Strategies for Meeting the Mental Health Needs of Youth in Care 2000-2005

Need for and actual use of mental health service by adolescents in the child welfare system
Shin, Sunny Hyucksun
Boston University
2005
Children and Youth Services Review
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Although foster youth are at increased risk of mental illness, little is known about need for and actual use of mental health services by adolescents in the child welfare system. Analyzing a random sample of 113 foster youth in a large Midwest state, the author found that foster youth experienced severe mental health problems such as depression, anxiety and loss of behavioral/emotional control. In this study, need for services, as measured by the presence of a mental health problem, was only partially related to mental health services received. Logistic regression analyses indicated that four factors including anxiety, child abuse history, poor psychological well-being, and time in care were significantly related to mental health service use.

Epstein, Michael H. Kutash, Krista. Duchnowski, Albert J.
2005
Publication Information: Austin, TX : PRO-ED
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8700 Shoal Creek Boulevard
Austin, TX 78757-6897
Tel: 800-897-3202
This book reviews best practices and programs for providing services to children with emotional or behavioral disorders and their families using the systems-of-care model. Section 1 includes chapters that review the current impact and relevancy of the system-of-care model for the children's mental health services system, the epidemiology of mental health problems and service use in youth, and clinical and psychosocial characteristics of children with serious emotional disturbance entering system-of-care services. Section 2 focuses on assessment, methodology, and evaluation models and includes chapters that review research designs for children's mental health services research, family outcomes in children's mental health, strengths-based assessment in children's mental health, assessing child and family outcomes of systems-of-care for youth with serious emotional disturbance, measuring fidelity within community treatments, cross-agency data integration strategies for evaluating systems-of-care, the Service Assessment for Children and Adolescents, and the challenge of cultural diversity for evaluating systems-of-care. Section 3 highlights outcomes of systems-of-care programs, including Wraparound Milwaukee, the Santa Barbara County Multiagency Integrated System of Care project, the Bridges Project, and Project SUPPORT. The final section includes chapters that discuss the outcomes for experimental and quasi-experimental studies. Chapters address multistystemic therapy with youth exhibiting significant psychiatric impairment, effective schoolwide discipline, achievement and emotional disturbance, the Linking the Interests of Families and Teachers Prevention Program for youth antisocial behaviors, the First Step to Success program, the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, the Oregon multidimensional treatment foster care model, Medicaid-managed behavioral health care for children with severe emotional disturbance, and treating conduct problems and strengthening social and emotional competence in young children. Numerous references.


Mental health screening and assessment in juvenile justice.

University of Massachuetts Medical School
2005
Available from: Guilford Press
72 Spring Street
New York, NY 10012
Tel: (800) 365-7006 212)431-9800
info@guilford.com
Available from: http://www.guilford.com

This book provides in-depth reviews of over 20 widely used instruments for identifying the mental health needs of youths in the juvenile justice system. It begins with an overview of the nature of mental disorders among justice-involved youths, procedures for setting up screening and assessment programs in juvenile justice facilities, and what to look for in selecting appropriate instruments. Following chapters review: multidimensional brief screening tools, including the Massachusetts Youth Screening Instrument Version 2, the Problem-Oriented Screening Instrument for Teenagers, and the Child and Adolescent Functional Assessment Scale; unidimensional screening tools, including the Substance Abuse Subtle Screening Inventory for Adolescents Second Version, the Trauma Symptom Checklist for Children; and scales for assessing attention-deficit/hyperactivity disorder; comprehensive assessment instruments, including the Achenbach system of Empirically Based Assessments, personality inventories, the Diagnostic Interview Schedule for Children: Present State Voice Version, the Minnesota Multiphasic Personality Inventory Adolescent, and the Million Adolescent Clinical Inventory; risk for violence and recidivism assessment tools; and forensic assessment tools. Each chapter provides information on the purpose of the targeted assessment, a basic description of the assessment, the history of the method s development, research evidence on psychometric properties, application of the assessment, and a case example. Numerous references.

Medicaid spending on foster children.

2005
The present study is the first to examine the health care services received by foster children based on Medicaid expenditure data from all 50 states and the District of Columbia. This brief provides some key statistics on the medical and mental health services provided to foster children based on federal fiscal year (FFY) 2001 data from the Medicaid Statistical Information System (MSIS) Annual Summary File. The quality and completeness of MSIS data have improved significantly in recent years, making such an analysis of health care expenditures on foster children possible. Study results reinforce and expand the findings of prior research by documenting significant variation in state Medicaid expenditures on foster children, and variation in spending among foster children of different ages, genders, and races/ethnicities. In addition, the study examines states' use of targeted case management for foster children, a practice that has been debated by the current administration, the Centers for Medicare and Medicaid Services (CMS), and Congress. However, given the limitations of the MSIS data, this brief does not answer research questions itself, but rather identifies and refines the questions that future studies should examine. (Author abstract)

Unlocking mental health services for youth in care.
Austin, Lisette.
Univ. of Washington, Seattle.
2005
Children's voice.
14 (3) p. 6-13
Publication Information: Child Welfare League of America, Washington, DC.
Reprints available from: Child Welfare League of America, Inc.
440 First St. NW Third Floor
Washington, DC 20001-2085
Tel: 202-638-2952
voice@cwla.org
Available from: www.cwla.org
Maltreatment, separation from families, and unstable placements place foster children at risk for mental health problems. Despite the prevalence of mental disorders in the foster care population, the system is not equipped to help children receive necessary services. Barriers to treatment include the inadequate training and experience of mental health professionals, child welfare staff, and foster families; limited collaboration between providers and biological parents; the failure of the system to conduct regular assessments; and lack of financial resources. This article describes common mental health problems among foster children and reviews several program models designed to facilitate treatment, including A Home Within, therapeutic foster homes, and systems of care that promote cooperation among community-based services. Therapeutic foster care, intensive case management, wraparound services, and multisystemic therapy have resulted in reductions in placement changes, incidents of aggressive behavior, and arrests. Consistent with these approaches, the Child Welfare League of America and the American Academy of Child and Adolescent Psychiatry established a strategic plan to emphasize the importance of service coordination and early identification. Advocates are advised to become more aware of mental health disorders and to encourage regular assessments and training for foster families.

Use of mental health services by youths in public sectors of care.
hazen, Andrea L. Hough, Richard L. Landsverk, John A. Wood, Patricia A.
San Diego State university
2004
Mental health services research
(4) p. 213-226
Publication Information: Germany : Springer Science+Business Media
Available from: Springer Science+Business Media
Heidelberger Platz 3
The present paper examined the lifetime rates of mental health service use in a representative sample of youths identified as receiving services in at least one sector of care in a publicly funded service system of a large, metropolitan area. Service use was examined in relation to age, gender, mental health diagnostic status, and service sector involvement. Participants were 1,706 youths ages 6-17 years who were active in at least one of the following service sectors: alcohol and drug services, child welfare, juvenile justice, mental health, and special education services for serious emotional disturbance. Structured service use and diagnostic interviews were administered to youths and their caregivers. High lifetime rates of mental health service use were found. Eighty-seven percent of the sample used at least one outpatient service, 45% used at least one inpatient service, and 71% reported use of a school-based service. Youths involved with the mental health and special education sectors had the highest rates of service use. In contrast, youths enumerated from the juvenile justice system tended to have the lowest rates of use. Additional research is needed to refine our understanding of the factors associated with the observed patterns of service use.

Mental health needs of youth in foster care: challenges and strategies.
Austin, Lisette.
National CASA Association.
University of Washington.
2004
Connection
20 (4) p. 6-8, 12-13
Reprints available from: National CASA Association
100 W. Harrison North Tower Suite 500
Seattle, WA 98119
Tel: 800-628-3233
inquiry@nationalcasa.org.
Available from: http://www.nationalcasa.org/index-1.htm
The possible mental health problems of children and adolescents in foster care are explored, including depressive disorders, anxiety disorders, attention deficit hyperactivity disorder, eating disorders, autism, schizophrenia, and reactive attachment disorder. The challenges of identifying mental health disorders and needs are discussed, along with the success of an innovative program that offers long-term individual psychotherapy to foster youth. The role of the CASA volunteer in advocating for mental health services is also addressed.

Mental health treatment for youth in the juvenile justice system: a compendium of promising practices.
National Mental Health Association
2004
Available from: National Mental Health Association
2001 N. Beauregard Street 12th Floor
Alexandria, VA 22311
Tel: (703) 684-7722 (800) 969-6642
Available from: http://www.nmha.org
This document discusses evidence-based effective mental health practices with juvenile offenders, and what promises to be effective practice. It starts with a review of the basic values and principles that are the foundation of effective practices, as well as the essential components of the mental health services array. The most effective treatment programs adhere to the values and principles of the system of care framework and include the following components: early intervention; target medium- to high-risk juvenile populations; use graduated sanctions and treatment alternatives; use treatment models or approaches that are based on sound empirical research; ensure the fidelity to the program design through well-qualified and well-trained staff, good supervision and program monitoring and evaluation; use mental health professionals as treatment providers; deliver sufficient amounts of treatment; monitor juvenile progress on an ongoing basis; and ongoing collaboration between juvenile justice, mental health, child
Use of mental health services among older youths in foster care.
2004
55 (7) p. 811-817
Available from: http://www.appi.org/
Sponsoring Organization: National Institute of Mental Health.
This study examined lifetime, 12-month, and current mental health service use among older youths in the foster care system and examined variations in mental health care by race, gender, maltreatment history, living situation, and geographic region. The Service Assessment for Children and Adolescents, the Child Trauma Questionnaire, and the Diagnostic Interview Schedule were used in interviews with 406 youths in Missouri's foster care system who were aged 17 years. Ninety-four percent of the youths had used a mental health service in their lifetime, 83 percent used a mental health service in the past year, and 66 percent were currently receiving a mental health service. Lifetime rates for inpatient psychiatric care (42 percent) and other residential programs (77 percent) were exceptionally high. A quarter of the youths received mental health services before they entered the foster care system. Among youths who received residential services, half did not receive community-based services before receiving residential services. After the analyses controlled for need, predisposing characteristics, and enabling characteristics, youths of color were less likely to receive outpatient therapy, psychotherapeutic medications, and inpatient services, and they were more likely to receive residential services. Youths who had been neglected and youths in kinship care were less likely to receive some types of services. Geographic differences in service use were common and sometimes mediated the effect of race on service use. The child welfare system was actively engaged in arranging mental health services for youths in the foster care system, but the system was unable to maintain many youths in less restrictive living situations. The variations by race and geography indirectly indicate quality concerns. 5 tables, 41 references. (Author abstract)
http://www.nrcys.ou.edu/PDFs/mentalhealth.pdf

Outpatient mental health services for children in foster care: a national perspective.
Child abuse and neglect.
28 (6) p. 697-712
Available from: http://www.sciencedirect.com/science
The purpose of this study was to determine factors influencing the use of outpatient mental health services provided by mental health professionals (OMHS) for children in foster care using a national probability sample in the United States. As part of the National Survey of Child and Adolescent Wellbeing, detailed survey data were collected on 462 children, ages 2-15, who had been in out-of-home care
for approximately 12 months at the time of sampling. A multivariate logistic regression model was used to determine how clinical need, as measured by a Total Problem, Externalizing, or Internalizing Scale T-score of 64 or greater on the Achenbach Child Behavior Checklist (CBCL), and non-clinical factors affected OSMHS use. Over half of the children in the sample received at least one OMHS. Need, older age, and history of sexual abuse history all positively predicted OMHS. A history of physical neglect negatively predicted OSMHS. African-Americans used fewer services than children of Caucasian ancestry at all values on the CBCL. This finding was particularly salient at lower levels of CBCL scores; at higher levels, the discrepancy in the use of services diminished but the proportion of children receiving services remained lower for African-American children. This national study confirms previous findings regarding the use of mental health services based on regional data. Limitations in the use of services imposed by non-clinical factors, specifically, age, race/ethnicity and type of abuse, need to be examined in order to address implicit and explicit policies and practices that may result in inequitable distribution of services.

Mental health of 'looked after' children: a needs assessment.
Lomond and Argyll Primary Care NHS Trust (U.K.)
2004
Clinical child psychology and psychiatry.
9 (1) p. 117-129
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2455 Teller Road
Thousands Oaks, CA 91320
Tel: 800-818-7243 805-499-9774
info@sagepub.com
Available from: http://www.sagepub.com
This article describes a combined quantitative and qualitative approach to assessing the need for mental health services of looked after children. The authors interviewed 48 children and young people who were accommodated by one local authority in foster care, children's homes and residential schools. Fifty-six per cent of our sample were suffering from significant psychological morbidity. 44% had a definite, probable or resolving diagnosis of at least one psychiatric disorder with impaired psychosocial functioning. Self-esteem was preserved to a variable extent across different domains. In most cases, problems in psychological development had been identified at a young age and the majority had previously been assessed, and some treated, by the local psychiatric service. Most of the participants had strategies for managing distress, made good use of available support networks and were happy with the level of care they were receiving. The authors concluded that a majority of children and young people looked after by the local authority suffer from chronic and disabling mental health problems despite early recognition of their difficulties, attempts at solutions and supportive care settings. The need identified was not for improved recognition of mental health problems, but rather for more effective interventions.

The health needs of children aged 6-12 years in foster care.
British Association for Adoption and Fostering.
University of Leicester.
2004
Adoption and fostering.
28 (3) p. 31-40
Publication Information: London : British Association for Adoption and Fostering.
Reprints available from: British Association for Adoption and Fostering
Skyline House 200 Union Street
London, England SE1 0LX
Tel: +44 20 7593 2000
mail@baaf.org.uk
Available from: http://www.bAAF.org.uk/
It is well established that looked after children have high levels of health needs that are not usually met by existing services. This article reports on a study that aimed to establish the perceptions of health needs among children aged 6-12 years and their foster carers. Fifty-six children and their carers from two local authorities completed a health checklist, the Health of the Nation Outcome Scales for Children and
Adolescents and the Strengths and Difficulties Questionnaire. Despite their young age, children were broadly aware of what constitutes and promotes good health. In contrast, they gave a range of definitions of mental illness. Children were reported to be registered with general practitioners and to be up to date with immunisations, while their contacts with primary and specialist health services were related to a variety of relatively minor problems. High levels of mental health issues were established among this group, which were significantly associated with recent admission to public care and short-term placements. The findings are discussed in the context of guidelines on the health assessment of looked after children and the need for development of accessible and designated mental health services.

**Evaluation of a new mental health service for looked after children.**

*Clinical child psychology and psychiatry.*  
9 (1) p. 130-148  
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Thousands Oaks, CA 91320  
Tel: 800-818-7243 805-499-9774  
info@sagepub.com  
Available from: [http://www.sagepub.com](http://www.sagepub.com)  
A mental health team for looked after children, and the evaluation of its first phase are presented. The team combines primary mental health worker, psychology and psychiatry skills. It offers telephone and face-to-face consultation to local authority staff, assessment, treatment and training. Forty-five children and their carers, who consecutively attended the service, were independently assessed by a researcher at the time of referral and at five-month follow-up. Outcome measures included the Strengths and Difficulties Questionnaire (SDQ), the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and a service satisfaction questionnaire. At 5 months, children had significantly improved on a number of HoNOSCA scales, and on the emotional SDQ scales. Carers perceived the interventions as targeting different aspects of the child's functioning, but wished they were more involved in decision-making. Carers and children were generally positive about their clinical contact. The findings are discussed in the context of developing mental health services for vulnerable children and young people, and interagency partnership.

**Meeting the health care needs of children in the foster care system. Framework for a comprehensive approach: critical components.**

*Meeting the health care needs of children in the foster care system.*  
Meeting the Health Care Needs of Children in the Foster Care System (Project) Georgetown University. Center for Child and Human Development. 2003  
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Washington, DC 20007  
Tel: 202-687-5000  
gucchd.georgetown.edu  
Available from: [http://gucchd.georgetown.edu](http://gucchd.georgetown.edu)  
Children in the foster care system have multiple and complex physical health, mental health, and developmental needs. To attend to these needs fully requires the creation of a very comprehensive, community based health care system that includes a number of specific components. The list of "critical components" presented here evolved from several sources -- learnings from states, communities and organizations that provide health care for children in foster care; consideration of national health care standards such as those developed by the Child Welfare League of America and the American Academy of Pediatrics; belief in the values embraced by systems of care that serve children with special mental health needs; and the wisdom of the advisory group that assisted in analyzing the findings of this project. As we studied approaches that states and communities were using to provide health care for children in foster care, we learned that many components of a comprehensive system were being implemented, but
rarely did a single organization, state or community address all of the components presented in this document. This framework of critical components is presented to provide states and communities a description of issues to consider when designing a comprehensive approach to health care for children in foster care.


**Evidence-Based Practices in Mental Health Services for Foster Youth.**
Marsenich, L.
California Institute for Mental Health, Sacramento.
2002
Publication Information: California Institute for Mental Health, Sacramento.
Distributed by: California Institute for Mental Health
2030 J St.
Sacramento, CA  95814
Tel: 916-556-3480
Available from: http://www.cimh.org

The selection of mental health service models for foster care should be based on empirical evidence of the effectiveness of various interventions to ensure that resources are used efficiently. This report summarizes the literature about the mental health needs of youth in foster care in California and the types of services that have been successful with foster children. The perspectives of foster parents and foster youth also are presented. The number of foster children in California continues to increase because of the growth of parental substance abuse, poverty, homelessness, AIDS, and domestic violence. Foster children are three to six times more likely than children in the community to have mental health problems, most of which are externalizing disorders (delinquency, hyperactivity, aggression). Emotional and behavioral problems can interfere in the achievement of goals for reunification or adoption. Although foster children utilize mental health services more often than children in the community, access to care is not consistent throughout the system. For example, boys are more likely than girls to receive medication for psychiatric disorders. Wraparound and therapeutic foster care services have been found to be the most effective intervention strategies for foster children and their families. The Oregon Social Learning Center Early Intervention Program and a University of Delaware project also have shown some evidence of success in foster care environments. In addition to programs designed specifically for foster children, child welfare agencies can adapt interventions that have been effective in treating mental health problems among children in the community, such as cognitive behavior therapy for depression and anxiety and anger control therapy for conduct problems. Foster parents request greater involvement in planning for services for their foster child, as well as more training and support. Foster youth desire more information about services and access to individual counseling, mentor programs, family counseling, and group therapy. The study suggests that mental health services for foster children can be improved by promoting coordination between social service and mental health systems, by developing responses to the typical problems of children in foster care, and by providing specialized training for judges, administrators and direct service staff, and foster parents. More research about the effectiveness of mental health interventions in the community and in foster care is necessary. Numerous references, 7 tables.


**Medicaid and financing of health care for children in foster care: findings from a national survey: a policy brief.**
Inkelas, Moira. Halfon, Neal.
UCLA Center for Healthier Children, Families, and Communities.
2002

*Health services for children in foster care.*
(1) p. 1-14
Publication Information: Los Angeles, CA : UCLA Center for Healthier Children, Families, and Communities.
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1100 Glendon Avenue Suite 850
Los Angeles, CA  90095
Tel: 310-794-2583
chcfc@ucla.edu
Available from: http://www.healthychild.ucla.edu

Children in the foster care system are at higher risk for adverse physical and mental health conditions
than children in the general public. However, there is a significant gap between need and services received primarily because of funding issues with Medicaid. Many states have restrictive eligibility requirements for Medicaid or have not accessed Medicaid resources to pay for child health, developmental, and mental health services. This study examined state financing policies, including Medicaid eligibility and coverage of services for foster children. Non-Medicaid resources also were identified. Survey participants included administrators from 40 Medicaid, 38 child welfare, 44 child health, and 42 mental health agencies. The questions were based on the best practice standards disseminated by the Child Welfare League of America and the American Academy of Pediatrics. Although the Child Welfare League of America’s standards and federal regulations promote early assessment for children placed in foster care, only 15 percent of state Medicaid agencies offered presumptive eligibility for children at the time of placement. More than half of the child welfare respondents believed that the state had a presumptive eligibility policy, demonstrating that the child welfare administrators were not accurately informed about Medicaid coverage into a post-placement period to stabilize care for children who are adopted or reunified with their family. Most state Medicaid programs cover the components of a comprehensive assessment as defined by Child Welfare League of America and the American Academy of Pediatrics, including vision, hearing, dental, developmental, mental health, physical health, and laboratory reports. The following recommended evaluations are not typically covered: review of health history, written summaries of evaluation findings, and school readiness assessments. Agencies regularly supplement Medicaid reimbursement with state and local funds, especially for mental health treatment and dental care. Recommendations for improving the system include a federal review of the role of Medicaid in supporting national goals for children in care, the integration of Medicaid factors in the Child and Family Service Review process, and greater access to Medicaid for children who are entering and exiting foster care placements. 35 references, 2 notes, 4 figures, 2 tables.

http://www.healthychild.ucla.edu/Publications/ChildrenFosterCare/Documents/Financing%20brief%20final%20for%20distribution.pdf

Child welfare agency use of standards for health care to children in foster care: a policy brief.
Halfon, Neal. Inkelas, Moira. Flint, Robin.
UCLA Center for Healthier Children, Families, and Communities.
2002

Health services for children in foster care.
(2) p. 1-14
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Los Angeles, CA 90095
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Recognizing the intensive health care needs of children in foster care, and the need for a more comprehensive continuum of care within an organized system, the Child Welfare League of America (CWLA) developed standards in 1988 for health and mental health services to children in foster care. The American Academy of Pediatrics (AAP) developed comparable standards in 1994 and re-affirmed their importance in 2002. These CWLA-AAP health standards call for specific policies and procedures, largely within the child welfare agency. The CWLA-AAP health standards also call for collaborative relationships and oversight functions with other agencies that have roles and responsibilities for children in foster care. Standards address (1) assessing health needs, (2) providing health services, (3) organization and administration of health services, (4) coordination of state and local agencies, (5) data collection and retrieval, (6) quality assurance, and (7) training for caregivers and caseworkers. This brief reports key findings from a national survey that evaluate state and county use of the CWLA-AAP standards; the policies and practices of agencies in delivering health and mental health services; and the involvement of multiple agencies (child welfare, health, and mental health) in collaborative efforts to put the CWLA-AAP standards into practice. Findings are based on surveys of administrators in Medicaid programs, child welfare agencies, mental health agencies, and child health agencies. They include: (1) Some but not all child welfare agencies have adopted CWLA-AAP standards; (2) Most agencies have policies for initial screening and comprehensive evaluations; (3) Child welfare agencies that have adopted the CWLA-AAP standards are more likely to have key policies in place; (4) Fewer than 60 percent of state and county
child welfare agencies report that a mental health assessment is part of the initial health assessment exam; (5) Many agencies report using health care "passports" for children, although health information is not consistently used for care planning and decision-making; (6) Few agencies can report on key measures of health care access and utilization; (7) Health and mental health agencies are largely unaware of child welfare agency standards, and; (8) Health and mental health agencies are interested in collaborating with child welfare. Recommendations are provided.

http://www.healthychild.ucla.edu/Publications/ChildrenFosterCare/Documents/Standards%20brief%20final%20for%20distribution.pdf

**Mental Health Service Use for Children in Foster Care in Illinois.**

Early, Theresa J. Mooney, Douglas D.

2002

Publication Information: Urbana, IL: University of Illinois at Urbana-Champaign, School of Social Work, Children and Family Research Center.

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School of Social Work Children and Family Research Center 1203 W. Oregon
Urbana, IL  61801
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Available from: http://cfrcwww.social.uiuc.edu

Foster children are at increased risk for mental health problems, probably resulting from family maltreatment, separation from home and family, and continuing disruptions. Mental health problems in such children are associated in turn with longer stays in foster care, more placement instability, and less likely reunification with the birth family. This report attempted to document all facets of mental health service use by Illinois foster children who first entered the system during 1997. Of 7,416 children who first entered the state's foster care system that year, 1,297 (17.49%) received Medicaid services for a mental health diagnosis. These children were predominantly male, older, and white, with a significant number of boys diagnosed with ADHD and conduct disorders, while girls fell into the categories of affective and anxiety disorders. In-patient and residential services were those billed most frequently, though involving a minority of children (14%). Diagnostic services accounted for a relatively small proportion of billing, but served the most children (41%). Previous studies have indicated that between half and two-thirds of children in foster care experience mental health problems warranting attention. The literature shows that diagnosis and treatment vary according to the child's ethnicity, age, gender, and type of placement. Numerous references and 10 tables.

http://cfrcwww.social.uiuc.edu/pubs/Pdf.files/mentalhealth.pdf

**Need for Attention to Mental Health of Young Offenders.**

Kessler, C.

Yeshiva Univ., New York, NY. Albert Einstein Coll. of Medicine.

2002

*Lancet*

359 1956-1957

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655 Avenue of the Americas
New York, NY 10010
Tel: 212-633-3800

Available from: http://www.thelancet.com

An estimated 40-70 percent of the one million juveniles who come in contact with the juvenile justice system in the United States each year have mental disorders; many of them undiagnosed and untreated. Because these children are not screened for mental problems by juvenile justice authorities, these conditions remain untreated. This article comments on similar findings in a recent study among juvenile delinquents in the United Kingdom. As in the U.S., many of these juvenile offenders suffer from such undiagnosed and untreated disorders as mental retardation, learning disorders, attention-deficit hyperactivity disorder, substance abuse, anxiety and affective disorders. The study, of 90 adolescent boys incarcerated for criminal offenses, found 69 percent were substance abusers, 22 percent had major depressive disorder, and 27 percent met criteria for mental retardation. A follow-up review after three months found persistent mental problems, especially aggressiveness, and emergence of posttraumatic stress disorder. The findings suggest the need for concern that incarceration in juvenile detention centers
exacerbates pre-existing mental conditions while creating others, the author says. Successful mental health outreach and intervention projects aimed at juvenile offenders are described, including peer support groups. Screening for mental health disorders in this population of at-risk adolescents should be a routine part of juvenile court action, and researchers should continue to study the often-neglected juvenile justice population, the author advises. 8 footnotes.

**Mental Health Services for Youths in Foster Care and Disabled Youths.**
dosReis, S. Zito, J. M. Safer, D. J. Soeken, K. L.
Johns Hopkins Univ., Baltimore, MD. School of Hygiene and Public Health.
2001
*American Journal of Public Health*
91 (7) 1094-1099
Publication Information: American Public Health Association, Washington, DC.
Reprints available from: Susan dosReis
Johns Hopkins Hospital Division of Child and Adolescent Psychiatry 600 N. Wolfe St., CMSC 346
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sdosreis@jhmi.edu
Sponsoring Organization: National Institute of Mental Health (DHHS), Bethesda, MD.
This study assessed whether mental health services for youths differ with respect to medical assistance aid category. Computerized claims for 15,507 youths with Medicaid insurance in a populous county of a mid-Atlantic State were used to establish population-based prevalence estimates of mental disorders and psychotherapeutic treatments during 1996. An analysis of service claims revealed that the prevalence of mental disorders among youths enrolled in foster care (57%) was twice that of youths receiving Supplemental Security Income (SSI; 26%) and nearly 15 times that of youths receiving other types of aid (4%). Rates of mental health service use were pronounced among foster care youths aged 6 to 14 years. Attention deficit/hyperactivity disorders, depression, and developmental disorders were the most prevalent disorders. Stimulants, antidepressants, and anticonvulsants were the most prevalent medications. Youths enrolled in foster care and youths receiving SSI use far more mental health services than do youths in other aid categories. There is a need for research to evaluate the complexity and outcomes of mental health services for youths in foster care. (Author abstract)

**Health Care for Children and Adolescents in the Juvenile Correctional Care System.**
American Academy of Pediatrics, Elk Grove Village, IL. Committee on Adolescence.
2001
*Pediatrics*
107 (4) 799-803
Publication Information: American Academy of Pediatrics, Elk Grove Village, IL.
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PO Box 927
Elk Grove Village, IL 60007-1098
Tel: 888-227-1773 800-433-9016 x 6754 (Members)
journals@aap.org
Available from: http://www.pediatrics.org
Over the past decade, there has been a dramatic increase in the population of juvenile offenders in the United States. Juveniles detained or confined in correctional care facilities have been shown to have numerous health problems. Such conditions may have existed before incarceration; may be closely associated with legal problems; may have resulted from parental neglect, mental health disorders, or physical, drug, or sexual abuse; or may develop within the institutional environment. Delinquent youths are often disenfranchised from traditional health care services in the community. For these adolescents, health care provided through correctional services may be their major source of health services. Pediatricians and correctional health care systems have an opportunity and responsibility to help improve the health of this vulnerable group of adolescents. (Author abstract) 35 references.

**Unmet Mental Health Needs Cause Failure Across Youth-Serving Institutions.**
Gardner, P.
National Center for Youth Law, Oakland, CA.
2001
Youth Law News
Mental health disorders are a far greater problem for adolescents than is recognized, yet youth-directed social institutions are failing to meet their psychological health needs, this article concludes. The author highlights the problem and its impact on society, and examines the government's response and its shortcomings. Also described are a number of collaborative efforts by advocates that are improving risk outcomes for many adolescents with cognitive and emotional problems. Children with untreated mental problems are at greater risk of drug and alcohol abuse; educational failure; juvenile delinquency and imprisonment; and engaging in behaviors that place them at increased risk of contracting human immune deficiency virus (HIV). Their problems also disrupt families, causing stress and contributing to domestic violence and child abuse. Children and youth with untreated mental problems are also at much higher risk of suicide. As many as 90 percent of teen suicides involve children with mental disorders, according to some estimates. Examples of institutional failure to recognize and provide mental health care for children with disorders are presented. Issues of access to services include the federal government's approach, which the author views as poorly coordinated and desegregated, and a bureaucracy that is spread across too many agencies. Other problems with youth institutions are described, as are legal issues surrounding care and treatment of mental problems in adolescents. Several successful partnership initiatives that provide individualize care are described, including one sponsored by Columbia Legal Services in Seattle, Washington, and an outreach program in Los Angeles, California.

Mental Health Services for Looked After Children: Implications From Two Studies.
Minnis, H. Del Priori, C.
Yorkhill NHS Trust, Glasgow (Scotland).
2001

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Two recent studies by Glasgow researchers have highlighted the high level of emotional and behavioral difficulties experienced by looked after children. One was a cross-sectional survey examining the mental health of children entering the care system, carried out in Glasgow. The second study was a controlled trial of a training program for foster care service providers conducted in another part of the Central Belt of Scotland. Despite their different designs and geographical areas, only the cross-sectional data are discussed. The authors synthesize results of both studies and use them to argue that practitioners need to take a fresh look at mental health services for looked after children and at the assessments which should determine what these children need. The results of the first study indicate about half of the total group of children displayed considerable emotional and behavioral problems that warranted attention. In the second study, the overall findings give evidence that depression and other psychological problems are widespread among this population. (Author abstract modified) 33 references, 1 figure, 3 tables, 2 graphs

Adopted Adolescents' Overrepresentation in Mental Health Counseling: Adoptees' Problems or Parents' Lower Threshold for Referral?
Utah State Univ., Logan.
2000
Journal of the American Academy of Child and Adolescent Psychiatry
39 (12) 1504-1511
A larger proportion of adopted adolescents receive mental health counseling than do their nonadopted peers. Adoptees might have more problems that require counseling, or their adoptive parents might have a lower threshold for referral (or both). Objective: to test the hypothesis that both the extent of adolescents' problems and their adoption status would predict whether adolescents received psychological counseling, after controlling for family demographic characteristics. Method: Two large data sets collected from 1994 through 1996 by the National Longitudinal Study of Adolescent Health (Add Health) were used. In parallel analyses of the 2 data sets, hierarchical logistic regression models were implemented to assess the incremental effects of problem behaviors, family characteristics, and adoption status on adolescents receiving counseling. Results: Selected adolescents' problems and family demographic characteristics were significant predictors for having counseling, but after controlling for these variables, Adoptees were still about twice as likely as nonadoptees to have received counseling. Conclusions: Prevalence of problems, adoptive family characteristics, and adoption status must all be taken in to account to understand why Adoptees are more likely to receive counseling. Clinicians should be sensitive to issues that are especially salient in adoptive families.

**Use of Mental Health Services by Youth in Contact with Social Services.**

Duke Univ. Medical Center, Durham, NC.
2001
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Sponsoring Organization: National Institute of Mental Health (DHHS), Bethesda, MD.
This article compares mental health service need and use among three groups of children: those with a history of foster care placement, those in contact with departments of social services but never in placement, and those from impoverished families who have not been in contact with social services. Data come from a longitudinal epidemiologic study of mental health problems and service use. The results of the Child and Adolescent Psychiatric Assessment revealed that 30 percent of the children had significant functional impairment and met the criteria for a psychiatric diagnoses. Forty-two percent had a significant functional impairment with no diagnosis and 5 percent qualified for a diagnosis, but did not have a substantial functional impairment. Rates were similar for children from poor families, children with social service contact, and children with a history of foster care placement. However, children in foster care or in contact with social services were significantly more likely than children living in poverty to receive mental health services from a specialist, at school, and from a primary care provider. These findings suggest the need for a mechanism to assess poor children who do not have contact with social agencies. The author proposes that schools be used to deliver assessment and treatment services. (Author abstract modified) Numerous references, 4 tables.

**Help-Seeking Steps and Service Use for Children in Foster Care.**

Zima, B. T. Bussing, R. Yang, X. Belin, T. R.
California Univ., Los Angeles. Health Services Research Center.
2000
*Journal of Behavioral Health Services and Research*
27 (3) 271-286
Reprints available from: Sage Publications, Inc.
This study describes help-seeking steps and service-use patterns for school-age children in foster care. The authors examine how these access indices are moderated by sociodemographic, enabling, and child disorder factors. Two home interviews and a telephone teacher interview were conducted using a sample of 302 randomly selected children (age 6-12 years) in foster care. The majority of children (80%) were given a psychiatric diagnosis, and 43% of the foster parents perceived a need for mental health services for the child. In the past year, about one-half of the children had received mental health (51%) and special education services (52%). Age and ethnicity, foster parent education, placement history, level of monthly benefits, number of caseworker visits, and disorder characteristics were related to help-seeking steps and mental health service use. Strategies to improve access to mental health services for children in foster care should include interventions at the caregiver and system levels.

**Children in Foster Care: Factors Influencing Outpatient Mental Health Service Use.**


California Univ., San Diego. Children's Hospital.

2000

*Child Abuse and Neglect*  
24 (4) 465-476


Reprints available from: Laurel K. Leslie  
Children's Hospital Child and Adolescent Services Research Center 3020 Children's Way, MC 5033  
San Diego, CA 92123-0282

Sponsoring Organization: National Center on Child Abuse and Neglect (DHHS), Washington, DC.

Detailed survey and administrative data were collected on 480 children who entered long-term foster care in San Diego County to determine factors influencing the utilization of outpatient mental health services by children in foster care. Data were linked with claims data from Medicaid and San Diego County Mental Health Services information systems. A Poisson regression model was used to determine whether the following factors influenced outpatient mental health service use: age; race-ethnicity; gender; maltreatment history; placement pattern; and behavioral problems as measured by the Achenbach Child Behavior Checklist. Except for maltreatment history, all independent variables included in the multivariate regression model were statistically significant. The total number of outpatient mental health visits increased with age, male gender, and non-relative foster placements. Relative to Caucasians, visits were lower for Latinos, and Asian-Others, but comparable for African-Americans. Concerning maltreatment history, differences were only found in one category: children experiencing caretaker absence received fewer visits compared to children who did not experience caretaker absence. Children with CBCL Total Problem Scale T-scores of 60 or greater had significantly more visits than those with a score less than 60. Both clinical and non-clinical factors influence outpatient mental health service use by foster children. Limitations imposed by gender, race-ethnicity, and placement setting need to be addressed by child welfare policies. These findings suggest that guidelines are needed to systematically link children in foster care with behavioral problems to appropriate services. 44 references and 2 tables.