



Monthly Review

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EDITORIAL

Is mental health finally a core concern of ours?

As every year in September and October, there are two international days to raise awareness on suicide prevention (10 September) and mental health (10 October) - aspects that are often forgotten, neglected, and little or poorly addressed. Therefore, ISS/IRC strives to share several perspectives related to this topic in this double Monthly review edition.

The last few months have shown us how precious health is in all its dimensions: both physical and mental. After all, how many people have not felt some sort of discomfort due to back-to-back isolations and lockdowns as well as the social restrictions put in place to tackle the COVID-19 pandemic?¹ Families living in poverty, young persons in institutions, children and women victims of domestic violence, elderly people in nursing homes, etc. All these situations of vulnerability have been exacerbated. It is therefore not surprising that on an international level, governments around the world have also taken the step to recognise the need to strengthen quality mental health services at all levels during the World Health Assembly in May 2021.²

Shouldn't these recent events be an opportunity to come together and reflect on the importance that should be given to an individual's mental health? And in this case, more specifically, the impact of alternative care or adoption on a person? What are the long-term effects of such experiences (see Monthly Review No. 252, June 2021)?³

Should we talk about an upheaval that accompanies a person throughout their life? What does the scientific literature say in this regard? What do persons with lived experience say (see [ICAV Submission as a Priority Group : Adopted people who have experienced Abuse and/or Neglect – Adoption abuse and Neglect](#) (2021))? Do their experiences and recommendations currently serve as a guide to generate policy and legislative reforms as well as develop appropriate and accessible care?

Understanding

Recently, these issues were also at the core of the Day of General Discussion on Children's Rights and Alternative Care, held on 16-17 September (see [recordings](#)). The testimonies of persons with a background in alternative care have particularly raised issues that can have a significant and harmful impact on building a life such as unjustified separations, prolonged institutionalisation, a lack of affection and the creation of attachment bonds, violations of their rights in the absence of monitoring and complaint mechanisms, as well as sanctions, limited preparation and support when transitioning to an independent life, and the list goes on.... Therefore, despite the many advances in this area, it is certain that much remains to be done.

Although professionals agree on the protective factors that can contribute to the construction of an individualised life project and to the success of an adoption (see [ISS Guide](#) on Intercountry Adoption Breakdowns), the experience and impact

¹ See for ex. <https://www.europarl.europa.eu/news/en/press-room/20200406IPR76610/covid-19-stopping-the-rise-in-domestic-violence-during-lockdown> ; <https://www.un.org/fr/coronavirus/articles/persistence-of-domestic-violence-post-COVID-19>

² WHO, <https://www.who.int/campaigns/world-mental-health-day/2021>.

³ Gagnon-Oosterwaal, N. (e.a.) (2012). *Pre-Adoption Adversity and Self-Reported Behavior Problems in 7 Year-Old International Adoptees* ; J. M. van der Vegt, E. (e.a.) (2008). *Early Childhood Adversities and Trajectories of Psychiatric Problems in Adoptees: Evidence for Long Lasting Effects*.

on a person's mental health are very individual and subjective issues that have to do with each person's resilience, hence often the complexity of offering standardised support services not only during and after placement but also post-adoption.

Can we talk about trauma brought on by an alternative care experience, an adoption or an abandonment? If so, what methods can help and support children, youth and adults who have experienced being in the alternative care system or have been adopted?

Especially for the latter, are adoptees more likely to face certain difficulties (see MR No. 251, May 2021)? Are we finally witnessing an increased awareness of the particular need of certain adoptees, especially in domestic contexts where mental health is beginning to be an integral part of the health system? Could it be a matter of adoption, pre-adoptive experience or a matter of establishing connections, specific to each life experience⁴? Which factors lead some to experience their adoption as something positive and who are at peace with their adoption?

Applying the right words

It is important not to fall into a generalisation and to recognise the singularity of each story. Indeed, several factors⁵ influence a person's mental health, whether they have been adopted or not, such as uncertainty about elements that constitute their identity, lack of affection, violation of fundamental rights, adversity or trauma, abuse or neglect, especially during early childhood – a crucial moment in development – but also during adolescence – a period that is often difficult for any young person but which can lead the adoptee to test attachment bonds even more.

In case it is recognised that an adoption can influence a person's mental health, it seems important to look at the entire story, including their pre-adoptive experience (life in an institution,⁶ and/or multiple placements⁷, etc.) and their prenatal circumstances⁸ or the effects of an intergenerational cycle⁹ of trauma, violations of rights, etc. Do these aspects receive our full attention when it comes to developing and providing support services for care and adoption?

While care reforms and deinstitutionalisation processes – underway in many domestic contexts – aim to further reduce certain pathologies specific to the institutionalisation of a child, what about the detection of other pathologies not related to a placement in an institution (behavioral disorders, heart defects, diabetes, HIV-positive serology, etc)? Indeed, the early and accurate detection of pathologies is essential and clearly plays a role in the success of an adoption. As we know: better detection will lead to a precise matching with potential adoptive parents who have been assessed and prepared to accompany the child and treat the identified pathology(ies) of the child in question to the best of their abilities.¹⁰

⁴ Soares, J., Barbosa-Ducharme, M., Palacios, J. & Pacheco, A. (2017). *Adopted children's emotion regulation: The role of parental attitudes and communication about adoption*; Palacios, J., Sánchez-Sandoval, Y. & León Esperanza (2005). *Adopción y problemas de conducta*.

⁵ Palacios, J., Sánchez-Sandoval, Y. & León Esperanza (2005). *Adopción y problemas de conducta*; Udayan Care (2017). *Workshop on Depression in Children and Young Persons Living in Alternative Care: Challenges and Possibilities* at p.6.

⁶ Soares, J., Barbosa-Ducharme, M., Palacios, J. & Pacheco, A. (2017). *Adopted children's emotion regulation: The role of parental attitudes and communication about adoption* p. 53; Gagnon-Oosterwaal, N. (e.a.) (2012). *Pre-Adoption Adversity and Self-Reported Behavior Problems in 7 Year-Old International Adoptees*; Centre intégré universitaire de santé et de service sociaux du Centre-Sud-de-l'Île-de-Montréal (2016). *La notion du trauma - Le cerveau blessé expliqué aux enfants et aux adultes qui en prennent soin*.

⁷ J. M. van der Vegt, E. (e.a.) (2008). *Early Childhood Adversities and Trajectories of Psychiatric Problems in Adoptees: Evidence for Long Lasting Effects*.

⁸ Glover, V (2020). *Prenatal mental health and the effects of stress on the foetus and the child. Should psychiatrists look beyond mental disorders?* World Psychiatry. 2020 Oct; 19(3): pp. 331–332; Catherine A. Lebel (e.a.) (2019). *Characterizing adverse prenatal and postnatal experiences in children*; Atzl, V. M., Narayan, A. J., Rivera, L. M. & Lieberman, A. F. (2019). *Adverse childhood experiences and prenatal mental health: Type of ACEs and age of maltreatment onset*. Journal of Family Psychology, 33(3), pp. 304–314.

⁹ Wilk, P., Maltby, A. & Cooke, M. (2017). *Residential schools and the effects on Indigenous health and well-being in Canada—a scoping review*. Public Health Rev 38, p.8; Plagg B., Oschmann J., Engl A., Piccoliori G., Conca A. & Eisendle K. (2020). *We're in This Together: Intergenerational Health Policies as an Emerging Public Health Necessity*. Front. Hum. Dyn. ; Goodyear, M., McDonald, M., von Doussa, H., Cuff, R. & Dunlop, B. (2018). *Meeting the Intergenerational Needs of Families Where a Parent Has a Mental Illness*. Journal of Parent and Family Mental Health, 3 (2).

¹⁰ https://www.iss-ssi.org/images/editorial-monthly-review/Editorials_fra/2015/Edito_191Mai_2015.pdf; https://www.iss-ssi.org/images/editorial-monthly-review/Editorials_fra/2014/Edito_2014_182Juin_fra.pdf; https://www.iss-ssi.org/images/editorial-monthly-review/Editorials_fra/2014/Edito_2014_181Mai_fra.pdf.

In addition, the importance of the role of parents in the transmission of the child's story, adopted or not, must be emphasised. But how to choose the right words, especially when the child's journey is uncertain, complicated or even traumatic (birth following rape, incest, etc.) or when the child's reproductive method involves the use of one or more donors or even surrogacy? In these cases, how to support the child in the construction of his or her identity? Despite their complexity, these questions are legitimate and can positively influence self-confidence and psychological development when properly answered¹¹.

Supporting

While some countries have developed their own quality standards, it is generally accepted that for health services to meet the needs identified qualitatively, the following criteria for performance and implementation should be met: availability, accessibility, acceptability and quality.¹² With regard to trauma management, the *trauma-informed care approach*¹³ proposes four principles that should guide any care (4 R's): the realisation of the trauma and its impact on a person or group of people, the recognition of the signs of trauma, the establishment of a system to respond to trauma - especially to stabilise the person at first - and the prevention of any re-traumatisation (secondary trauma). Do all these criteria today model health services, especially mental health services, put in place for persons who have care experience or who have been adopted?

For example, are post-adoption services specialised enough (see [editorial](#), MR No. 254 August 2021)? Are they in line with the reality of current adoptions (older children¹⁴, who may have experienced prolonged exposure to stressful situations, etc.) and the needs that arise in adulthood? Do they make it possible to prevent certain difficulties, to detect them in time or to support people who encounter them? Do they encompass methods that can meet the multitude of needs? How to facilitate developing accessible services by adoptees for adoptees in view of the multiple benefits that this peer support offers? How to include them in the landscape of State services and support their development?

Isn't it time to recognise the importance of (very) long-term support in order to assess the child and their well-being after adoption, including years later? By which professionals? All these questions deserve to be asked, and post-adoption services should be redesigned to provide services that meet the needs of their beneficiaries, beyond the follow-up reports usually provided during the first years after an adoption.

ISS/IRC Team
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¹¹ Soares, J., Barbosa-Ducharne, M., Palacios, J. & Pacheco, A. (2017). *Adopted children's emotion regulation: The role of parental attitudes and communication about adoption*.

¹² UNCRC, *General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)*, 17 April 2013, CRC/C/GC/15 ; see also CESCR General Comment No. 14: *The Right to the Highest Attainable Standard of Health* (Art. 12).

¹³ *Trauma and Alternative Care: An Introduction to Using a Trauma-Informed Approach*, SOS Children's Villages.

¹⁴ Gagnon-Oosterwaal, N. (e.a.) (2012). *Pre-Adoption Adversity and Self-Reported Behavior Problems in 7 Year-Old International Adoptees*.

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