

Mental Health Disorders in School Age Children

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Rates of Mental Health Disorders

- 20% base rate for youth mental health
- Rates vary significantly based on study
 - 50% of children age 2-14 exhibited clinical levels of mental health symptoms
 - 35% to 90% of children in foster care have medical, dental, behavioral, developmental, emotional, and/or mental health problems
 - 80% of youth involved in child welfare have emotional/behavioral disorders, developmental delays or other issues requiring for mental health treatment

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Rates of Mental Health Disorders (cont.)

- Medicaid population
 - CA: Foster care represent less than 4% of Medicaid eligible children but account for 41% of mental health claims
 - WA: 25% of children in foster care used Medicaid-reimbursed mental health services compared to 3% of children eligible through AFDC
 - PA: Children in foster care were 3 to 10 times more likely to have mental health problems compared to children on AFDC

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Rates of Mental Health Disorders (cont.)

- Foster children vs. AFDC
 - Depression (5.9% vs. 1.1%)
 - Anxiety Disorder (2.5% vs. 0.8%)
 - ADHD (14.7% vs. 3.9%)
 - Conduct Disorder (4.5% vs. 0.6%)
 - Bipolar Disorder (1.0% vs. 0.1%)
 - Oppositional defiant Disorder (9.4% vs. 1.9%)
- Foster children vs. SSI
 - Anxiety Disorder (2.5% vs. 1.8%)
 - Conduct Disorder (3.7% vs. 2.7%)
 - Oppositional Defiant Disorder (9.8% vs. 8.2%)
- SSI vs. foster children
 - ADHD (19.8% vs. 14.7%)

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Rates of Mental Health Disorders (cont.)

- Utah study
 - Examined data on 6,177 children entering Utah's foster care system between 2001 and 2004
 - Parental substance use a contributing factor in 45% of the cases
- At least 1 mental health issue
 - 37% children 3 to 5
 - 50% children 6 to 12
 - 68% children 12 and older
- Higher diagnostic rates
 - Oppositional Defiant Disorder/Conduct Disorder 18% vs. 10%
 - Mood Disorders 15% vs. 5%
 - ADHD 10% vs. 8%

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Rates of Mental Health Disorders (cont.)

- NSCAW data
 - Children ages 2-14
 - Involved with child welfare
 - 97 counties across the United States
 - Longitudinal across 36 months
 - CBCL, TSCC, CDI
- 62% had clinical emotional/behavioral problems over 3 year period
- Thought problems, aggressive/delinquent behavior, depression, posttraumatic stress, and attention problems most commonly reported
- Externalizing behaviors more stable over time
- 18% worsened, but within normal range
- Did note an improvement
 - Total problems decreased from 34% to 30% to 27%
 - Depression decreased from 16% to 6% at 3 years
 - Posttraumatic stress decreased from 13% to 5% over 3 years

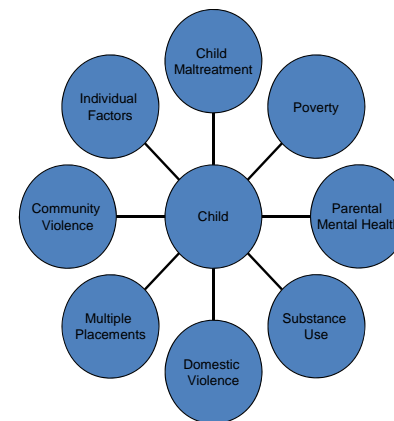
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Long Term Implications

- Mental health problems exhibited by children persist into adulthood
 - Maltreated children are 4-5 times more likely to be hospitalized for suicide attempts of psychiatric disorders as young adults
 - Increased risk for incarceration, unemployment, homelessness
 - Maltreatment and family dysfunction linked to heart disease, cancer, chronic long disease, skeletal fractures and liver disease
 - About 33% of foster care alumni do not have a high school diploma
 - 62% of foster care alumni are not able to maintain employment

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Risk Factors



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Contributing Factors

- Need to remember:
 - Do not have identical exposure to risk factors even with similar backgrounds
 - Not homogenous in regard to likelihood to experience mental health problems
- Cumulative risk vs. single risk

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Areas of Risk

1. Prenatal Substance Exposure
2. Trauma
3. Placement History

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Prenatal Substance Exposure

- Of all substances of abuse, alcohol has the greatest neurobehavioral impact
- Polysubstance use is a complicating factor

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Prenatal Substance Exposure (cont.)

- Cocaine
 - Minimal to no difference in cognitive abilities
 - Expressive language deficits
 - Increased rates of ADHD
 - Medical complications associated with stimulant use
- Methamphetamine
 - Some cognitive deficits
 - Academic deficits
 - Behavioral dysregulation
 - Medical complications associated with stimulant use

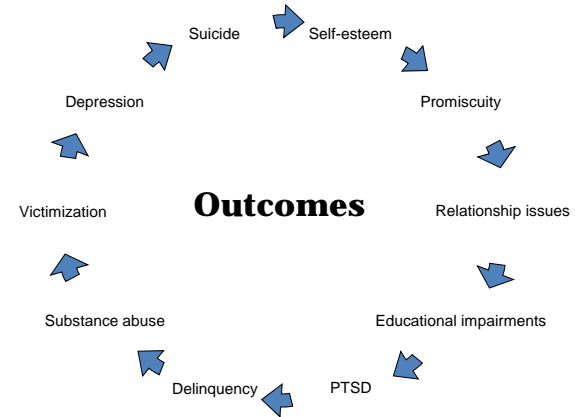
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Prenatal Substance Exposure (cont.)

- Alcohol impacts multiple areas of the brain
 - Frontal lobes
 - Limbic system
 - Parietal lobes
 - Basal ganglia
 - Corpus callosum
- Size of brain is impacted
- Can result in
 - Global cognitive deficits
 - Widely varying abilities
 - Executive functioning difficulties
 - Academic difficulties
 - Sensory processing deficits
 - Emotional/behavioral dysregulation

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Trauma



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Trauma: Neglect

- Early trauma research did not include neglect
- Types of neglect include physical, emotional, medical, mental health, educational
- Neglect places a child at risk for death
- Linked to learning problems, low self-esteem, delinquency, aggression, decreased peer interactions, developmental delays
- May show an anxious attachment
- Emotional neglect can have profound effects

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Trauma: Physical Abuse

- Physical outcomes with most significant being risk of death
- Limited intellectual functioning, language impairments, cognitive delays, academic delays
- Greater willingness to use and accept aggression
- Heightened aggression and behavioral dysfunction
- Depression, feelings of hopelessness, suicidality
- Up to 36% meeting criteria for PTSD
- Oppositional defiant disorder, conduct disorder, generalized anxiety disorder
- Insecure attachments (disorganized/disoriented)
- Fewer positive peer relationships

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Trauma: Sexual Abuse

- More depressive symptoms and anxiety
- Lower self-esteem
- Increased rates of PTSD
- Run away behavior
- Substance abuse
- Increased sexual behavior
- Less social competence

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Placement History

- 2005 study demonstrated impact of placement history on mental health outcomes
 - 4 to 18 years old in foster care
 - 119 children
- Average number of out of home placements was 4.48
- Found that number of previous out of home placements resulted in:
 1. Increase in total behavior problems
 2. Increase in externalizing behaviors
 3. Increase in internalizing behaviors

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Placement History (cont.)

- Older the child is at adoption (generally older than 3) is associated with multiple negative outcomes
 - Aggression, hyperactivity, learning difficulties, early placement termination, overall dissatisfaction, impaired family functioning
- Multiple placements associated with poor adjustment in adoptive home
- Externalizing behaviors may contribute to repeated moves
- Correlation between the severity of behavior problems and placement history

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Outcomes: CLAS Study

- Longitudinal study examined factors contributing to psychosocial outcomes of foster children
- 3 waves of data collection at 2, 4 and 8 years post adoption
- 293 adopted foster children
- 51% male, 49% female
- 11% African-American, 3% Asian, 29% Hispanic, 54% Caucasian, 3% Other
- 42% neglect, 13% sexual abuse, 22% physical abuse
- 57% prenatal drug/alcohol. 27% prenatal nicotine

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Outcomes: CLAS Study (cont.)

- Poorer outcomes associated with:
 - Wave 1
 - Neglect
 - Male
 - Wave 2
 - Multiple Placements
 - Sexual Abuse
 - Male
 - Wave 3
 - Multiple Placements
 - Male
- Outcomes mediated by:
 - Wave 1
 - Parental readiness
 - Wave 2
 - Parental readiness
 - Parent-child interactions
 - Wave 3
 - Parental readiness
 - Impact of parental readiness was greater than any risk variable

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Treatment Need

		CBCL Score in Clinical Range	
		Yes (47.9%)	No (52.1%)
Mental Health Service Use	Yes (15.8%)	11.7%	4.1%
	No (84.2%)	36.2%	48.0%

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Treatment Barriers

- Foster parent/caseworker burnout
- Foster parents not empowered
- Frequent placement changes
- Limited access to quality care
- Inability of providers to access charts
- Children are not always systemically and routinely screened
- Lack of training and education for foster parents and caseworkers
- Foster parents' attitudes/beliefs about mental health treatment
- Poor continuity of care

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Treatment Barriers (cont.)

- Poor coordination of care
- Lack of accountability
- Lack of funding
- Discrepancy between school and medical
- Type of maltreatment

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Treatment Implications

- Trauma informed treatments
- Treatment also has to address children with histories of neglect, not just “active” forms of maltreatment
- Early intervention is key

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Treatment Implications (cont.)

- Parental substance abuse and mental health issues need to be addressed
- Foster parents need to be provided with education and information
- Empirically supported treatment vs. individualized care

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Policy Implications

- Approximately a half million children are in foster care
 - Conservative: 250,000 children in foster care that have mental health needs
 - Studies also show that they have significant physical health needs
- Child welfare obligation
 - Ensure safe placements
 - Meet children's emotional, physical, and mental health needs

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Policy Implications (cont.)

- Funding
- Training and education
 - Foster parents
 - Caseworkers
 - Clinicians
- Systematic, routine screenings and assessments
- Comprehensive referral network
- Comprehensive, continuous care
- Collaborative care

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