

Knowledge and Attitudes of Older Youth in Foster Care

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Public Health Concern

OYFC evidence high rates of mental disorders, substance use and dating violence (McMillen et al., 2008; Vaughn et al., 2007; Johnson-Reid et al., 2007)

While in care, OYFC are heavy mental health service users (McMillen et al., 2004); Leslie, et al., 2000)

As they leave care, the majority of youth discontinue their mental health care (McMillen & Raghavan, 2009)

Their behavioral health needs do not just disappear...this is a concern!

Why should we care about knowledge and attitudes?

Theoretical Perspectives

Mental Health Literacy (MHL; Jorm et al., 1997)

In order to take action and get care, one needs to be able to recognize there is a problem, know what to do to get help, and be able to access care

Theory of Planned Behavior (TPB; Ajzen, 2002)

Attitudes, beliefs, and efficacy are related to health behaviors, including help-seeking and service use

Literacy/Knowledge

MHL is critical for early intervention (Jorm, 1997)

Being female and having a history of service use are related to increased MHL (Cotton et al., 2006; Morgan & Jorm, 2007)

Knowledge is also related to change in dating violence and substance use (Wolfe et al., 2003; Lennox & Ceccheni, 2008)

Previous Research: Attitudes

Attitudes have been associated with intentions to use (Vogel, 2003), treatment adherence (Scott & Pope, 2002) and service use (Abram et al., 2008).

Being female, more educated, and white have been found to be associated with more positive attitudes towards services (Gonzalez, 2005; Leaf, 1987; Roeloffs, 2003)

What we do not know

We found no literature on the knowledge of older youth nearing their exit from foster care regarding behavioral health

All that we know is that there is a significant drop off in service use once youth leave care

This study aims to fill this gap.

The Present Study

Present Study: Research Questions

- What is the level of knowledge that OYFC possess regarding depression, cocaine use, and dating violence?
- What factors are related to knowledge, or literacy?
- What level of attitudes do OYFC have towards mental health services?
- What factors are related to attitudes?

Method: Sample Characteristics

- **Sample** Larger Study of Older Youth in Foster Care (N=406)
 - Present Study - youth with a DSM-IV mental disorder (N=244, 61%)
- **Gender**
 - Male (n=103; 42%)
- **Race/Ethnicity**
 - Youth of Color (n=120, 49%)
- **Abuse History**
 - Physical Abuse (n=142; 58%)
 - Neglect (n=129, 53%)
 - Sexual Abuse (n=108, 44%)

Method

- Survey Research (Interviewed at 17)
- Professional Interviewers
- **Vignette Methodology**
 - Depression, Cocaine Use, Dating Violence
- **Analysis Strategy**
 - Open-ended responses were coded (multiple coders)
 - Bivariate tests of significance
 - Ordinary Least Squares Regression

Measures

Vignette Specific Knowledge:

- Responses were coded and collapsed
 - Little knowledge (No help is needed, I'd help, Peer help, D/K)
 - Some knowledge (Knows a responsible adult to help)
 - Specific knowledge (Knows the name of an agency or service)

Overall Knowledge:

- **Summary scale of all three vignettes**
 - Possible Range (0-15); Obtained Range (0-12)
 - 3 items, Likert Scale (0-5), Mean (7.83), $\alpha=.52$

Measures

Attitudes:

- Attitudes Towards Seeking Professional Psychological Help Scale, Confidence in Practitioner Sub-Scale, (Fisher & Turner, 1970), one item about medications added
- 9-Items, Likert Scale (0-4), Mean Scale Score (20.78), $\alpha=.76$

Independent variables:

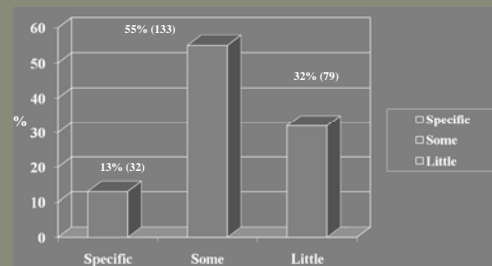
- Gender, race, substance use, living situation (self-report at age 17)
- County youth were residing in recorded by interviewer
- Maltreatment: Child Trauma Questionnaire (Bernstein & Fink, 1998)
- Mental health service use: SACA (Horwitz et al., 2001)
- Psychiatric Diagnoses: Diagnostic Interview Schedule for DSM-IV (Robins et al., 1995)

Vignette

“ Let’s pretend it is a few years from now and it starts seeming like life isn’t worth living anymore. It takes so much energy just to get out of bed, and you’ve been crying a lot even at work. You know you are about to get fired from your job, because you just can’t concentrate. You are tired all the time, and aren’t sleeping well. What do you think you should do?”

Knowledge (n=244)

Depression



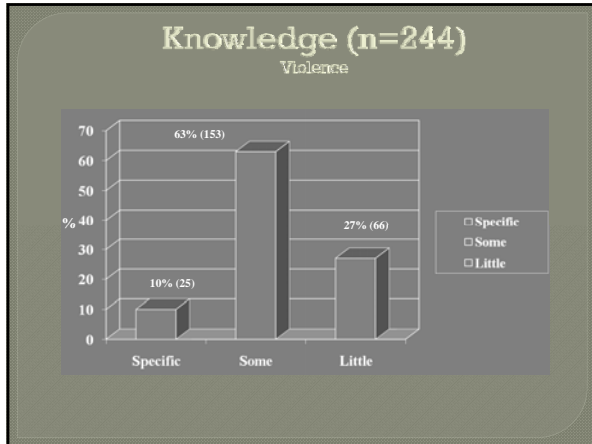
Results – Qualitative responses

Depression:

- (SP) “Go to psychiatrist – call _____ at the ranch” and “Go to _____ hospital” (13%)
- (S) “Talk to someone – find counselor to talk to...” (55%)
- (L) “Deal with it” and “nothing” (32%)

Vignette

“Your friend Mario’s girlfriend dumped him 3 months ago. Since then he has been very upset and angry. Lately he has been talking about fantasies of hurting the man she is now dating. When he shows you he has a gun you decide this is dangerous and he needs to get some help. What are some things you could do to get him some help?”



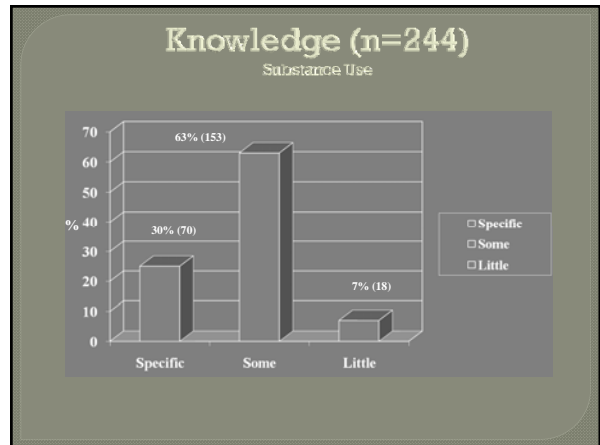
Results – Qualitative responses

Violence:

- (SP) “Tell him to check in to a hospital, _____...” (10%)
- (S) “Tell his parents and talk to him personally” (63%)
- (L) “I’d stay out of it” or “I don’t know” (27%)

Vignette

“...Jerome, a good friend, seems to be smoking crack cocaine all the time. He lost his job because he was out getting high and not paying attention to the time. You lost touch with him, until one day you find him sprawled out in front of your apartment. He says he knows crack has ruined his life, and he wants to quit. He asks if you know where he can go for help. What do you think you should do to help?”



Results – Qualitative responses

Substance Use:

- (SP) “lock him in my apartment until he could get into _____” (30%)
- (S) “stay with me for awhile to try to get him in a program like a rehab” (63%)
- (L) “Tell him to stay with me and I’ll keep him off of it” (7%)

What factors are related to overall behavioral health literacy?

Factors related to Knowledge

Variable	Means
Gender	Female = 8.35; Male = 7.11
Race/Ethnicity	White = 8.23; Of Color = 7.41
SW Missouri	No = 7.55; Yes = 8.59
Hx Sexual Abuse	No = 7.40; Yes = 7.98
Hx Depression	No = 7.26; Yes = 8.53
Hx PTSD	No = 7.61; Yes = 8.53
Hx Pot Use	No = 7.95; Yes = 6.63
Attitudes	r=0.3

All p-values < .05

OLS Regression: Knowledge

Variable	Knowledge (b) SE	Knowledge (t), p
Nonwhite	(-0.55) 0.27	-2.00*
Male	(-0.76) 0.28	-2.69**
Hx Depression	(0.59) 0.27	2.13*
SW Missouri	(0.62) 0.31	1.97*
Attitudes	(0.07) 0.02	3.22**
Model	F=6.66****	R ² =0.26

* p<.05, **p<.01, ***p<.001, ****p<.0001

What factors are related to attitudes towards mental health professionals?

Bivariate Statistics: Attitudes

Variable	Means
Gender	Female = 21.53; Male = 18.55
Hx Depression	No = 20.28; Yes = 22.65
Hx PTSD	No = 20.36; Yes = 22.16
Hx Outpatient Tx	No = 20.95; Yes = 21.47
Hx Residential Tx	No = 21.79; Yes = 20.26
Hx Pot Use	No = 21.09; Yes = 17.96
Hx Alcohol Abuse	No = 21.38; Yes = 17.98
Knowledge	r=.3

All p values < .05

OLS Regression: Attitude

Variable	Attitudes (b) SE	Attitudes (t), p
Hx Depression	(2.20) .78	2.81**
Hx Residential Tx	(-1.56) 0.78	-2.00*
Hx Alcohol Abuse	(-2.04) 1.03	-1.97*
Knowledge	(0.61) 0.18	3.35***
Model	F=6.10****	R ² =0.19

* p<.05, **p<.01, ***p<.001, ****p<.0001

Discussion

Many older youth in foster care have some knowledge of what to do when faced with a behavioral health crisis, specifically to enlist the help of an adult.

However, very few know a specific person, service, or agency to refer someone to if they recognize depression, violence or substance misuse that requires professional attention.

Discussion

- Females and those older youth with histories of mental disorders and services use have higher levels of knowledge and more positive attitudes.
- Older youth with histories of depression had higher levels of knowledge.
- Older youth from rural areas reported higher levels of knowledge.
- Knowledge is related to more positive attitudes.

Limitations

- Youth Self Report
- Generalizability
- Potential Underestimation of literacy (lack of 2nd prompt)
- Moderate correlation in DVs
- Low Alpha of Overall Knowledge

Implications

- Programs that provide transition services to OYFC may want to consider health education programs and education specifically geared toward increasing the knowledge of what services could be utilized if a need arises.

Questions & Discussion

McMillen, J.C., Zima, B.T., Scott, L.D., Auslander, W.E., Munson, M.R., & Ollie, M., & Spitznagel, E. (2005). Prevalence of psychiatric disorders among older youths in the foster care system. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(1), 88-95.

Vaughn, M.G., Ollie, M., McMillen, J.C., Scott, L.D., & Munson, M.R. (2007). Substance Use and Abuse among Older Youth Foster Care. *Addictive Behaviors*, 32, 1929-1935.

Johnson-Reid, M., Scott, L.D., McMillen, J.C., & Edmond, T. (2007). Dating violence among emancipating foster youth. *Children and Youth Services Review*, 29, 557-571.

McMillen, J.C., Zima, B., Scott, L., Ollie, M., Munson, M.R., & Spitznagel, E. (2004). The mental health service use of older youth in foster care. *Psychiatric Services*, 55(7), 811-817.

Halfon, N., Berkowitz, G., & Klee, L. (1992). Mental health service utilization by children in foster care in California. *Pediatrics*, 89, 1238-1244.

McMillen, J.C. & Raghavan, R. (2009). Pediatric to adult mental health service use of young people leaving the foster care system. *Journal of Adolescent Health*, 44, 1, 7-13.

Jorm, A.F., Korten, A.E., Jacomb, P.A., et al., (1997). Mental Health Literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia*, 166, 182-186.

Ajzen, I. (2002). Perceived Behavioral Control, Self-Efficacy, Locus of Control, and the Theory of Planned Behavior. *Journal of Applied Social Psychology*, 32(4), 665-683.

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- Cotton, S.M., Wright, A., Harris, M.G., Jorm, A.F., & McGorry, P. (2006). Influence of gender on mental health literacy. *Australian and New Zealand Journal of Psychiatry*, 40, 790-796.
- Morgan, A. & Jorm, A. (2007). Awareness of beyondblue: the national depression initiative in Australian young people. *Australasian Psychiatry*, 15(4), 329-333.
- Wolfe, D.A., Wekerle, C., Scott, K., et al. (2003). Dating violence prevention with at-risk youth: A controlled outcome evaluation. *Journal of Interpersonal Violence*, 18(2), 279-291.
- Lennex, R.D. & Cecchini, M.A. (2008). The NARCONON drug education curriculum for high school students: A Non-randomized, controlled prevention trial. *Substance Abuse Treatment, Prevention, and Policy*, 3, 8, 1-14.

- Vogel, D.L. & Wester, S.R. (2003). To seek help or not to seek help: The risks of self-disclosure. *The Journal of Counseling Psychology*, 50(3), 351-361.
- Scott, J. & Pope, M. (2002). Nonadherence with mood stabilizers: Prevalence and predictors. *Journal of Clinical Psychiatry*, 63(5), 384-390.
- Abram, K.M., Paskar, L.D., Washburn, J.J. et al. (2008). Perceived barriers to mental health services among youths in detention. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(3), 301-308.
- Gonzalez, J.M., Alegria, M., & Prihoda, T.J. (2005). How do attitudes toward mental health treatment vary by age, gender, and ethnicity/race in young adults. *Journal of Community Psychology*, 33(5), 611-629.
- Leaf, P.J., Bruce, M.L., Tischler, G.L., & Holzer, C.E. (1987). The relationship between demographic factors and attitudes toward mental health services. *Journal of Community Psychology*, 15(2), 275-284.

- Roeloffs, C., Sherbourne, C., Unutzer, J., Fink, A., Tang, L., & Wells, K.B. (2003). Stigma and depression among primary care patients. *General Hospital Psychiatry*, 25, 311-315.
- Fischer, E.H. & Turner, J.L. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35, 79-90.
- Bernstein, D.P. & Fink, L. (1998). *The Child Trauma Questionnaire Manual*. San Antonio: The Psychological Corporation.
- Horwitz, S.M., Hoagwood, K., Stiffman, A. et al. (2001). The Service Assessment for Children and Adolescents (SACA): Adult and child reports. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 1032-1039.
- Robins L, Cottler L, Bucholz K, & Compton W (1995). *Diagnostic Interview Schedule for DSM-IV*. St. Louis: Washington University in St. Louis.