

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Outpatient Mental Health Services and Foster Children

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Social Work

By

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in collaboration with

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Abstract

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Objective: The purpose of this secondary quantitative data analysis is to examine the negative impact of foster care on children's mental health. Method: Data was analyzed using bivariate descriptive analysis of variable A (facility offers therapeutic foster care) and variable B (number of clients who received outpatient services ages 0-17). Results: In frequency analysis of variable A, the categorical findings reflect that only 7.6% of facilities offer services to the target population. In descriptive analysis variable B, the average number of youth who received outpatient services is 623.00. The standard deviation is 931.25. Finally, correlation analysis shows the Pearson's Correlation Coefficient $r = -0.138$. Implications: Although further data

collection and analysis will be required, clinicians, administrators, and child advocates can work together to begin providing the continued care this population deserves and will need for developmental success.

Key Words: mental health, outpatient services, foster youth, N-MHSS, therapeutic foster care

Section 1: Problem Statement & Research Question

Each year, thousands of children come into contact with the foster care system, due to claims of abuse or neglect (Leslie et al., 2005). Current national estimates are that over 500,000 children are in foster care. The number of children exposed to the foster care system has continued to increase significantly over the past twenty-five years and is a national issue of social concern (Leslie et al., 2000). The purpose of this secondary quantitative data analysis is to identify the relationship between experience in the foster care system and utilization of mental health outpatient services. The problem to be examined is the negative impact of foster care on children's mental health. Over the past decade, many research studies have revealed a high rate of emotional and behavioral problems among children that are removed from their homes and placed in foster care (Leslie et al., 2005).

Researchers will seek to answer if there is a positive relationship between children who experience foster care and the utilization of outpatient, day, or partial mental health treatment services while identifying contributing factors, such as age and race. Researchers propose that when there is an increase in exposure to foster care, there is a direct increase in mental health services use.

Proposed data analysis will contribute to current research regarding foster youth. It is the researchers' hope that clinicians, administrators, and child advocates will educate the public about the proposed study outcomes and other similar studies that specifically define and discuss outpatient services for foster youth. Social work practice implications call for the need for children to be properly assessed and closely monitored to determine mental health service need

and re-evaluate the frequency of use. If, for example, there is found to be a positive correlation between the two identified variables, researchers and clinicians can begin to explore significant gaps in services that remain and develop strategies for improved service implementation.

Section 2: Literature Review

Previous Studies/Knowledge of Topic

Previous studies included both the analyses of secondary data and independently conducted surveys. Published research identified various contributing factors, or moderating variables (i.e. age, gender, race, maltreatment history, type of abuse). The connection between integration into the foster care system and need/utilization for outpatient mental services was distinct. Foster care placement is initiated by traumatic experiences in the home, such as neglect or abuse (Villagrana, 2010, p.691). In addition, research indicated the psychological effects of the disrupted home environment and adjustment to foster care involvement increases the need for mental health services (Villagrana, 2010, p. 691).

Methodological Strengths and Deficits

Methodological strengths of all studies included the voluntary participation and consent of caregiver/guardian completing the provided surveys. All agreed to answer a questionnaire surveying the clinical mental health need of the child, characteristics, history of foster care, etc. Children and caregivers were at no harm. Anonymity and confidentiality were upheld. The Child Behavior Checklist was an assessment tool used in reviewed studies to measure symptoms and categorize clinical need of mental health services (Burns et al., 2004, p. 962; Horowitz et al., p. 572; Leslie et al., 2000, p. 466; Leslie et al., 2004, p. 698; Leslie et al., 2005, p. 981).

Methodological deficits included the overlap of moderating variables. To exemplify, children can experience both sexual abuse and neglect. Therefore, it is difficult to distinguish which of these variables influences utilization of mental health services. Secondly, the survey

questionnaire used by these studies was not constant and varied in language problems. The item wording of question-and-answer choices varied, which yielded possible cultural insensitivity and bias. Caregivers' reading comprehension levels varied based on educational background, which allowed for potential misunderstanding of the questions in the surveys provided. Cultural competence was not recognized in the surveys used across the literature.

Agreements and Disagreements in Literature

Literature agrees there is a gap in services, despite the particular need for children who remain in their homes with family, or in kinship care, during their involvement in foster care (Leslie et al., 2005). The literature suggests moderating variables, such as sex/gender, race, abuse history, and maltreatment, directly affect utilization of services. Kinship care was the leading cause of underutilization of services, while Caucasian male children in nonrelative foster care and children with sexual abuse history, are agreed across all literature to most likely utilize mental health treatment services (Bellamy et al., 2011, p.470; Burns et al., 2004, p.960; Garcia & Courtney, 2011, p.521; Horowitz et al., 2012, p. 576; Leslie et al., 2004, p.698; Leslie et al., 2005, p.981; McMillen et al., 2004, p. 811; New York State Office of Mental Health, 2011, p. 9-10; Pires et al., 2013, p.5; Villagrana, 2010, p.694). The 2005 San Diego study confirmed researchers' hypothesis that mental health service use increases after contact with the child welfare system. This study concluded that the onset of service use is connected to the level of involvement in child welfare (Bai et al., 2009, p. 378; Bellamy et al., 2010, p. 468; James et al., 2004; Leslie et al., 2005).

Disagreements across studies are also evident. Reviewed literature confirms that children who experience the foster care system are in need of mental health intervention, but disagree that

few actually receive services (Burns et al., 2004, p.960; Horowitz et al., 2012, p. 572; Leslie et al., 2005; Villagrana, 2010, p. 692). Additionally, children who experience sexual abuse are more likely to obtain outpatient mental health services (Bai et al., 2009, p. 378; Leslie et al., 2004, p. 705; McMillen et al., 2004, p. 812; Villagrana, 2010, p.692). However, none of the studies examined the various mental health diagnoses (i.e. anxiety, depression, behavioral disorders) these children were given and how they were being treated. In 2000, Leslie et al. suggests that guidelines are needed to systematically link all children in foster care with behavioral problems to appropriate services. Standardized assessments are needed to identify specific behavioral problems and treat appropriately.

Conceptual/Theoretical Framework

Attachment theory confirms there are adverse psychological effects from infant and/or child deprivation of contact with biological parent(s) (Coleman, 2015). Troutman, Ryan, and Cardi (cited in Coleman, 2015) have concluded in their article on the impact of foster care placement that a lack of stability damages a child's natural effort to form a secure attachment with a primary caregiver. Therefore, researchers propose children that are involved in foster care are more likely to utilize outpatient mental health services than other children. The majority of studies emphasize any change in the child's home placement, or living environment, directly increases the need and use of mental health services (Leslie et al., 2004).

Hypothesis & Rationale

Through detailed analysis of the 2010 National Mental Health Services Survey (N-MHSS) data, researchers propose that an increase in exposure to the foster care system correlates

to the increase of mental health services. This hypothesis appears sound and is supported and confirmed by the findings of the most recent literature.

Section 3: Methods

Research Design

The research is based on analysis of secondary data taken from the 2010 N-MHSS. This survey was initiated by the U.S. Department of Health and Human Services and Substance Abuse and Mental Health Data Archive (SAMHDA). The rationale for utilizing N-MHSS is that it provides strong sampling and data collection that reflects a “snapshot” of services at mental health facilities utilized in 2010 (SAMHDA, 2010, p.11). This existing data allows for analysis, which will examine foster children and the use mental health services.

Sampling

There is no direct recruitment involved in this study, thus no anticipated problems due to public secondary data analysis. The N-MHSS recruited 10,374 mental health treatment facilities from a list of mental health facility providers from the Substance Abuse and Mental Health Service (SAMHSA) database, and the Center for Medicare, and Medicaid Services (CMS). All facilities voluntarily reported characteristics of their services through the N-MHSS questionnaire. N value (6810) represents the total number of mental health facilities that reported mental health services rendered to youths.

Data Collection & Analysis

N-MHSS surveyed mental health services that were rendered at the facilities from June 11, 2010 through January 27, 2011. Clients of these facilities did not experience any step-by-step procedures, as they were not surveyed individually. Data has already been collected and compiled by the N-MHSS. Therefore, as public data, it is anonymous and yields no ethical

issues or deception for this secondary analysis study. The plan for this study involves correlation analysis of foster care exposure and mental health service use. The N-MHSS codebook and the tests available in the IBM Statistical Package for the Social Sciences (SPSS) computer software program will be used to help examine the independent and dependent variables.

Measurement

The independent variable is experience/exposure in the foster care system and the dependent variable is the use of mental health treatment services. Based on the conceptual framework and the research hypothesis, variables of interest to this study include mental health services and foster care. All variables have already been measured by the instrument of the N-MHSS questionnaire. To exemplify, the nominal variables with attributes were categorized through this “yes” or “no” questionnaire (SAMHDA, 2010, p.7). “No” were given the nominal variable of “0” while “Yes” given the nominal variable of “1”. According to Rubin & Babbie, defining a variable operationally can greatly influence our research findings (2010, p.170). Therefore, researchers have operationally defined the variables as the following:

According to the N-MHSS codebook, mental health services are defined as outpatient, day, or partial mental health treatment programs that were visited once, or partial day services to ambulatory clients, in sessions of three or more hours on regular schedule.

Foster care is defined by N-MHSS codebook as a system where minors, ages 0-17, are placed with a group or a private state-certified caregiver arranged by social service or government (SAMHDA, 2010, p.7). Researchers will utilize the term, as defined by N-MHSS.

Researchers will utilize the SPSS program to examine measurements of the above

variables and verify the study hypothesis. The secondary data set yields strong reliability since they are based off of the N-MHSS, which is a uniform self-report questionnaire. The questionnaire was a standardized instrument that measured the use of mental health services in U.S. facilities. The N-MHSS instrument was never changed throughout the surveying of facilities. Researchers are hopeful that this analysis of the secondary data set will contribute to the understanding of the effects of foster care on children's mental health.

Section 4: Data Analysis and Findings

Data was analyzed using bivariate descriptive analysis. Researchers identified variables within the N-MHSS data set that were best matched with researchers' original independent and dependent variables. The original independent variable A was identified as exposure to foster care and has been modified to read as facility offers therapeutic foster care. The original dependent variable B was identified as use of mental health treatment services and has been modified to the number of clients who received outpatient services ages 0-17. Researchers conducted descriptive analysis of categorical variable A and continuous variable B to determine standard deviation. A correlation test was utilized to explore the relationship between the two variables.

Frequency analysis shows that 92.4% (n=6,290) of mental health facilities, who completed the N-MHSS survey, do not offer therapeutic foster care services. N value (6,810) represents the total number of mental health facilities that reported mental health services rendered to youths. Descriptive analysis shows the average number of youth who received outpatient services is 623.00 with the standard deviation of 931.25. Finally, there was a small, negative correlation between variable A (facility offers therapeutic foster care) and variable B (number of clients who received outpatient services ages 0-17) where $r = -0.138$ between variable A and variable B, $n = 6290$, $p < 0.001$.

Section 5: Discussion, Implications & Limitations

In frequency analysis of variable A (facility offers therapeutic foster care), the categorical findings reflect that only 7.6% of facilities offer services to the target population. Previously studied research has indicated the continued need for outpatient services that are offered to foster youth. Researchers' findings and interpretations of N-MHSS data support this conclusion made in the literature review. In descriptive analysis of variable B (number of clients who received outpatient services ages 0-17), the standard deviation of 931.25 is indicative that there is a wide spread of services reported amongst facilities utilized by researchers' target population. Therefore, this particular set of data is less reliable than if collected data revealed a low standard deviation.

Finally, the correlation analysis reveals Pearson's Coefficient $r = -0.138$. This suggests a small, negative correlation between variable A (facility offers therapeutic foster care) and variable B (number of clients who received outpatient services ages 0-17). In addition to these findings, $p < .001$. According to SPSS indicators, correlation is significant at the 0.01 level (2-tailed). This is an indication that researchers' results are not statistically significant and is likely to be attributable to coincidence rather than a specific cause.

Researchers' findings indicate that further data collection and analysis will be required to determine the specific relationship between experience in the foster care system and utilization of mental health outpatient services. Further study and policy development regarding this particular population is also necessary in order to substantiate the needed funding through grants, subsidies, and other sources that will be required if outpatient services offered are going to

increase. Social work practice is intended to uphold ethical principles that involve serving those that are underrepresented, in need of resource access, and direct service linkages. Current literature and research findings indicate that work with this population encompasses every aspect of social work belief and ideology.

Limitations of this study are present. Although the N-MHSS database is extensive in its examination of overall mental health service use, the number of those individuals receiving therapeutic foster care may or may not be counted as the same population reported who received outpatient services. Therefore, there is no direct link in the available data between the two given variables. In addition to specified information regarding the outpatient youth who utilized services, a more detailed breakdown of inpatient and outpatient services would be helpful for researchers to differentiate between need and service use. This data may also help to identify a lack of continuum of care that is necessary for optimal mental health within this population.

According to the N-MHSS codebook, the outlined survey is voluntary, which accounts for why some facilities left questions unanswered. The client counts reported do not represent actual annual totals. Rather, it provides a snapshot of mental health treatment facilities and clients on an average day or month. Although the survey provides the question originally asked of mental health facilities, details are not provided regarding services rendered. Of most importance to researchers in this particular study is the lack of definition of therapeutic foster care.

In reference to variable B, facilities were given the option of providing percentages or numbers of youths ages 0-17 receiving outpatient services. This makes data inconsistent in

reporting methods. The accuracy in numbers is in question. N-MHSS data provided a breakdown of clients utilizing mental health services and applicable moderating variables (i.e. race, ethnicity, gender). However, there is an absence of distinction in age within these moderating variables, and, therefore, cannot serve as an area for analysis in this study. While 10,374 facilities were initially identified as survey respondents within the N-MHSS codebook, researchers omitted those facilities that did not report data pertaining to the analyzed variables. Out of the 6,810 facilities that reported regarding services rendered to target population, analysis reveal the unreliability of data collected in N-MHSS.

Conclusion

This study attempted to determine if there was a positive relationship between children who experience foster care and utilization of outpatient, day, or partial mental health treatment services. Research from this study indicates that 7.6% of facilities offer services to the target population. Furthermore, a small, negative correlation was identified between the variables that were analyzed. Descriptive analysis indicated that this particular set of data is unreliable. Based on researchers' above findings, it is clear there is a desperate need for additional outpatient mental health services to be offered to foster youth, as this population continues to rise and statistical analysis indicates services are lacking throughout the United States. Although further data collection and analysis will be required to determine the specific relationship between experience in the foster care system and utilization of mental health outpatient services, clinicians, administrators, and child advocates can work together to begin providing the continued care this population deserves and will need for developmental success.

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Appendix: Tables

Table 1

Descriptive Analysis: Frequencies & Descriptives (N=6810)

| Variables | n | % | M | SD |
|--|------|------|--------|--------|
| <u>A: Facility offers therapeutic foster care</u> | | | | |
| No | 6290 | 92.4 | | |
| Yes | 520 | 7.6 | | |
| <u>B: Number of clients who received outpatient services</u> | | | | |
| Ages 0-17 | | | 623.00 | 931.25 |

Table 2

Correlations among the Variables

| Variables | A. Facility Offers Therapeutic Foster Care |
|--|---|
| B. Number of Clients Who Received Outpatient Services | -0.138** |

**Correlation is significant at the 0.01 level (2-tailed)

Appendix: Addendum

Outpatient Mental Health Services and Foster Children

Outpatient Mental Health Services and Foster Children is a joint graduate project between **Keri Stratman** and **Towana Catley**. This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

Keri Stratman is responsible for all the following tasks/document sections:

- Formulated problem statement and research question
- Edited drafts of proposal parts 1, 2 and Capstone Proposal
- Discussion, Implications, Limitations, Conclusion, Part VI, question 2

Towana Catley is responsible for all the following tasks/document sections:

- Developed plan for methods utilized in conducting researching
- Explored appropriate SPSS descriptive analysis
- Attended individual tutoring at CSUN main campus to obtain knowledge of SPSS program and briefed partner
- Discussion, Implications, Limitations, Conclusion, Part VI, question 3

Both parties shared responsibilities for the following tasks/document sections:

- Conducted comprehensive literature review
- Identified conceptual framework
- Created tables reflecting correlation and descriptive analysis findings
- Analyzed research data and determined appropriate testing methods
- Attended to Capstone meetings with appointed advisor
- Discussion, Implications, Limitations, Conclusion, Part VI, question 1 and 4
- References and Appendix, part VII, question 1 and 2

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