

## Assessing the Effects of Foster Care: Mental Health Outcomes from the Casey National Alumni Study

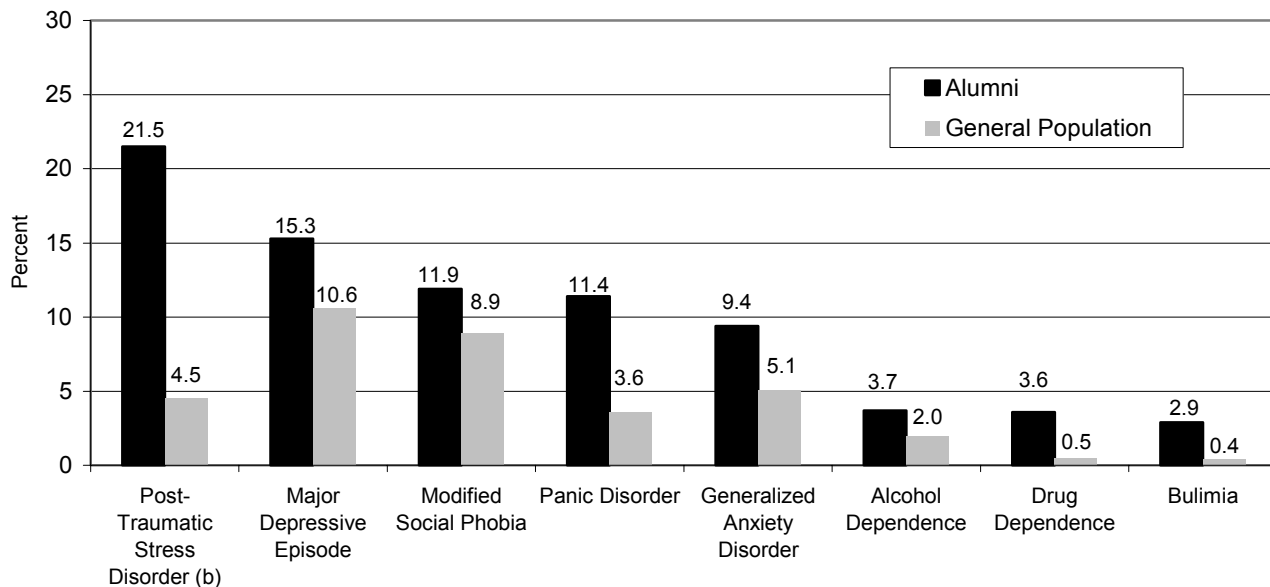
Few studies have focused on how youth formerly in foster care (“alumni”) fare after leaving care, especially in terms of mental health. Results of both the Casey National Alumni Study (early findings reported in 2003)<sup>1</sup> and the Northwest Alumni Study (released in April 2005)<sup>2</sup> reveal that foster care alumni are experiencing mental health illnesses at rates higher than those of the general population.

The Composite International Diagnostic Interview (CIDI) was used to assess DSM-IV mental health diagnoses.<sup>3</sup> Rates of mental health disorders among alumni of foster care were compared in both studies to the general population, as measured by the National Comorbidity Study Replication (NCS-R).<sup>4</sup> Further analysis of mental health data from the Casey National Alumni Study is reported here.

### Key Mental Health Findings

Figure 1 compares the rates of current mental illness (diagnosed within the past 12 months) of 1,087 Casey alumni and 3,547 adults from general population matched for age, gender, and race/ethnicity.

Fig. 1. 12-month Mental Health Diagnosis among Casey National Alumni and the General Population<sup>(a)</sup>



<sup>(a)</sup> Anorexia was measured but was extremely low in prevalence.

<sup>(b)</sup> Although questions relating to post-traumatic stress disorder were not identical between the National Alumni Study and the NCS-R, the measures are comparable.

Mental health outcomes among alumni appear to be disproportionately poor in comparison to the general population. The twelve-month rate of panic disorder among alumni was over three times that of the general population. Alumni experienced over seven times the rate of drug dependence and nearly two times the rate of alcohol dependence experienced in the general population. The alumni rate of bulimia was seven times higher.

The rate of post-traumatic stress disorder (PTSD) among alumni was nearly five times that of the general population and, at 21.5%, exceeded the rates for American war veterans (Vietnam—15%; Afghanistan—6%; and Iraq—12-13%).<sup>5</sup> The PTSD recovery rate for alumni was 28.2%, while the rate for the general population was 47.0%. Recovery occurred when a lifetime diagnosis of a mental health symptom was not present in the past 12 months.

Despite the burdens of coping with childhood maltreatment and placement instability, alumni have proved resilient. Overall, with the exception of PTSD recovery, alumni recovery rates were similar to those of the general population.

### **What Should Be Done to Reduce Mental Health Issues in Foster Care Alumni?**

This expanded analysis of data from the Casey National Alumni Study contributes new findings: PTSD, generalized anxiety, depression, social phobia, and panic disorder are highly prevalent among alumni of foster care who have spent a year or more in care. This may contribute to difficulty gaining or maintaining employment and to poor educational outcomes.

Specific recommendations include:

1. **Increase access to mental health treatment for youth in care and alumni.**
  - Increase mental health insurance coverage and Medicaid, including an age extension through the Chafee Medicaid option. Federal and state governments should examine barriers to mental health care—including funding eligibility.
  - Extend foster care to age 21 to help ensure that young adult mental-health needs are met through state-funded mental health treatment.
2. **Provide effective mental health screening, assessment, and treatment of children and adolescents in foster care.**
  - Provide specialized training to Medicaid-funded and other therapists working in foster care to increase their capacity to identify and treat mental health disorders.
  - Increase use of evidence-based medical and mental health treatment such as cognitive-based therapy and systematic desensitization modeling.<sup>6</sup>

For more detailed findings on the mental health outcomes for the Casey National Alumni Study, please visit <http://research.casey.org> (*enter username: researchguest and password: caseyguest*).

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<sup>1</sup> Abstracted from: Pecora, P. J., Williams, J., Kessler, R. C., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study*. Seattle, WA: Casey Family Programs. Available at <http://www.casey.org>. Revised January 20, 2004.

<sup>2</sup> Pecora, P. J., Kessler, R. C., Williams, J., O'Brien, K., Downs, A. C., English, D., Hiripi, E., White, C. R., Wiggins, T. & Holmes, K. E. (2005). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*. Seattle, WA: Casey Family Programs. Available at <http://www.casey.org>.

<sup>3</sup> The CIDI is a structured psychiatric interview that can be administered by non-clinician, trained interviewers. CIDI was the main measure used for the University of Michigan National Comorbidity Survey (NCS) with a national sample of 8,098 persons ages 15 to 54 years. See Kessler, R. C., & Walters, E. E. (2002). The National Comorbidity Survey. In M.T. Tsuang, M. Tohen & G. E. P. Zahner (Eds.), *Textbook in Psychiatric Epidemiology* (2nd ed., pp. 343-361). New York: John Wiley and Sons.

<sup>4</sup> Kessler, R. C., & Merikangas, K. R. (2004). The National Comorbidity Survey Replication (NCS-R). *International Journal of Methods in Psychiatric Research*, 13(2), 60-68.

<sup>5</sup> For current PTSD rates of American war veterans see: Kulka, R. A., Fairbank, J. A., Jordan, K., & Weiss, D. (1990). *Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel; and Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13-22.

<sup>6</sup> Kazdin, A. E., & Weisz, J. R. (Eds.). (2003). *Evidence-based psychotherapies for children and adolescents*. New York: Guilford Press; and Ollendick, T. H., & King, N. J. (1998). Empirically supported treatments for children with phobic and anxiety disorders: current status. *Journal of Clinical Child Psychology*, 27(2), 156-167.