Addressing the Mental Health Service Needs of Foster Youth During the Transition to Adulthood: How Big Is the Problem and What Can States Do?

Approximately 24,000 young people “age out” of foster care each year without having achieved a permanent home [1]. Too old for the child welfare system but not yet ready to live on their own, these young people are at high risk for experiencing a number of adverse outcomes during their transition to adulthood, including economic insecurity, housing instability, criminal justice involvement, and early childbearing [2–9].

One factor that may contribute to these adverse outcomes is the high rate of mental health disorders among foster care populations [10]. Numerous studies have found that children in foster care exhibit higher levels of emotional and behavioral problems not only when they are compared with children in community-based samples [11–17], but even when they are compared with children whose demographic and socioeconomic characteristics are similar to theirs [14,18–20].

Although less is known about the prevalence of these problems specifically among foster youth aged 16 years and older, some research has found that they are much more likely to exhibit emotional and behavioral problems than adolescents in the general population [21,22]. Moreover, despite evidence that a high percentage of foster youth have received or are receiving treatment for a mental health problem [18,23,24], other studies suggest that this population’s needs for mental health services are often not addressed [22].

The high percentage of foster youth who have mental health problems is of concern for several reasons. First, the transition to adulthood for this population is difficult enough without the additional challenges associated with having a mental health problem. Second, young people who were receiving treatment while they were in care may lose access to those services after exiting, because many states have not exercised the option to extend Medicaid coverage to former foster youth until the age of 21 years [25].

The results reported by McMillen and Raghavan are consistent with some data from the Midwest Evaluation of the Adult Functioning of Former Foster Youth, our study of 732 young people transitioning out of foster care in Illinois, Iowa, and Wisconsin. First, we found that half of the young people who were no longer in foster care at age 19 years had no health insurance [4]. And second, young people who were still in foster care at age 19 were twice as likely to have

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received outpatient mental health services as those who had exited [4].

Taken together, these studies have several implications for helping foster youth make a successful transition to adulthood. First, continuity of treatment as youth transition out of the child welfare system and into young adulthood is essential. Second, aftercare service planning must include treatment for mental health problems, when that is appropriate. Third, all states will need to extend Medicaid coverage for former foster youth until age 21 if young people are to continue receiving treatment for their mental health problems after leaving care. Fourth, additional research is needed to examine the relationship between mental health service needs and the actual provision of treatment, to assess both the over- and underuse of psychotropic medication and other mental health services.

Finally, states could increase access to mental health services by allowing foster youth to remain in care beyond age 18; there now is more of a financial incentive for them to do so. Under the Fostering Connections to Success and Increasing Adoptions Act passed by Congress in September 2008, states may continue providing foster care maintenance payments on behalf of children until the age of 21 if they are engaged in school or work activities or if they have a medical disability that prevents their engagement. States will also be required to work with foster youth preparing to “age out” to create a transition plan that addresses, among other things, their health insurance needs. Whether states will take advantage of this new policy remains to be seen.

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References


