitioning out of child welfare care (Curry, 2020).

The issue of placement stability can be an area of contention between CAMHS and child welfare services. Placement stability is often a prerequisite for CAMHS involvement (Rayment et al., 2014). However, many young people experience multiple placements, and those who do, tend to have higher mental health needs (Garcia et al., 2015; Munford & Sanders, 2015). This presents a catch-22 for some of the most vulnerable young people. It may be that their untreated mental health issues contribute to placement instability, and yet CAMHS input may not be available until they are in a stable placement (Chambers, 2014). Delays

in obtaining CAMHS input while placements are stabilised may also result in deterioration of mental health (McAuley & Young, 2006).

Placement stability affects therapy, as a young person's anxiety about their unpredictable living situation makes it difficult for them to reflect on their life experiences. However, Edwards (2007) proposed that there can be other CAMHS interventions for those in unstable placements, such as therapy that focuses on the here and now with an emphasis on learning coping skills. Beck (2006b) also argued that the CAMHS model needs to be adjusted to meet the needs of these young people who move frequently. They suggested that CAMHS interventions should aim to stabilise placements and that CAMHS outreach services are developed that can cross geographical borders, avoiding multiple transfers of care between different CAMHS. Lobatto (2021) described a CAMHS team specifically for care-experienced young people that can follow young people as they move within London, providing mental health service stability despite placement instability.

The period of transition out of care can be very stressful for young people who 'age out' of Oranga Tamariki care (Klodnick & Samuels, 2020). Many of these young people are not well equipped to deal with daily living tasks and may not have family support. Their difficulties may be exacerbated by no longer being eligible for services that may drop off once they turn 17 or 18 years old. This can be a very stressful time for adolescents, particularly those who have been in out-of-home care and may have been looking forward to emancipation for some time. It is often an accelerated and compressed transition into adulthood (Munford & Sanders, 2015).

The reality of being fully independent is often a struggle (Malvaso et al., 2016). It is important for clinicians to be aware of the impact of care transitions on young people's mental health (York & Jones, 2017). Care-leavers have indicated that it would be helpful for CAMHS input to extend beyond the child welfare transition to provide continuity of mental health care at a time when the young person may feel abandoned and isolated (Butterworth et al., 2017). In recognition of this, Oranga Tamariki has extended the upper age limit of their involvement, and the Ministry of Health (2023) is in the process of system transformation to extend upper age limits in recognition of the mental health needs of emerging adults.

Discussion

In reviewing the existing literature, clear themes about effective mental health practice with care-experienced young people can be identified. At the same time, there are significant gaps in the literature around intersectional considerations for this population. Building on these findings, we present a set of practice principles that can be understood within a wider context including intersectional considerations of discrimination and ideological influences on service funding and design. The principles of relationships, flexibility, autonomy and choice, systemic support, interagency collaboration, and managing transitions are based on the foundation of an ethic of care. This approach can be used across any therapeutic intervention or clinical presentation and has applicability in other settings with care-experienced young people.

Ethic of care

The practice approaches and principles described above can be understood within an ethic of care based on the belief that humans are not autonomous and independent, but rather are interdependent, all relying on others for care (Barnes, 2012). Spiller et al. (2010) connected an ethic of care with Māori values of manaaki (care), aroha (love), hau (promoting vitality), kaitiakitanga (guardianship), and hāpai

(uplifting others). This embodies the first practice principle of the centrality of the therapeutic relationship, recognising the reciprocity within that relationship, alongside the importance of systemic support and interagency collaboration. An ethic of care is holistic, contextual, need-centred and involves empathy (Botes, 2000). This aligns with the principles on flexibility, promoting choice, and understanding the impact of transitions for those with relational trauma.

Within mental health services, an ethic of care has been compared to an ethic of justice (Barnes, 2012; Botes, 2000). An ethic of justice is focused on universal principles and fairness for all, and is rooted in positivism (Botes, 2000). In the interests of creating fair and equal outcomes, standardised procedures are applied, which Barnes (2012) suggested results in a distanced and impersonal service. In CAMHS, this may look like standardised packages of care for a certain number of treatment sessions, and the service requirement to discharge a young person from CAMHS after a set number of missed appointments. However, an ethic of care in CAMHS practice may involve a prolonged engagement phase with a tailored flexible package of care. An ethic of care has been connected with social work values, with a focus on the process of *being with* people (Collins, 2018). Hay (2019) has suggested that neoliberalism has pushed care to the periphery of social work practice. Social workers who engage in an ethic of care are actively resisting neoliberal organisational ideologies that are not client-centred (Barnes, 2012). This perspective supports the critiques of the Choice and Partnership Approach as a disguise for neoliberalism in CAMHS (Johnstone et al., 2022). Operating within an ethic of care ensures that the young person is kept at the centre of service provision. An ethic of care orients CAMHS clinicians to consider how best to respond to the unique needs of a care-experienced young person, rather than focusing on the limits of standard practice.

Intersectional considerations

Intersectional considerations of racism, poverty, and disability appear to be missing from the literature on mental health support for care-experienced young people. Intersectionality involves an understanding of intersecting inequities (Crenshaw, 1991) and how these impact on mental health service accessibility. For care-experienced young people, this often includes racism, poverty, and disability (Oranga Tamariki, 2023) alongside the stigma associated with being in care and having mental health needs.

In Aotearoa New Zealand, Māori are overrepresented in Oranga Tamariki involvement and mental health need (Oranga Tamariki, 2023). Therefore, it is imperative that cultural considerations are included as part of an intersectional approach to practice. The Māori concept of whakawhanaungatanga aligns with the relational style endorsed in the literature on working with care-experienced youth. This approach involves a genuine connection between clinician and rangatahi. Additionally, it is important that all CAMHS clinicians develop formulations with rangatahi Māori in a way that recognises the impact of colonisation and racism on their clinical presentation (Pitama et al., 2017) while also actively resisting the colonialism inherent in all mainstream CAMHS (Latimer et al., 2022).

The therapeutic relationship should also be attuned to the developmental and cognitive level of the young person, recognising the overrepresentation of young people with disabilities within this population (Oranga Tamariki, 2023). This includes providing services that are physically accessible and using developmentally appropriate language. Service accessibility is also important when considering how best to engage with care-experienced young people who experience poverty, frequent placement changes and homelessness. For Māori care leavers who are experiencing poverty and

disability, the lack of financial resources, stable housing, or ability to purchase additional therapeutic support or disability support this likely has a cumulative negative impact.

Intersectional considerations also apply outside of the Aotearoa New Zealand context. The principles may be applied to other Indigenous groups, particularly those who have experienced colonisation, oppression, and marginalisation. Clinicians must be conscious of the intersecting inequities these young people face and offer tailored and sensitive mental health support.

Service-level considerations

Mental health service structures can help or hinder effective practice with this population. Systemic practice is essential with care-experienced young people, requiring time for clinicians to provide support to the system surrounding the young person, including family, carers, and child welfare staff. Collaboration between CAMHS and child welfare is essential and can also be very difficult, requiring investment into building relationships and shared understanding (Appleby et al., 2019). There needs to be CAMHS service-level support for collaborative systemic approaches. It is not feasible for an individual clinician to do this well within rigid service structures that do not account for the time required for interagency liaison.

There is also a challenge for CAMHS service structures to respond to the need for extra support for care-experienced young people during periods of transition. This may mean service reform to respond flexibly for young people moving between geographical areas and aging out of care. This has already been done in some overseas specialty services (Lidchi & Weiner, 2020; Lobatto, 2021). The recent Ministry of Health (2023) *System and Service Framework* outlined plans to increase youth mental health services in Aotearoa New Zealand up to the age of 25, which aligns with the needs of care-experienced young people. These plans require significant support to expand the current workforce beyond just filling the widespread vacancies within CAMHS teams.

Effective mental health services are agile in responding to mental health need, with clinicians able to use discretion and professional judgement in how best to engage and work with young people. This level of responsiveness is resource-intensive, requiring dedicated time to invest in interagency collaboration, and flexibility to extend care beyond traditional age and geographic area limits. However, this service model is not aligned with most current funding models (Tarren-Sweeney & Vetere, 2014).

Influence of political ideology

CAMHS funding structures have developed in the context of neoliberal political ideology with a focus on efficiency (Barnett & Bagshaw, 2020). Neoliberalism has also contributed to the deprofessionalisation of CAMHS clinicians, with less autonomy and discretion available in clinical decision-making (Clark, 2005). When considering Bote's (2000) discussion about the ethic of care (responsivity) versus the ethic of justice (standardisation), the economic and political context has influenced services to operate primarily within an ethic of justice, with little discretionary funding to apply more individualised and responsive interventions outside of standardised packages of care. Care itself has also developed in the context of neoliberalism, with many services contracted out and young people expected to assume self responsibility the moment they hit 18 years old. This contributes to the experience of poor mental health in and of itself.

Conversely, there has been a stated commitment by the Ministry of Health (2023) to prioritise recovery-oriented approaches that are tailored, located in the

community, and responsive to the needs of the community. These are aligned with policies to reduce health disparities for Māori through promoting Kaupapa Māori approaches to mental health and wellbeing. The principles presented in this article are aligned with Māori concepts of relational care (Wilson et al., 2021). However, the Ministry's strategic vision for mental health services is not matched by adequate funding, creating a barrier for CAMHS to adopt an ethic of care.

Clinical social work role

The practice principles align with social work values of anti-discriminatory and systemic practice (International Federation of Social Workers, 2021). Continued social work presence and influence in multidisciplinary CAMHS teams is an important part of enacting these principles in practice. Critical clinical social workers acknowledge the power that they have as clinicians (Brown, 2021) and recognise how social workers have contributed to the problems facing care-experienced young people through racist practice in Oranga Tamariki and removing children from their whānau (Hyslop, 2022). Clinical social workers within CAMHS offer nuanced understanding of trauma-informed care, including the trauma of colonisation, racism, and discrimination (Appleby et al., 2024b).

Ferguson et al. (2020) discussed the concept of a *holding relationship*, a responsive and reliable relationship-based approach where social workers practise ethically with awareness of power and inequalities, persisting and responding empathically to families who may initially be mistrusting and hostile towards services. This approach can be applied to CAMHS practice with care-experienced young people. Social workers are trained to understand young people's mistrust and hostility in the context of relational disruption, experiences of discrimination and limited opportunities to participate meaningful in decision-making affecting them. The theory base for social work practice provides a way of understanding a young person in the context of their social, cultural, and political environment, with awareness of intersectional power and discrimination.

The social work knowledge base is compatible with an ethic of care and with the Ministry of Health's (2023) vision for a recovery model of mental health practice, which offers an alternative to the deficit-based medical model that has not served care-experienced young people well (Oranga Tamariki, 2023; Tarren-Sweeney & Vetere, 2014). Social workers bring specialised understanding of care-experienced young people with potential to positively influence practice at all levels of service planning, funding, and design.

Limitations

This article contributes to the conversation about mental health support for care-experienced young people by presenting principles that can inform CAMHS clinical practice. There are also some cautions to keep in mind in this developing area. While some research with Māori is included in this review, there is a lack of Indigenous-led research on youth mental health, reflecting the dominant monocultural perspective within academic literature. This is a significant limitation given the cultural context of relational practice, especially when considering the over-representation of Indigenous children in state care and facing mental health difficulties (Ralph & Ryan, 2017).

The scope of this review is limited to general approaches to mental health care for care-experienced young people, their family and wider support system. It does not include macro-level interventions targeting the significant contributors to mental health issues for this population, such as preventative community work, interventions to reduce societal and institutional

discrimination, child protection policies that enhance placement stability and promote wellbeing, or government policies aimed at reducing poverty and homelessness. Further research into these macro-level interventions could improve knowledge of how governmental policies can influence the mental health and wellbeing of care-experienced young people.

Implications for practice and policy

Care-experienced young people face significant mental health challenges. CAMHS teams have not met these needs well, operating within a medical model that has not taken into consideration the unique needs of this population (Oranga Tamariki, 2023). In this article we have presented practice principles that highlight what CAMHS teams should consider when working with care-experienced youth. Effective practice with care-experienced young people requires significant time investment for engagement, intervention, multi-agency work and transition, which relies on a mental health service structure and leadership that supports this use of clinician time.

From the literature, the following recommendations are made for CAMHS clinicians:

- Actively nurture a therapeutic relationship with care-experienced young people that is authentic and built on foundations of trust and transparency.
- Have a flexible approach to engagement and interventions and be willing to see the young person in community settings, outside of the clinic.
- Offer young people opportunities for decision-making in their treatment.
- Think systemically about a young person and provide support to their wider support system.
- Practise from an ethic of care that is holistic. Mental health care should be tailored to the young person, considering their culture, development, and experiences of trauma and discrimination.

Service-level recommendations to enable CAMHS clinicians to practice from a responsive ethic of care include:

- Adequate funding for CAMHS teams to provide responsive care. Resourcing is required for smaller caseloads, travel time to move from a clinic-based medical model, time for interagency liaison, and resourcing to work with families and caregivers alongside any individual work with young people.
- Consideration of how CAMHS teams may provide continuity of care for young people in periods of transitions, including geographical moves out of service catchment areas. Mental health services that can stay involved throughout these transitions offer continuity of care and can help with placement stabilisation.
- Aligned with the strategic direction of the Ministry of Health (2023), there should also be consideration of extending upper-age limits for CAMHS to support young people aging out of care and facing additional transition-related mental health difficulties.
- Development of specialist teams within CAMHS that work with care-experienced young people to ensure equitable mental health support for this population.

Conclusion

This literature review addresses the disparity between the recognised need for effective mental health support for care-experienced young people, and the limitations of CAMHS practice with this population. Care-experienced young people are more likely to be Māori, to come from underserved communities, and to experience intersecting

inequities related to racism, disability, and poverty. Anti-discriminatory practice needs to be a feature of therapeutic work with this population, despite intersectional considerations missing from much of the existing literature.

Principles framed within an ethic of care are presented as an alternative approach for mental health services. CAMHS clinicians can nurture the therapeutic relationship in culturally appropriate ways, practise with flexibility, provide opportunities for young people to make choices, work with the whole system around a young person, provide extra support at periods of transition, and practise from a youth-centred, holistic ethic of care. This practice approach requires philosophical and financial support for the CAMHS sector to rise to the challenge of providing equitable and responsive mental health care.

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