



# Mental Health Needs of Foster Youth

Assembly Committee on Human Services  
& Assembly Select Committee on Foster Care

Joint Informational Hearing

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Supplemental Slides

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# Supplement to Hearing Statement



- These slides provide material that could not fully be included in the brief hearing remarks
- The following topics are included:
  - Early childhood adversity and impact of maltreatment
  - Removal from home – disrupted attachment
  - Developmental issues
  - Specific mental health issues among foster youth
  - Suicidality
  - LGBTQ+ youth
  - CSEC
  - Long-term impacts of mental health problems



# Key concepts

- Impact of trauma and adverse childhood experience
- Importance of attachment experiences; disruption of significant relationships
- Unresolved losses and grief remain with the child.
- Many, if not most, mental health issues arise from problems in these areas.

# Adverse Childhood Experience (ACE)



- Mental health of foster youth often starts with early life stress (or adverse childhood experience)
- ACEs include: emotional, physical, or sexual child abuse; neglect; divorce or separation of parents; domestic violence; alcohol or substance abuse; mental illness of family member, incarceration of family member
- In general population, 49.5% have 0; 24.9% have 1; 12.5% have 2; 6.9% have 3, and 6.2% have 4 or more.
- Foster youth often have experienced complex trauma, or several ACEs.
- Accumulation of ACEs increases risk of mental health problems and of adverse experiences in adulthood.

# Early development



- 90% of brain development occurs in first 5 years
- Includes stress response system, regulation of emotions, cognitive developments, executive functions
- The primary attachment relationship(s) is the vehicle through which child learns regulation of feelings
- The outside world and sense of self are mediated through the attachment relationship(s)



# Impact of maltreatment

- Estimates of mental health problems for maltreated children range from 40%-80%
- Neglect and abuse lead to problems in self-regulation
  - Executive functioning
  - Management of overwhelming feelings and impulses
- Social-emotional processing
  - Compromised interpersonal relationships



# Trauma and maltreatment dysregulate stress response system

- Trained at biological level to be on alert
- Can't turn off trauma-induced activation of stress response system
- In original situation, high alert was adaptive and protective against unpredictable or negative environment or individuals
- Now maladaptive and can increase dangers
  - Child or youth can't accurately assess danger
  - Difficulty in taking in positive experience or cues



# Removal from home

- Sudden, dramatic change in child's life with no preparation
- Loss of significant other(s) – disruption to attachment relationship
- Depending on age, understanding may be limited
- Strange new environment; uncertain future
- New adults, others in home or group setting
- Child/youth may have been traumatized (possibly chronically) prior to removal
- Trauma of removal and placement may compound pre-existing mental health problems.



# Placement instability as a problem

- Child's overheated stress response system may preclude taking in of positive intents; may act out, alienating new caregivers, leading to placement "failure"
- Greater exposure to traumatic events (including events leading to placement change), greater likelihood of mental health problems.
- One third of youth in care experience 3 or more placements; some estimate that one third experience 8 or more changes.
- Placement instability shown to be powerful influence on mental health problems.

# Continuing Impact of maltreatment on development over time



- Influence on brain, social, and identity development as the child/adolescent grows and new developmental tasks arise.
- Compounded by broken or disturbed attachments
- Unresolved trauma and unresolved grief add to child or youth's internal burden, creating risks from others and from the self.



# Prevalence of mental health issues among foster children and youth

- 36%-44% of those in care meet criteria for psychiatric disorders (McGuire et al, 2018)
- 36%-61% are in the clinical range for behavior problems (McGuire et al, 2018)
- 80% of children in care have significant emotional and behavioral health problems, 4 times the rate among all children, and much higher than 49.5% rate among all adolescents (Bender et al, 2015).



# Common diagnoses among foster care populations

- PTSD
- Attention deficit hyperactivity disorder (ADHD)
- Oppositional defiant disorder (ODD)
- Conduct disorder (CD)
- Anxiety
- Depression
- Eating disorders, sleep disorders
- Social phobia
- Separation anxiety
- Mood disorders



# PTSD

- PTSD is reported in 25% of adolescents in care
- Twice the rate of returning veterans
- Over 6 times the rate in the general public
- PTSD is most common diagnosis among older adolescents in care
- Females at higher risk for both PTSD and Major Depression
- Higher rates of PTSD about to exit care than in the general population
- Lowest rates for those in kinship care



# Suicidality

- Children and youth in care at greater risk of suicide and attempting suicide (Katz et al, 2011)
- Youth in child welfare and juvenile justice systems are 3-5 times more likely to die by suicide than their peers (National Center for Prevention of Youth Suicide, 2013)
- Trauma involving assaultive violence and child sexual abuse predicts suicidal behavior
- Depressive symptoms play a major role
- Females make more frequent attempts in teen years
- Among maltreated 8-year-olds: 10% reported wanting to kill themselves (Corbett et al, 2012)



# Developmental problems arising from early life stress

- For younger children:
  - Language disorders, poor social-adaptive skills, delayed fine motor skills
- For older children:
  - Higher rates of educational disorders, learning disabilities, behavioral problems
- Complex trauma can limit overall neurocognitive development, and result in memory deficit, difficulties with problem solving

# Mental health and school



- More than 40% of school-aged children in placement require special education
- Severe attention difficulties, poor impulse control, aggressive behavior
- These problems compromise ability to be in a regular classroom
- Traumatized children have difficulty concentrating and learning
- Dysregulated stress response systems make it hard to interact successfully with other children and with adults





# LGBTQ+ issues

- LGBTQ+ youth are overrepresented in foster youth populations
- Research suggests between 15%-30% of former system-involved youth identify as LGBTQ+ No differences in proportion of LGB youth of given racial or ethnic minority
- LGB youth less likely to have abuse report substantiated, more likely to be arrested, more likely to skip school and to do so frequently
- LGB youth have twice the rates of clinically significant behavioral problems, and 2-3 times the odds of meeting criteria for substance abuse disorder
- 6 times the likelihood of clinically significant trauma; higher rates of depression (Detlaff et al, 2018)
- Girls who identify as sexual minorities are overrepresented.
- LGBTQ youth enter system with higher levels of suicidality, depression, substance abuse (Scannapieco et al, 2018)



# CSEC issues

- Foster youth at high risk for becoming exploited
  - Underlying histories of child abuse
  - Settings where there is risk of victimization
  - Greater accessibility to traffickers or peers involved in trafficking
- Prevalence of emotional, physical, and sexual abuse among CSEC between 32%-93% (Ijadi-Maghsoodi, 2016)
- Elevated risk for severe mental health issues: self-harming behaviors, PTSD, cognitive impairment, memory problems
- More likely to have run away, mis-used alcohol or other substances, be involved in juvenile justice system, gang involvement, risky behavior, school failure.

# Racial/ethnic considerations



- Caucasian youth more likely to enter child welfare system with pre-existing diagnoses, but they enter at older ages, and report more violent or traumatic histories
- Diagnosis prior to entry very low for African-American youth, with exception of PTSD
- Higher rates of PTSD after entry for Caucasians
- African-American children may be removed for non-abuse related reasons, such as poverty/neglect or because African American families are under greater surveillance in general, so children may be removed under less serious circumstances (Salazar et al, 2013)
- Racial disparities between Caucasian and African American youth, related to poverty and urbanicity, with lower odds of services for youth in urban counties.
- Service disparities between Latino and Caucasian youth not detected. (Garcia et al, 2016)

# Psychotropic Medication



- Widespread use of psychotropics (true for youth in the US generally)
- Polypharmacy (multiple prescriptions to same child) among foster children despite scant safety evidence
- Growth in (off-label) use of antipsychotic prescriptions for management of disruptive behavior disorders; lack of evidence to support this and serious metabolic side effects (weight gain, diabetes).
- New report (Karlis, 2018) reports that, nationally, 1 in 3 foster children/youth who were given psychotropic medications did not receive proper monitoring, treatment plan, or follow-up.
- Critical importance of use of psychosocial treatments before, during, and following use of psychotropic medications.



# Long-term impacts of mental health problems

- Early screening for ACEs, other trauma is preventive
- Early developmental screening can identify problems for early intervention
- Without effective treatment, mental health problems worsen over time
- Trauma and its effects are timeless; without treatment and opportunities to heal, remain with the young person, compromising functioning in many domains
- **Continuity of behavioral health treatment for youth aging out is critical**
- 90% of youth with externalizing disorders are arrested within a year of discharge from care (Kang-Yi & Adams, 2017)
- Risky behaviors, early parenting, unemployment, substance use and abuse
- There is a high rate of unmet behavioral health needs, particularly among ethnic minority youth, high treatment drop out, school drop out, homelessness.



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