FACTORS THAT PROMOTE OR INHIBIT ACCESS TO MENTAL HEALTH SERVICES FOR PEOPLE WHO HAVE EXPERIENCED FOSTER CARE

by

EDWIN SOTO

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Sponsor: Carolyn Cates, Ph.D.
Second Reader: Maegan Curtis, Ph.D.

Abstract

There is a lot of evidence highlighting that individuals who have been in the foster care system experience higher rates of mental health issues relative to the general population (news.uci.edu). However, it is well documented that individuals in foster care are at a much greater risk of not having their mental health needs met. The current study will critically review the factors that prevent adequate access to mental health services for foster children. I have also investigated strategies that have been used to successfully enhance mental health care access for this population and will aim to provide recommendations for best practices. Given the dramatic difference between the mental health needs of the foster care population and the inadequate level at which these needs are being met, there is a great need for policies that can enhance the care given to those who have been part of the child welfare system. Below, I review barriers (e.g. race), and facilitators (e.g social workers) that promote or hinder access to mental health care for this population and provide a set of recommendations based on evidence-based programs for how to enhance access to mental health care for people with a background in foster care.

Keywords: Foster care, Mental healthcare, Barriers, facilitators, Policy

Factors that Inhibit or Promote Mental HealthCare Access for People in Foster Care

There is a lot of evidence highlighting that individuals who have been in the foster care system experience higher rates of mental health issues relative to the general population (news.uci.edu). For instance, it has been shown that they have higher rates of Depression, Anxiety, and PTSD (afs4kids.org). The cause of these mental health issues may be multifactorial but research shows that children in the foster care system are more likely to have experienced child maltreatment and neglect, which leads to a range of mental health issues and also affects other aspects of well-being and development including academic outcomes, cognitive abilities, and relationships (Leve et al., 2019). Despite it being well established that foster children are more likely to have mental health issues, they are also much less likely to receive needed mental health services (Nycourts.gov). This can be problematic; research shows that less than 25% of youth get mental health services only after almost a year of being in foster care (Halfon, Zepeda & Inkelas, 2002). Given the dramatic difference between the mental health needs of the foster care population and the inadequate level at which these needs are being met, There is a great need to understand the factors that may inhibit and promote access to mental health. Some Barriers/Facilitators to receiving needed mental health care may include specific life circumstances that could enable individuals to seek/access health care. Research shows that different types of maltreatment for instance can determine whether youth get treatment (Garland Et Al. 1996). Other causes that illustrate discrepancies with the utilization of health services may be more aligned with structural and racial inequities in our society which prevent access. The current study will critically review the factors that prevent adequate access to mental health services for foster children. I will also investigate strategies that have been used to successfully enhance mental health care access for this population and will aim to provide recommendations

for best practices. Below, I reviewed barriers and facilitators that promote or hinder the access to mental health care for this population and discuss successful intervention efforts.

Mental Health Needs of Foster Children

A substantial body of work has highlighted that the mental health needs of foster care children are much greater than that of the general population. For example, Picora et al. (2009) looked at comparisons of the prevalence of mental health disorders in children with a foster care background vs people from the general population. They used data from a study called Casey Field Office Mental Health (CFOMH); this study looked at the lifetime mental disorders of people in foster care. Participants' ages in this study ranged from 14 to 17 years. Researchers found that foster youth within the CFOMH cohort had a 63% likelihood of being diagnosed with at least one mental disorder in their lifetime compared to a 45.9% likelihood in the general population. Further research has also demonstrated that foster care children are also far more likely than the general population to experience comorbidities in their mental health disorders. One study suggested that about 80% of children in foster care get diagnosed with one type of mental health disorder and that 30% of children get diagnosed with more than one mental health disorder (Mindyra Team, 2020).

This greater risk of mental health disorders may be because foster children have a lack of stability in their lives. They transition in and out of homes a lot and do not have great family relationships. Foster children are being exposed to traumatic experiences at a high rate which contributes to mental health disorders (Hogan, 2018). Many children are taken away from their families. Being taken away from your family can be traumatic and can lead to attachment disorders and related mental health disorders as specified by Bowlby's attachment theory (1969). According to Bowlby, a child can develop either a secure or insecure attachment to a caregiver,

based on how responsive caregivers are to the needs of the child; these attachment patterns are typically displayed/activated during times of distress experienced by the child. When children are mistreated, they may be more likely to develop insecure attachments and see their caregivers as someone to depend on and someone to fear (Cherry, 2023). Research has substantiated that foster-care children are more likely than non-foster-care children to have insecure attachments. They are also more likely to develop disorganized attachment which may occue whena child's caregiver is first seen as a trustworthy and then becomes a source of fear (AttachmentProject, 2023). A study conducted by Vasileva and Petermann (2016), analyzed developmental, mental health problems, and attachment difficulties in preschool children who have experienced neglect and abuse. Evidence showed that about 43% of the children in foster care had an insecure attachment style and 22% percent showed a disorganized attachment style; this is greater than the general population. One reason for this may be because of the high amount of abuse that children in foster care more often encounter. The evidence of greater attachment insecurity underscores some of the issues that foster care may continue to have with mental health.

While it is well established that foster care children often develop greater mental health care needs, it is also sadly apparent that these needs are not adequately being met. Austin (2004) for instance, states that less than half of foster children receive the mental health services they need. Some of these reasons may be due to a lack of mental health providers and the type of insurance that providers accept. Another study by Raghavan et al. (2015) investigated which children in child welfare receive consistent mental health services at the national level. He conducted a longitudinal study in which he followed up with groups of children for 3 years. Most of the participants in this study were white, and they were mostly eight years old. Researchers found that only half of children in child welfare receive consistent mental health services. They

also found that only one third of children are being evaluated for mental health needs at the start of registration or switching homes. These statistics demonstrate that many children may fall through the cracks, not receive the referrals that may be needed and ultimately be undertreated (Raghavan, 2015). To help address these mental health care needs of foster care children, we first need to understand the barriers to accessing mental health care for this population. I will now turn to discuss many of the documented causes for lack of access to mental health care for foster care populations including individual differences in life circumstances and broader structural issues preventing adequate access.

Individual Factors Preventing Mental Health Care Access

There are several factors that are specific to individuals' traits and personal life circumstances that may serve as barriers to receipt of mental health care. For example, research shows access to mental health care is impacted by the ways that individuals approach transitions, education about mental health conditions and access to resources, individual preferences for ways to cope, and status in the welfare system.

Approach toward transition

Haggman-Laitila et al. (2018) conducted a study to determine whether individual approaches to and challenges faced while transitioning out of the foster care system impacted receipt of mental health care services. In this study, they used a systematic review design in which they gathered all the existing research articles that related to their research question. They mainly focused on studies that date from January 2010, until December 2017. They grouped all the participants together from the 21 studies that are being reviewed: there were a total of 623 participants. The age range was from 16 to 35 years; 239 were male and 335 were female. Two authors evaluated these articles and focused on central issues that arose from the readings. They

focused on trying to find out the experiences of youth in foster care such as describing the experiences of transition to adult life and describing the experiences of support from aftercare for the transition to independent living. They identified several themes emerging from participants reports about their experiences and challenges in daily life during the transition to independent living. Several factors were highlighted that facilitated the transition to independent living; namely, they were (1) “continuation of successful support, (2) “building relationships and assimilating to cultural norms,” and (3) “having access to and trust in health services” (Haggman-Laitila et al. 2018).” Haggman-Laitila also discovered sub-themes related to the challenges within mental health services which included: (1) “limited awareness of illnesses,” (2) treatments and services; (3) no health insurance; (4) problems paying invoices, and (5) lack of support for commitment to treatment. Some major reasons reported for not seeking mental health services were fear of services not working and fear of side effects from medication. One youth stated that one way of coping with problems was using marijuana to self-soothe. Researchers found that care leavers- meaning those who have left foster care-tried to stay away from health providers because the health bill can be hefty. Haggman-Laitila found that care leavers expressed “needing someone to be in their corner” pushing them to go seek help from health services.

Similarly, Sakai et al. (2014) investigated the different perspectives youth have about the use of mental health services after aging out of foster care. They looked at individual reasons and systematic reasons. To answer this question, researchers enrolled 28 participants (ages 18-27 years) with documented previous mental health needs and use of mental health services, who had since aged out of foster care (any relevant info about how recently they aged out). They gathered information by having focus groups address attitudes and beliefs about the threat of mental health problems andwhat barriers have respondents faced while seeking mental health services.

Sakai's questions also investigated specific mental health needs of youth aging out of care such as, access barriers, transition readiness, and the use of psychotropic medication. Researchers sought to identify themes by delineating similar and recurring points from participants' answers. From the recurring points, they highlighted important themes and subthemes in topics related to context: (1) the need for mental health services; (2) benefit of mental health treatment; (4) transition skills; and (4) barriers to access. In terms of transition skills and barriers to access, the youth stated that they had limitations regarding having enough confidence to live independently. Some limitations include knowledge about mental health diagnoses and treatment options. Another point they brought up was not having enough knowledge to get familiarized with the mental health system. In interviews, participants stated not knowing what they were getting help on and not knowing where to go to get help. Many of the youth in the study had multiple diagnoses and did not know what the differences among them were. Health literacy emerged as a concern as some youths did not understand some of the information given to them. Researchers found that close bonds and community-based groups can help push youth to seek mental health services. Researchers discovered that when youth lose eligibility for their insurance, they seek other ways of trying to gain access to health services, such as claiming a disability status to regain insurance. There is no guarantee that they will regain access leaving them vulnerable and causing them at times to go months without medication. This study underscores that there needs to be more support from agencies when youth are transitioning into adulthood. There need to be better planning systems for people going through the discharge process of foster care. More time needs to be spent with youth on educating them on the types of services they have available to them.

Education on mental health services

Many studies look at the experiences and attitudes towards mental health care and health services and how they serve as barriers to receiving needed care. As aforementioned, people with a foster care background have expressed not knowing how to navigate health services. Researcher Munson et al. (2012) examined the experiences in the use of mental health services of people with a foster care background. They specifically looked at people transitioning into adulthood. They recruited 60 participants between the ages of 18-25with three common experiences during childhood: (1) diagnosis of a mood disorder, (2) use of Medicaid-funded mental health services, (3) And using at least one form of public system of care. In this study, there were 42 participants who were in foster care. Data were collected using structured interviews with questions including: "Have you run into difficulties getting mental health services after turning 18? Do you have the resources/money to pay for health services if needed (Munson Et Al. 2012)?" Within these interviews, they found themes highlighting Barriers within foster care. Evidence shows that participants can be categorized based on how many times they discontinue services: (1) people who completely stop using services after utilizing it at some point in their life; (2) people who routinely and consistently attend/receive services and (3) interrupted users who are "on and off" with attending their sessions and have more prolonged gaps in between receipt of services. Munson found that there are more discontinuers (42%) than those that consistently use services (22%). They also found that participants stated having a lack of knowledge for example one participant that was interviewed stated that he did not know what types of programs were provided to him. "I've learned now that through state assistance there might be things that you could do, but I'm still honestly not clear about how that works at all". This type of evidence highlights the need for education within the foster care system.

Another study that has similar findings is that by Kantor et al. (2022) they chose to highlight experiences and perspectives about mental health services on a sample of individuals from Austria people who survived institutional abuse. Participants were between 42 and 75 years old. Data was collected via face-to face-interviews. They asked three specific questions. These questions touched on the topics of what participants thought barriers were, and what suggestions they give future researchers or health providers. For example, “if participants had never received treatment” what were their reasons for not seeking professional help (barriers) and what would have helped them to access treatment (facilitators) (Kantor et al. 2022). They analyzed their data for barriers and facilitators based on the findings of another study (Kantor et Al. 2017). Throughout their interviews, they found recurring themes such as lack of knowledge and treatment-related doubts. One participant stated that understanding different occupations in the mental health field was hard. In her interview, she said “There are so many, like nutrition counselors, life coaches, psychologists, psychotherapists, Psychiatrists, you don’t really know what. Should I go to a life coach or a psychologist, or what? You know, one has no idea if he studied or not (Kantor et Al. 2022).

Although the participants' ages show they have transitioned out of care for a very long time it demonstrates how detrimental these barriers can be. These types of barriers can cause life lasting trauma because youth aren’t given the resources to make their own decisions. Both these articles show more youth need to be taught about what mental conditions are and how people develop these conditions. Youth should be informed of the different types of services they have as not every therapist treats the same types of mental health conditions.

Preference for other ways to cope

In Munson et al. (2012) reviewed above, it was found that some participants emphasized reluctance to make use of available mental health services because of perceptions of better alternatives to cope. For example, one participant stated that he was using drugs to self-soothe. Participants discussed that Marijuana use was perceived to be a better alternative to psychiatric services. “Instead of seeking mental help, I was seeking medical/marijuana help. I was like “oh well I’ll just go get some weed I’m fine. Until a couple of hours later it’d wear off (Munson et al. 2012.)” A second participant brought up marijuana as an alternative. During their years of discontinued services, marijuana was the only thing available.

These types of responses show how vulnerable people with a foster care background can be. Research shows that youth in foster care use substances, including alcohol, marijuana, or other drugs, at rates similar to (Braciszewski & Stout, 2012; Greeno et al., 2019; Kim et al., 2017) or higher than (Siegel et al., 2016) their peers who had not been in foster care. There needs to be an emphasis on transitioning out of care. When youth enter care, they come in confused and lost because they were just taken from their families. Going into the real world can trigger some of these effects as youth who were in fisher care are detaching from some of their support systems. They are most likely to cling onto certain habits, because it gives them that feeling of security and familiarity of calmness that they no longer have.

Status in the Welfare system (aged out, adopted, kinship)

Swanke Et Al. (2016) wanted to compare the use of mental health service between children in non-kinship foster homes to children in kinship foster homes which are people in care who live with relatives. They also looked at how long it took for people in kinship care to get services. To collect their data researchers conducted a longitudinal analysis of people who entered foster care from birth to seventeen years. They had to have spent at least 12 months in

kinship or non-kinship from 2007-2010. 50% of participants in this study were men and they were all 5 years old. Their data was collected from the Florida child welfare system (FSFN) and the Florida Medicaid administrative. FSFN This part addressed all the reports collected from caseworkers' caseloads of children based on child maltreatment, and children's placement status. The Florida Medicare administrative services show information about the types of mental health services received and mental health diagnoses. To get their results authors considered numerous factors to see if these factors may affect whether youth received care or prolonged the receipt of services. Some factors demonstrated to make a difference are domestic violence in the family, demographics, and placement type. Even with other factors included, Researchers found that children who live with relatives are 14% less likely to receive mental health services compared to people in non-kinship care. Garcia et al. (2016) expressed that one reason this may be is due to the fact kinship care givers do not go through the same required training and programs that non-kinship caregivers go to.

Research shows that kinship caregivers do not need to be licensed but non-kinship parents do. There needs to be more attention put on children who kinship who live with relatives; this will make sure that the caregiver is familiarized with the foster system and the mental health system. Not being licensed means that kinship parents are not being educated on how to perceive mental health disorders and how to deal with them now. There needs to be more research done showing how kinship families get misrepresented and receive less services.

Severity of maltreatment

Garland Et Al. (1996) examined the effects of different types of maltreatment on mental health service utilization patterns. They gathered participants from a cohort of children whose ages ranged from (0-17) and who had to remain in foster care for at least 5 months. The average

age of participants was 7 years old and most were females. To conduct this study, they had participants answer questions on a checklist to measure behavior and emotion. They measured service utilization and asked specific questions about the frequency of visits to mental health care providers within the last 6 months. Researchers found that the subjects' type of maltreatment was an important predictor use of mental health services. Results showed that children who went into care because of sexual abuse were 4.47 times more likely to receive mental health services than children who were placed in foster care due to neglect and or/caretaker absences.

Leslie et al. (2004) conducted a study with participants who were in foster care for one year. The purpose of this study was to determine the rate at which foster children were needing mental health services and how foster care youth were utilizing services. Participants' data were drawn from the national survey of child and adolescent well-being. This survey examines how good the relationship between the child and family is. They relate those experiences with people from foster care and their family experiences. And how they perceive the environment to be (acf.hhs.gov). The participants ages range from 2-15 years old, and the Majority were either Caucasian or African American. Results show that youth who had experienced sexual abuse were almost five times more likely to receive services compared with children who entered care with no history of sexual abuse. Leslie Et Al. (2004) explains that some reasons may be due to a general perception by caregivers, case workers, and judges, that this type of "active" maltreatment has a more negative effect on a child's psychological adjustment than do the more "passive" types of maltreatment". Passive maltreatment can be child neglect or a parent simply not being there for their child.

I believe stigma around the perception of behaviors and of the culture needs to be addressed within the foster care system, there will be more of an understanding of how social

factors affect how people act daily. All kids who enter foster care should be able to have access to the same types of resources no matter the circumstances. Research based on maltreatment being a predictor for the utilization of mental health services is limited. They need to put more of an emphasis on how social workers and case workers perceive these disorders, and if some social workers perceive more disorders to be worse than others. More education on different areas of trauma can bring a sense of connectedness between the health provider and the youth at hand.

Structural Barriers to Access to Mental Health Care for Foster Children

The research reviewed above highlighted several individual and contextual factors that serve as barriers to receiving needed mental health care. However, there are several barriers to receiving mental health care that relate to broader structural factors in our society such as, systemic racism, cultural mistrust between youth in foster care and health providers and perceived behaviors among caregivers. This section of the paper aims to review how such factors may also lead to discrepancies within the use of mental health services for individuals in the child welfare system and what factors affect the likelihood of using mental health services within the general population.

Racial ethnic disparities in mental health

McMillen et al. (2004) wanted to investigate whether or not ethnicity, geography, types of maltreatment, whether or not kinship or non-kinship affects the amount of time you spend using mental health services. Researchers hypothesized that sexually abused youths, white youths, and youth in non-kinship would utilize mental health services more. To study this question, McMillen et al. (2004) interviewed 406 participants from Missouri; all participants were 17 years old. They looked at different types of mental health services such as: lifetime inpatient psychiatric service use, lifetime outpatient mental health service use, lifetime

residential mental health service use, current outpatient mental health service use, current residential mental health service use, and current psychotropic medication use. Researchers found that race is a facilitator to whether a person seeks mental health services. Youth of color were less likely to use inpatient services, outpatient therapy services, and current medication. In the study they found evidence of racial disparity. Some reasons may be due to access, social circumstances, detection of problems, and judicial and professional bias. Researchers say that these findings are more biased than typical because in foster care a lot of youth share a lot of the same characteristics. Researchers found that some adults detect behavioral and emotional problems as a means to seek mental health services in white kids as opposed to youth of color, on the other hand the behavior of youth of color may seem as "purposefully problematic" resulting in removal of the community. There is a shortage of families willing to take in youth who are African American. Since these youth do not have support systems, they are less likely to access services if needed. It is not guaranteed that you will be appointed a therapist or any type of services when you leave the hospital.

Garland et al. (2003) reviewed studies that show racial/ethnic disparities in mental health services for youth in foster care. They wanted to indicate how disparities play a role in factors that facilitate the usage of mental health services. The authors also wanted to shed light on reasons why there might be racial/ethnic disparities. The authors looked at previous, new, and unpublished data. They first demonstrated that there is evidence showing racial/ethnic disparities within mental health service use, and how facilitating factors play a role. Researchers reviewed a study published by Leslie and colleagues (2000) who analyzed Medicaid bills and found racial/ethnic disparities in the number of services used. Evidence shows that Caucasian Americans were found to receive more visits than Hispanics/Latinos. Researchers reviewed

studies by Kolko et al. (1999) and Tingus et al. (1996). These studies focused on patterns of care (POC) and what types of factors are repeating when services are used. One study had 200 participants the ages ranging in age from 12 to 17. The participants in this study were diverse and included 59 Caucasian Americans, 70 African Americans, 60 Latin Americans, and 11 Asian Pacific islanders. In this study, they found that race was a strong predictor of mental health care service utilization with Caucasian Americans being over fourteen times more likely to have received mental health services than African American youths and over 25 times more likely to have received services than Latin American youths. Kolko et al. (1999) looked at differences in the use of mental health services within races/ethnicity. They found that Caucasian Americans were more likely to receive services even when the severity of emotions/behaviors were low. African Americans showed the strongest connection between the severity of problems and service use. Latino Americans were less likely to use mental health services even when accounting for the severity of problems across the board. Researchers then looked at what may be some reasons why people in care are affected by racial disparities within mental health services. Possible reasons may be cultural and language barriers, underrepresentation of minority mental health workers, and biased referrals from providers who facilitate access to services such as teachers, health care professionals, and people who work for child ware. Research shows that having a support system can serve as a facilitating factor in accessing mental health (Stiffman et al. 2000). Researchers evaluated one study that showed how systemic racism can hinder access to mental health care. The cohort of participants in this study were diverse, youth ages ranged from two to sixteen. The institutions that were analyzed were court, when parents go to court they may be referred or recommended to see a mental health provider. They found that

Caucasian Americans were most likely to receive referrals for counseling/psychotherapy services compared to African American and Latino-American Youth.

Studies like this point out that there are not only flaws within the system of foster care but that racial inequities also play a part. Every 6 months parents are obligated to go to court hearings. There needs to be more government presence to make sure children's needs are being met.

Mistrust towards mental health providers among foster children

Lionel et al. (2006) focused on young black men who are in foster care transitioning into independent living, they look at how their perception of the environment interacts with cultural mistrust of mental health providers and their attitudes toward utilizing. They gathered participants from the Missouri Children's Division. These participants were already part of another longitudinal study. Of the 406 participants, researchers specifically picked out 97 people who were black males. To find their results researchers used a 48-item scale that measures the rate at which black people mistrust white people in four areas of life- educational and training settings, the political and legal system, and work and business interactions. They asked participants to answer questions on a 5-point, a likert-type scale ranging from strongly (1) disagree to strongly agree (5). Lionel Et Al found that 71% of participants somewhat or strongly agree "a person can trust a mental Health professional regardless of what color he or she is. In contrast, they found 50% somewhat or strongly agreed that "blacks should be careful about what they say in the presence of white mental health professionals." They also found that at least a third (33.8%) somewhat or strongly agreed that "it is best for Blacks to be on their guard when dealing with white mental health professionals". This study highlights how experiences with

other white people or PWI can intertwine with other institutions such as the mental health system,

Racism within mental health services among black people in the general population

Alang (2015) investigates the reasons black people had unmet needs within mental health care. They also examine if racism is a reason for unmet needs and if so, how often? To gather information Alang (2015) used a mixed methods design. First, he gathered quantitative data looking at which characteristics among the black participants hindered their likelihood of using services. They asked participants questions about why they may not have been receiving services. They grouped three reasons into five categories which are: (1) participants having trouble paying for services; (2) stigma, afraid of what others might think of you or concerned about confidentiality; (3) minimization- that is, participants felt like they did not need help at the time; (4) low perceived effectiveness of treatment; and (5) accessibility barriers- participants not having transportation. Then they accounted for how demographics interact with these factors. Alang (2015) then gathered qualitative data. This consisted of four focus groups. Two focus groups one in the Midwest and one in the east coast. The participants in this focus group were all mental health providers. The second group consisted of people who were interested in mental health. All participants within the four groups were black. Within each group, the conversation was guided by four questions that highlighted how to address unmet needs of black people within a racial context. (1) Can you talk about a time when you or another black person you know needed professional help for a mental or emotional problem and did not seek services? (2) Which of the five are reasons why you do not seek services: stigma, financial problems, lack of knowledge about services, location of health providers being too far, or don't have the time? (3) Does racism affect your decision and ability to seek help for mental health services? (4) How can

the mental health system better address the needs of black people? Alang's (2015) findings show that 10.2 percent of participants reported an unmet need compared to 5.1 percent of unmet needs for the general population. They also show how demographics play a role in characteristics. For example, "Older age was associated with lower odds of reporting stigma (Alang, 2015)". Within their conversations with participants, they found several themes as to why some black people may or may not seek mental health services. The first one is "interconnected systems of oppression." One participant named John described oppression he would face from other institutions affected his expectation of how he would be treated in different health service settings. Participants expressed experiencing "Double-Discrimination". Black people in the study talked about the fear of being discriminated against because of their mental illness and their skin. "Institutional mistrust" is another theme that Alang (2015) found reoccurring. He found that respondents expressed how black people would go seek help from mental health providers but have lost things amid that such as children, jobs, and their sense of control.

These findings show that if you are a certain ethnicity you are likely to experience barriers in your life. Alang (2015) found that when people move up in the social class, they experience double discrimination. Certain fields are predominantly filled with white people making it harder to accept other cultures. Alang (2015) expressed that society needs medical education. This would educate minorities about what groups are affected by certain diseases and how health services affect individuals from different racial groups. More education about how oppression can manifest in different ways can help social workers break down the levels of misunderstandings they face when the client is of a different background. Black people are experts of their own experiences. How can they access services with institutions not having much representation of their own background? These study highlights how experiences with

other white people or PWI can intertwine with other institutions such as the mental health system. These studies prove that within systems of the world there is a lack of resources for black people, and as black children are overrepresented in the foster care system, it follows that racial inequalities in healthcare are also impacting the access that foster care youth have to mental health services.

Factors that Facilitate Access to Mental Health Care

There are also several factors that can serve as facilitators to help people with a foster care background to access mental health services. Given the substantial number of barriers to mental health services as detailed above, it is critical that youth with foster care background be provided additional supports to ensure their mental health needs are addressed. One factor that has been reviewed as a barrier to mental health care access for this population is the types of resources that individuals in the child system may have available (or not have available to them) compared to the general population. One key resource that can serve as a facilitator for mental health care access is access to/relationships with case workers/social workers. It is known that in the general population having a support system is important. When people are children and go on to grow up they make meaningful relationships. When people enter foster care they are taken from their community and their primary caregiver. It is important that youth have community and social considerations around them.

Having facilitators keeps youth and former foster youth open minded about seeking different alternatives when the services are needed. I will also highlight certain interventions that have been made to help youth during the transition of aging out of care. These types of services help youth stay engaged with their health and decision-making. I will first analyze how

relationships with caseworkers and social workers towards youth and implementing suggestions on services facilitate access to mental health care.

The role of caseworkers when working with people with a foster care background is very important especially due to high rates of mental health disorders experienced by this population. A social worker's job is to outline goals for children. Social workers can serve as moderators for relationships between the child and their family. They also conduct home visits to the children's foster families to make sure children are getting high quality care. Social workers also make home visits to the biological caregiver as the primary goal is to reunite the youth with their parents. Social workers serve as facilitators because they are educated and taught how to refer services to certain youth within the foster care system. The presence of a social worker is important because they basically serve as the first form of a support system for youth, especially when foster youth are constantly changing homes and settings. Research shows that practitioners' typically spent just under 20% of their time working directly with children and families (Preston, 2018). Social workers serve as the bridge to fix the gap within foster children and mental health services. Garcia et. al, (2015) studied case workers perspectives on the barriers to mental health care for foster care population with an emphasis on what hinders or promotes the use of mental health disorder among the youth of color. The participants were 36 (mostly female) child welfare case workers recruited from five new developed child welfare agencies. Most of the participants in the study were African Americans. Using a focus group methodology, authors found three themes representing barriers and facilitators: Micro, Meso, and Macro. Case managers expressed challenges and facilitators at each level they found that at the macro level, "development of effective practice strategies and proximities to effective services are likely to influence dissemination." Social workers expressed lack of funding was a barrier to delivering

effective services and services were cut or changed. These limited amounts of funding create limited amounts of services that can be referred to youth and parents (Garcia et al. 2015). One client expressed “When you deal with a lot of the inner city kids that we deal with and you take them to some of these agencies where they can't identify with our kids and the kids know it, so, therefore, they do not buy into the therapy. They do not want to go. They will go and sit there but they are not getting anything out of it. I think that's a huge issue (Garcia et al. 2015)”. This quote demonstrates some of the grave effects of limited funding to serve this population. There are limited services to meet the specific needs of children who are in need. Bringing more avenues within mental health care will make the youth in foster care want to buy into therapy more. While talking specifically about youth of color, case managers also expressed that services are limited for immigrants. If more services are readily available for youth within the public care system this would enhance the quality of referrals from social workers. At the Meso level, case managers expressed needing job support from supervisors to facilitate “awareness”; They talked about effective training and opportunities to facilitate interagency collaboration. Caseworkers explained that when working at community-based- programs interactions with child welfare agencies aren’t effective enough. They expressed not being on the same page with their coworkers and not knowing their roles. Effective communications between mental health agencies can bring a high quality of care. Collaborations will bring more opinions and options as to what is best for the youth. Another facilitator that was brought up was case workers building relationships with mental health providers. Interactions with mental health providers and case workers will also save the client from unnecessary care. This will lead to case workers meeting more of the needs of youth. At the meso level researchers found that cultural incompetence impacts “implementation”. Case managers highlighted building strong lasting relationships with

their patients in. Building these relationships allows case managers to break the stigma about the mental health system. Case managers discussed embodying a “personal and reflexive” approach to connect with clients about mental health services. How their own personal lives reflect that of their clients in terms of enduring poverty and race.

Studies like these shows how communication between human service providers can help bridge the gap between how effective service can be. This allows for more support systems to be provided for the system of youth who are stripped of different types of support systems. Cultural competence is important because it allows for clients to feel understood and not judged. being mindful of your own beliefs and morals and how these ideologies you have may be different from other cultures. It is also open to learning about and experiencing the different cultures you work with (National Technical Assistance, 2009). Education on how to handle different types of backgrounds is important. Analyzing the perspective of social workers and caseworkers are important because these are the people who are constantly taking care of the kid and overseeing their well-being

Community and Social Considerations

Community is when people have social supports within the area they live, such as residents, elected officials, and programs. social consideration are people are considered family, physicians, and other types of institutions. Munson et al. (2011) wanted to evaluate the experiences of people who were former system youth using mental health services. Their participants came from different forms of public care such as child welfare, juvenile systems, and special education. They conducted this study by having participants answer questions in an interview about mental health experiences. They also had participants complete several questionnaires and rate their current emotions on a scale. Three themes emerged from the data

they collected such as, what are different ways in which people go about receiving mental health services, facilitators, and barriers to mental health care (Munson et al. 2011). They found three different types of facilitators, the first of which is physicians; researchers found that physicians play a huge role in adults seeking mental health care. Some participants indicated never meeting psychiatrists and that medications were usually received through physicians. The second facilitator is professionalism. Participants thrived when they got opinions from other people for example, one participant stated a tenant from housing services facilitated her return to mental health services (Munson et al. 2011). The third facilitator that participants brought up was family. Within interviews, they found factors/themes that influence participants' decisions on accessing mental health care. The first factor/theme is Emotions; participants stated that fear was a facilitator and barrier to accessing mental health care. Fear of relapsing was a facilitating factor and children being taken away was a barrier. These were two concerns that were brought up by participants in the study. Emotions were an overall important predictor of how participants made their decisions based on whether they want to seek mental health services.

Interventions to promote mental health care access for foster youth

Liets, and Cheung (2023) wanted to implement a program on college campuses to support students with a foster care background. This is a trauma-informed program called Asupire. This program was first based in Arizona state university. They recruited participants from another intervention within Arizona state called bridging success. In which the program integrates three theories which are attachment theory, cognitive theory, and self authorship. Cognitive theory suggests that “negative and unrealistic interpretation can drive emotions and behaviors (Ellis, 1962).” They chose these three theories because they resonate with people who have a foster care background. they found strengths/protective factors that activate specific

coping skills that come with each theory. For example, when children are in a problem, they use cognitive theory to be aware that they are going through something or that they are having symptoms of a certain illness. Being able to understand how problems you have, or others have interacted with the community. They named that protective factor insight. Embedded within the program they had student success courses. These courses focused on developing protective factors that foster youth in college were lacking. To find their results they conducted a case study to show how ASuPIRE can assist students who have foster care experiences. They focused on one student named Jesse, at the time of the study he was 20 years. He went to school to study business he transferred from a community college after receiving his associate degree. Jesse was put on academic probation because situations in his life were heavily affecting him. Jesse was at first reluctant to join ASuPIRE but as his situation got worse this was the only support he can turn to. Their results show that the group of students who participated in ASuPIRE gave positive feedback about the experience. For example, on an anonymous feedback survey, one student stated, “counseling offered me a safe-space to share my feelings with a supportive figure. I never realized the benefits of this until now.

This program shows just how important interventions are ASuPIRE helps people with a foster care background recognize when they need help managing their emotions and behaviors. When people are put into these types of programs it gives people the chance to develop skills, they never thought they could ever have. When people leave foster care, they are haunted by that same feeling of loneliness that they first felt being taken away from their biological family. These types of programs create support systems that people with a foster care background can use. This program is also trauma-based as people who leave and enter foster care deal with a

plethora of different types of trauma's. Having specific programs that meet the needs of this population is very important.

Discussion

There is a dramatic difference between the mental health needs of the foster care population and the inadequate level at which these needs are being met. This study reviewed different factors that promote or hinder the access to mental health care for this population. As part of this review, barriers/facilitators that were present by an individual's unique circumstances were discussed as well as other barriers/facilitators that are due to structural factors within society. There were several individual factors that emerges as being barriers to mental health care access. Youth expressed being overwhelmed with trying to figure out how to navigate the health system. These articles demonstrate that youth need more education on the types of treatments available for their needs. Within my paper, I also highlight how the use of substances can be a barrier to youth in foster care. Some participants explained that their alternatives were drugs when services are not available (Munson et al., 2012). I investigate how the occupations within foster care and the community serve as facilitators for people with a foster care background. My findings show that social workers express needing more training within their field and learning what their roles are. Case workers expressed a need for better communication between other agencies and mental health providers. Findings show that people with a foster care background considered help from their community and important people around them to be beneficial (Munson et al., 2011). When youth go into foster care their support system is being stripped and being replaced because they must adjust to a new setting and family. Then when transitioning out of care if a person doesn't have a good support system or feels incorporated within their community this makes it harder to make decisions on whether or not a person should

seek care or how to even access resources. Structural barriers within this study included youth expressing not being able to pay for their insurance. Other findings show that within court hearings white people are more likely to receive referrals than black people.

Implications for Policy and Future Research

While this paper aimed to thoroughly review barriers and facilitators to mental health care access for foster care populations, there are other additional factors that were outside of this review. For example, while referred to in many of the papers on this subject that were reviewed, this paper did not focus on access to insurance. Further research should look at what health services are being used the most, and what are the reasons some services are being used more than others. Another barrier that was not analyzed within this paper was how different geographical locations have a lack of resources. Research shows that one barrier to access of mental health care within foster children is geography, which can impact factors ranging from availability of resources to education etc.

Policies around meeting the specific mental health care needs of foster children should be established. Every 6 months parents are obligated to go to court hearings. The problem is that there are not in-depth conversations about what's happening in a child's life in a court hearing. There are not talks about the specific needs of the children. The hearing is more on the social worker being asked "What is the status of the case? How are the biological parents doing?" Hearings need to be more children based and not focused on the status of a kid going back to their biological mom. Different types of roles within people's lives can impact their daily living. Future work should look at perspectives on mental health utilization from different positions from foster care workers and families.

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