Executive Summary | Mental Health, Ethnicity, Sexuality, and Spirituality Among Youth in Foster Care

Findings from the Casey Field Office Mental Health Study

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Study Overview

The Casey Field Office Mental Health Study (CFOMH) focused on the mental health of youth receiving foster care services from Casey Family Programs (Casey). In addition, the study explored the areas of ethnic identity, gender identity and sexual orientation, and spirituality. The study surveyed 188 youth between age 14 and 17 who were receiving foster care services at one of eight Casey field offices (located in the states of Arizona, California, Idaho, Texas, and Washington). Trained interviewers from the University of Michigan's Survey Research Center conducted in-person interviews between August 2006 and November 2006. The response rate was 88.7%. Participants were 51.1% females and 67.7% youth of color, and the average age was 16.1 years.

Findings

MENTAL HEALTH

Despite difficulties endured related to child maltreatment, removal from their biological families, and placement in foster care, most youth were doing well in terms of their current mental health. Mental health diagnoses were assessed using the Composite International Diagnostic Interview (CIDI), a standardized instrument administered by interviewers that provides lifetime and past-year mental health diagnoses. Findings are summarized below:

» **Most youth (64.2%) had no mental health diagnosis in the past year.** While less than two in five youth (36.7%) had no lifetime mental health diagnosis, the percent of youth with no past-year diagnosis (64.2%) was much higher. In fact, the percent of youth with no past-year mental health diagnosis was similar to that of youth in the general population (63.8%).

» **Rates of nine lifetime mental health disorders (of 21 assessed) were significantly higher among youth in care than among youth in the general population.** Rates of two lifetime mental health disorders were higher among youth in the general population than among youth in care, and rates were similar for ten diagnoses. Youth in the current study had particularly high lifetime rates of attention-deficit hyperactivity disorder (ADHD; 15.1% compared to 4.5% in the general population), conduct disorder (20.7% compared to 7.0%), major depressive disorder (19.0% compared to 11.9%), and post-traumatic stress disorder (PTSD; 13.4% compared to 5.2%).

» **Females experienced significantly higher rates of several internalizing mental health disorders compared to males.** Controlling for demographics and foster care experiences, females had significantly higher rates of lifetime and past-year major depressive episode, lifetime panic attack, and lifetime and past-year PTSD. The lifetime rate of PTSD among females, for example, was 21.4% compared to 5.1% for males. For some of these disorders, this is similar to what is found in the general population.[1] Females were more likely to have two or more past-year diagnoses than males.

» **Rates of mental health disorders among youth currently in care were significantly lower than among alumni of care.** Comparison data from the Northwest Alumni Study, a study of 479 alumni age 20–33, indicated that alumni of care had significantly higher rates of mental health disorders for almost all lifetime and past-year

diagnoses assessed.[2] There were no disorders for which youth currently in care had higher rates than alumni.

ETHNIC IDENTITY

Exploratory questions examined youth's perceptions of their ethnic identity, including their development of ethnic identity while in foster care and experiences with discrimination.

» **Youth felt that they had opportunities to develop their ethnic identity in foster care, but most wanted to learn more.** Many youth (57.3%) felt that they had opportunities to develop their ethnic identity while in foster care, but most (69.3%) said they wished they could learn more about their ethnic background. There were significant differences by ethnic group, with black and Hispanic/Latino youth endorsing both statements to a greater degree than white youth. Several Hispanic/Latino youth commented on the difficulty of maintaining their Spanish language skills while in foster care.

» **Although youth reported relatively low levels of experiences of discrimination, differences existed by racial/ethnic group.** A scale was created to measure experiences of discrimination to assess personal encounters with racism, such as unfair treatment at school, experiencing verbal harassment, and experiencing violence. Black youth reported significantly more experiences of discrimination based on race/ethnicity than Hispanic/Latino youth or white youth.

» **About three in four youth reported having at least one caregiver of the same race/ethnic group as themselves at the time of the interview, but significant differences existed by group.** The percent of youth with at least one caregiver of the same race/ethnic group as the youth was 86.5% for white youth, 81.1% for black youth, and 45.0% for Hispanic/Latino youth.

» **About half of youth believed that it was important to have foster parents of the same racial/ethnic group as themselves.** Just over half of youth (51.0%) somewhat or strongly agreed with the statement, "Having foster parents of the same race or ethnicity is important to me." There were significant differences by racial/ethnic group, with black youth endorsing it to the greatest degree (69.8%), followed by Hispanic/Latino youth (50.4%) and white youth (27.5%).

GENDER IDENTITY AND SEXUAL ORIENTATION

Youth were asked questions related to gender identity and sexual orientation. Youth who identified as gay, lesbian, bisexual, transgender, or questioning (LGBTQ) were asked additional questions about their experiences and unique needs in foster care.

» **Ten youth (5.4%) identified their sexual orientation as gay, lesbian, bisexual, or questioning. No youth identified as transgender.** Almost one in eight youth (11.5%) reported having questioned their sexual orientation at some point in their lives.

» **Most youth reported feeling comfortable around youth who are LGBTQ, but fewer reported feeling comfortable living in a foster home with an LGBTQ person.** Nearly two-thirds of youth (65.8%) said that they felt moderately or very comfortable around other youth who are LGBTQ, and nearly three in five youth (57.7%) said that they had an LGBTQ friend. Fewer (45.9%) reported feeling moderately or very comfortable being placed in a foster home with an LGBTQ person, however.

» **Few LGBTQ youth reported having experienced discrimination because of their sexual orientation.** Although a high percentage of youth (including heterosexual youth) had witnessed or

heard of discrimination towards LGBTQ youth based on their gender identity or sexual orientation, such as unfair treatment in school or verbal harassment, most of the 10 youth in this study who identified as lesbian, gay, bisexual, or questioning had not personally experienced discrimination. All LGBTQ youth felt the need to hide their sexual orientation at some point, however, and many said that was because they feared not being accepted.

SPIRITUALITY

Youth were asked to share their spiritual beliefs, how they feel about spirituality, and what activities they participate in that they consider spiritual.

- **The vast majority of youth (94.6%) said they believe in God, a Creator, or a Higher Power.** This is similar to the rate found among adolescents in the general population (95%).[3] The most commonly reported descriptions of "God/Creator/Higher Power" were Creator (77.9%), Love (71.7%), and Protector (55.5%).
- **Most youth participated in spiritual activities on a regular basis and considered those activities helpful.** About one in four youth (24.9%) participated in spiritual activities two or more times per week, slightly less than one in five (18.7%) participated once a week, and one in four (24.1%) participated one to three times per month. More than four in five (82.5%) said that spiritual activities helped them in their daily lives.
- **Youth employed a variety of coping mechanisms when something bad or tragic happened in their lives.** The most commonly endorsed coping mechanisms include spending time alone (67.4%), praying (58.9%), sharing the problem with someone (55.9%), writing in a journal or diary (35.5%), or doing something creative (33.2%). Potentially harmful coping mechanisms were endorsed to a lesser degree: not eating enough (12.5%), eating too much (9.4%), getting aggressive (7.2%), using alcohol or drugs (5.0%), and hurting oneself in some way (2.0%).

Policy, Program, and Research Recommendations

MENTAL HEALTH

1. **Regularly screen youth in foster care for mental health disorders and provide effective mental health treatment to youth who need it.**

   Results indicated that a high number of youth have struggled with certain disorders during their lifetime. Discreet screenings should be administered regularly to all youth in care, and full assessments should be provided to those who need them. The Warning Signs Project, which was developed for use by parents, educators, and health professionals, is an example of a quick screener for emotional and behavioral problems among children and youth.[4] Additionally, the Peabody Treatment Progress Battery provides a cohesive set of short, reliable instruments to assess clinical processes and mental health outcomes for youth between age 11 and 18.[5]

2. **Pay particular attention to internalizing disorders among female youth in care.**

   Females were significantly more likely to have internalizing disorders, including depression, panic attack, and PTSD. Social workers need to pay particular attention to these types of disorders when working with female youth.

3. Explore why lifetime rates of diagnoses were higher than past-year diagnoses for many disorders.

Although youth in foster care may have had numerous mental health disorders in the past, many are not currently struggling with a mental health disorder. It may be that the lives of these youth have stabilized since their placement with Casey, given the nurturing and protective environment of their foster families, or it may be due to other factors. Future research should compare when initial placements were made and when recovery occurred to identify factors associated with recovery.

4. Provide training on mental health disorders to foster parents and social workers.

Social workers and families can assist children and youth in grieving, developing relationships with other people, and strengthening their personal identity through programs such as the 3-5-7 Model, which helps prepare for permanency in a family.[6] Training in behavior management, through the Oregon Multidimensional Treatment Foster Care model for example, may be most effective in helping foster parents work with youth who have behavioral problems.[7]

5. Empower youth and foster parents to advocate for mental health services.

Empowered and informed youth can more effectively advocate for mental health services. Additionally, well-trained foster parents and social workers are able to discern typical from atypical adolescent behavior, and can be allies in ensuring that youth receive mental health treatment when needed.[8]

6. Help youth in care and alumni of care who are doing well to keep doing well.

Nearly two in three youth in the current study and about half of the alumni in the Northwest Alumni Study had no past-year mental health diagnosis. Support (in the form of extracurricular activities, mentors, etc.) should be provided to these youth and alumni to help them continue to do well.

7. Ensure that alumni of foster care have access to effective mental health services.

For many mental health diagnoses, rates among alumni in the Northwest Study were three to five times those of youth in the current study, suggesting that alumni of foster care may be more at risk for mental health problems than youth still in care. Alumni of foster care need access to effective mental health services, such as those available through the Chafee Medicaid waiver—perhaps to an even greater degree than youth still in care. Many youth who are leaving care go through difficult experiences as they leave care, such as joblessness and homelessness. Support services to help stabilize educational, vocational, and economic aspects of their lives could improve the mental health of alumni.

8. Replicate the current study among youth served in public agencies.

The current study interviewed youth served through Casey, whose experiences may be significantly different from those of youth served in public agencies. As such, the findings reported here may not be generalizable to the national population of youth in foster care.

ETHNIC IDENTITY

1. Ensure that youth in foster care have multiple opportunities to explore and develop their ethnic identity.

This research highlights the importance of ensuring that all youth in foster care are offered opportunities to develop their ethnic identity. Discovering and promoting ways to nurture positive ethnic identity development of youth in foster care could provide them with a means to cope with challenges in their lives (such as the trauma associated with child maltreatment, frequent placement and/or school changes, and discrimination experienced in the broader social environment). In particular, youth should be provided with skills to address racial and ethnic discrimination.

2. Recruit foster parents of diverse racial and ethnic backgrounds.

Less than half of Hispanic/Latino youth reported being currently placed with a foster parent of the same race/ethnicity. To better reflect the population of youth in foster care, recruitment of foster parents should focus on people of diverse racial and ethnic backgrounds. Additionally, it would be beneficial to youth to have mentors from diverse backgrounds for when the race/ethnicity of the foster parent does not match that of the youth.

3. Provide training on ethnic identity development to foster parents and staff.

Teach foster parents, social workers, teachers, and mental health practitioners how to explore their own ethnic identity and awareness of prejudices so they can create a supportive environment for the youth to engage in similar exploration. Foster parent training should include curriculum on diverse identities and healthy identity development, and effective communication with children and adolescents. Social workers can encourage foster families to engage youth in nonjudgmental conversations about youths' ethnic and cultural identity.[9]

4. Conduct studies on American Indian and Alaska Native youth and Asian American and Pacific Islander youth in care to examine their unique needs and experiences in foster care.

The sample size in the current study was far too small to be able to draw any conclusions about American Indian and Alaska Native youth or Asian American and Pacific Islander youth in foster care. Future studies should include a sufficient sample size of youth in these groups to thoroughly examine their mental health, ethnic identity, gender identity and sexual orientation, and spirituality. Survey questions may need to be reviewed to ensure that they are culturally appropriate for each group.

GENDER IDENTITY AND SEXUAL ORIENTATION

1. Ensure that all youth in care feel accepted—whatever their sexual orientation or gender identity may be.

All of the LGBTQ youth felt the need to hide their sexual orientation at some point, and many said that was because they feared not being accepted. This illustrates how important it is for foster care agencies, social workers, foster parents, and all other important people in a youth's life to make their acceptance of a youth's sexual orientation or gender identity clear. This can be done in part through staff and foster parent training, choosing appropriate foster care placements, and using physical office space to display supportive LGBTQ-friendly statements.

2. Teach all youth to accept and support LGBTQ youth.

Organizations such as the Safe Schools Coalition and Parents, Families and Friends of

Lesbians and Gays (PFLAG) offer materials and resources that are helpful in educating all youth to be supportive of LGBTQ youth. Additionally, student organizations such as the Gay-Straight Alliance (GSA) encourage acceptance of LGBTQ students by peers and staff and can advocate for school policies that are supportive of LGBTQ students.

3. **Conduct further research on LGBTQ youth in foster care to document their experiences and identify how they can be supported in the child welfare system.**

   More extensive research should be conducted on LGBTQ youth in foster care. An in-depth study should be done with a larger sample to more deeply investigate their experiences and needs in the foster care system, specifically focusing on the unique challenges that these youth may face. Additionally, some of the findings from this exploratory study invite further investigation, such as why many youth reported being comfortable around LGBTQ peers, but not feeling comfortable being placed in a home with them.

SPIRITUALITY

1. **Purposefully inquire about spirituality, religion, and culture.**

   Social workers and other direct-service staff can build knowledge of diverse spiritual practices, religious beliefs and norms, and cultural backgrounds. Assessment tools that incorporate these aspects of spirituality can be helpful for learning more about individual youth and their families of origin, and also for improving the match between youth, foster families, and potential mentors.

2. **Integrate spirituality into casework.**

   Agencies and social workers should be equipped to support youth who find spirituality helpful. Spiritual resources should be developed and referrals and supports should be offered to youth in the same manner as are other supports and services. Because of the diversity of beliefs and practices, social workers can be trained to encourage foster families to engage youth in nonjudgmental conversations about youth's spiritual and religious backgrounds.

3. **Help youth experience spiritual activities positively.**

   Youth should be supported by workers and foster families to continue, and perhaps increase, their participation in communities that share their spiritual and religious values and beliefs. Youth should also be encouraged to engage in coping mechanisms and other activities that they find helpful for reducing stress and understanding their life experiences. It is also important for social workers to consider what supports and resources a young person might need to participate in spiritual activities as often as they wish. This may include assistance with transportation, which was cited as a barrier to involvement.

Conclusion

Most youth in this study were doing well despite struggles they have endured related to maltreatment as children, removal from their biological families, and placement in foster care. In fact, rates of most past-year mental health diagnoses among youth in this study were similar to those found in the general population of adolescents, although lifetime rates were higher for many disorders. This suggests that placement into foster care may provide a nurturing, stable environment which allows youth to recover from mental health disorders. As documented in the Northwest Alumni Study and other studies, however, the high rates of mental health disorders among alumni of foster care strongly suggest that youth preparing to leave care and young adults who have left care need more support.

Exploratory results presented related to ethnic identity, gender identity and sexual orientation, and spirituality suggest that these are important areas in the lives of many youth in foster care. To better understand these areas, standardized scales should be developed in studies with larger sample sizes. In the meantime, the implementation of policy and program recommendations included in the current study may benefit youth currently in care.

ENDNOTES

1 National Institute of Mental Health. (2006). The numbers count: Mental disorders in America. *NIH Publication No. 06-4584.* Retrieved February 6, 2006, from http://www.nimh.nih.gov/publicat/numbers.cfm#KesslerPrevalence#KesslerPrevalence.

2 Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., et al. (2005). *Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs.

3 See Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. *Journal of Adolescent Health, 38*(4), 472-480. Pearce, M. J., Little, T. D., & Perez, J. E. (2003). Religiousness and depressive symptoms among adolescents. *Journal of Clinical Child and Adolescent Psychology,32*(2), 267-276.

4 See Jensen, P., Bornemann, T., Costello, E. J., Friedman, R., Kessler, R., Spencer, S., et al. (undated). *The Warning Signs Project: A toolkit to help parents, educators and health professionals identify children at behavioral and emotional risk.* New York: Center for the Advancement of Children's Mental Health at Columbia University.

5 For information about the Peabody Treatment Progress Battery (PTPB), visit the PTPB Web site at peabody.vanderbilt.edu/ptpb.xml.

6 The 3-5-7 Model consists of three components: completing three "tasks" (e.g., developing an understanding of one's life events), answering five questions (e.g., "What happened to me?" to explore loss), and using seven elements that are considered critical to preparing children for permanency (e.g., creating a safe space for the child to go through the process). See Henry, D. L. (2005). The 3-5-7 Model: Preparing children for permanency. *Children and Youth Services Review, 27*, 197-212.

7 Chamberlain, P. (2003). The Oregon Multidimensional Treatment Foster Care model: Features, outcomes, and progress in dissemination. *Cognitive and Behavioral Practice, 10*(4), 303-312.

8 For training materials to help caregivers and youth advocate regarding mental health, visit the Reach Institute (Resource for Advancing Children's Health) Web site at www.reachinstitute.net.

9 See www.casey.org/Resources/Projects/REI/ for training materials related to ethnic identity development in foster care.

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