Mental Health Disparities in Foster Care Alumni

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Learning Objectives

1. • After the presentation, audience members will recognize the high prevalence of mental health disorders in foster care alumni

2. • During the presentation, audience members will identify gaps in social structure that allow for negative outcomes in youth placed in foster care.

3. • Educators, providers, and caregivers will be able to recognize difficulties foster alumni may face in the academic field

4. • Audience members will have a basic understanding of the primary mental health disorders that afflict foster care youth.

5. • After my presentation, audience members will be able to identify local resources in the area that can be used to help foster youth and alumni.

Introduction

Foster Care | What is it?

Report

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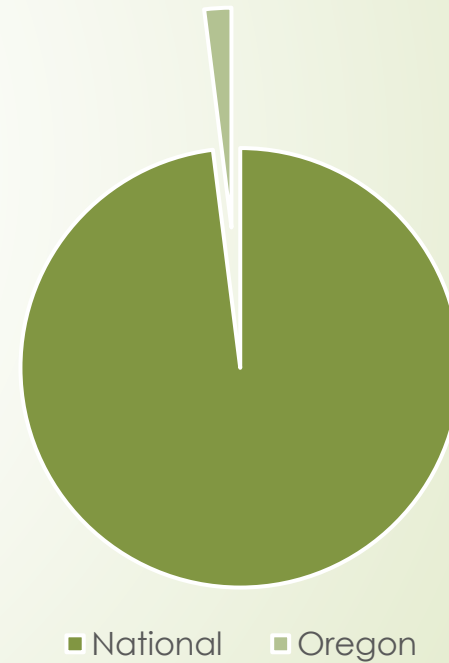
Investigation

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Intervention

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Permanency

The Numbers

- 391,098 children in care nationally in 2021[1]

- 8,620 children in foster care in Oregon [2]

- 6,304 children received case management and services while being served in their home

Children in Care

■ National   ■ Oregon

Social Structure

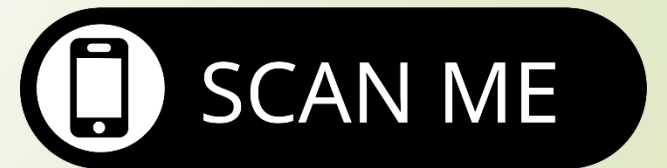- BIPOC children and families are more adversely affected, with children of African American families being placed in foster care at a higher rate than children of other races.[3]

- Most children in foster care come from low-income families, poor neighborhoods, and are minorities.[4]

What are the long-term effects of placement in the foster care system?

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Trauma

"Emotional trauma from removal from a home affects all elements of the child's well-being, with trauma from removal affecting every child entering foster care" ~ American Academy of Pediatrics[5]
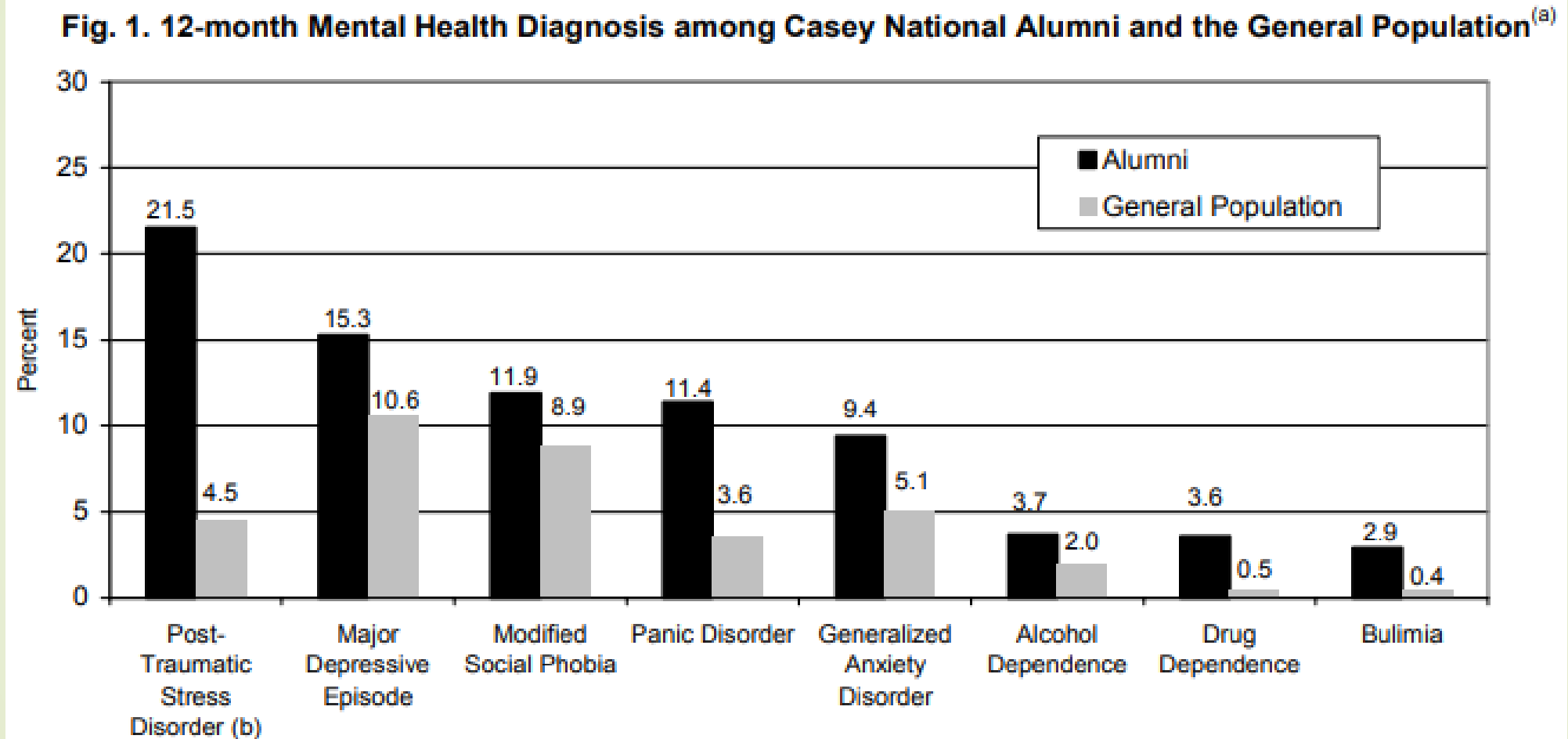
- Transitioning to foster care is a traumatic event with severe emotional disturbance for the child, followed by further events that are potential causes of psychological trauma

- Court hearings, visitation, change in educators, friends, doctors, school.

Mental Health Disparity

- The American Academy of Pediatrics in 2021 identified that mental and behavioral health is the "*greatest unmet health need for children and teens in foster care.*"[5]

- Studies of foster care alumni show significantly higher rates of **PTSD, Major Depressive Disorder, Generalized Anxiety Disorder, ADHD, alcohol and drug dependence, and suicide rates** as compared to contemporaries with no expsore to the foster care system

- The rate of PTSD in foster youth is 5 times the rate of American combat veterans.[6]

Foster Care Alumni Study[6]

Fig. 1. 12-month Mental Health Diagnosis among Casey National Alumni and the General Population[a]

Percent

Legend:
- Alumni (black)
- General Population (gray)

Diagnosis	Alumni	General Population
Post-Traumatic Stress Disorder (b)	21.5	4.5
Major Depressive Episode	15.3	10.6
Modified Social Phobia	11.9	8.9
Panic Disorder	11.4	3.6
Generalized Anxiety Disorder	9.4	5.1
Alcohol Dependence	3.7	2.0
Drug Dependence	3.6	0.5
Bulimia	2.9	0.4

[a] Anorexia was measured but was extremely low in prevalence.
[b] Although questions relating to post-traumatic stress disorder were not identical between the National Alumni Study and the NCS-R, the measures are comparable.

Pathophysiology

- Patients with PTSD are found to have elevated levels of a hormone called CRF (Corticotropin Releasing Factor)

- CRF releases norepinephrine, which is a neurotransmitter that plays a role in the "Fight or Flight" response in the human body. Norepinephrine acts to increase your heart rate and blood pressure

- Increased release of CRF leads to increased blood pressure, heart rate, and "startle" response[8]

Post Traumatic Stress Disorder[8]

Cause: PTSD is multifactoral and can be related to trauma or near trauma.

What does it look like? People with PTSD may have recurrent thoughts related to their traumatic event, nightmares, flashback events, signs of distress, or increased physiological reactivity

Management: The first treatment recommended is trauma focused cognitive-behavioral therapy. Other options include a class of medications called Selective Serotonin Reuptake Inhibitors (SSRIs), such as Sertraline or Paroxetine.

Complications: Those with PTSD often have disabling consequences with lifelong effects

Major Depressive Disorder[9]

Cause: Depression is caused by a combination of biological, environmental, and social factors

What does it look like? Depression has many different presentations, but present with a loss of interest in most or all activities, weight loss or gain, exhaustion, "brain fog", decreased ability to concentrate or think, etc.

Management: Combining medication with therapy has proven to be the most effective treatment for children and adults with major depressive disorder.

Complications: Major Depressive Disorder is one of the leading causes of disability worldwide. Those with this diagnosis have higher rates of suicidal thoughts, and medical comorbidities.

Generalized Anxiety Disorder[10]

Cause: Generalized Anxiety Disorder (GAD) is a very common mental disorder, with 25% of children being affected with anxiety. The cause of this disorder is unknown, but believed to be multifactoral

What does it look like? People with GAD have a variety of symptoms, but typically have excessive anxiety or worry for *at least* 6 months, restlessness, difficulty concentrating, irritability, and a variety of other symptoms.

How can we help? The most effective treatment recognized is a combination of cognitive behavioral therapy (CBT) and anti anxiety medications.

Complications: Those with anxiety can lead to having increased risk for social isolation, academic failure, insomnia, depression, suicide risk.

What next?

Increasing Awareness

- Primarily, increasing awareness of mental health disorders and local resources is tied to decreased mental health disorders and increased positive outcomes in foster care alumni

- It is crucial that healthcare providers, educators, and caregivers be aware of the local resources available to them, as well as recognizing when a child is struggling.[7]

Interventions

In 2021 a study was done comparing the effect of social support on behavioral health

Out of 4 social support sources, only support from the children's educators was associated with improved mental and behavioral health

Interventions

Head Start Programs

- Under-resourced youth are much more likely to receive mental healthcare and preventative services in an academic setting, due to barriers to obtaining community services[7]

- One study followed 325 children for 5 years after preschool after receiving REDI Head Start program: These children were found to have better trajectories of social awareness and behavior, student-teacher relationship, and learning engagement, decreased levels of oppositional behavior and attention disorders.[12]

Interventions

Collaborative Programs

- A random study of community level mental health promotion and prevention, across states throughout the United States, evaluated the creation of a community plan and implementation in the community, using programs from the University of Colorado[7]

- Focusing on identification of risk and behavioral factors, collaboration between local resources and schools, and implementing a targeted community action plan, the study showed decreased substance use, delinquency, violence, as well as decreased levels of PTSD, Anxiety, and Depression

Collaboration

Collaboration between mental health providers, educators, and caregivers should be sought rapidly in order provide care

The American Academy of Pediatrics recommends building partnerships between pediatricans and other caregivers to improve mental health services[10]

Encourage and improve communciation between pediatricians and early intervention programs, preschool, and schools

Promote initatives that strengthen partnerships between careviers

Advocate for healthy emotional development in early intervention services (Preschool, Head Start, Child Care)

What changes can be made to reduce rates of mental health disorders in foster care alumni?

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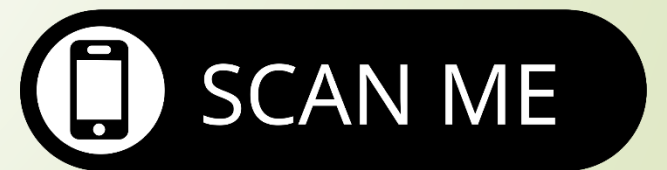
In Summary

- Foster Care is a traumatic experience, even for short periods of time, with long lasting effects that affect mental health, academic progress, and long-term outcomes

- Foster alumni have higher rates of PTSD, Generalized Anxiety Disorder, and Major Depressive Disorder, than their peers

- Early recognition of struggling children, close communication between those caring for the children, and implementing educational programs targeted to the local community have all shown evidence on reducing long term negative outcomes.

Local Resources

Boys and Girls Aid

Every Child

Impact NW

Multnomah Early Childhood Program

Northwest Regional Educational Service District

Royal Family Kids Camp

Project Lemonade

Safe Families for Children

Questions?

Evaluation

- **Qualtrics link:**

- https://ohsu.ca1.qualtrics.com/jfe/form/SV_0Hh1U4euMfwNOfQ

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