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., 2005; Vaughn et al., 2007; Johnson-Reid et al., 2003)

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, 2008)

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

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

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)

Why should we care about knowledge and attitudes?

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)

Literacy/Knowledge

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

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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.

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=123, 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), α=.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)

<table>
<thead>
<tr>
<th>Depression</th>
<th>Specific</th>
<th>Some</th>
<th>Little</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>55% (133)</td>
<td>32% (79)</td>
<td>13% (32)</td>
</tr>
</tbody>
</table>

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?"
22nd Annual RTC Conference
Presented in Tampa, March 2009

**Knowledge (n=244)**

**Violence**

- Specific
- Some
- Little

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific</td>
<td>63% (153)</td>
<td></td>
</tr>
<tr>
<td>Some</td>
<td>27% (66)</td>
<td></td>
</tr>
<tr>
<td>Little</td>
<td>10% (25)</td>
<td></td>
</tr>
</tbody>
</table>

**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%)

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**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?"

**Knowledge (n=244)**

**Substance Use**

- Specific
- Some
- Little

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific</td>
<td>63% (153)</td>
<td></td>
</tr>
<tr>
<td>Some</td>
<td>30% (70)</td>
<td></td>
</tr>
<tr>
<td>Little</td>
<td>7% (18)</td>
<td></td>
</tr>
</tbody>
</table>

**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%)

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**What factors are related to overall behavioral health literacy?**
Factors related to Knowledge

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

All p-values < .05

OLS Regression: Knowledge

<table>
<thead>
<tr>
<th>Variable</th>
<th>Knowledge (b)</th>
<th>SE</th>
<th>Knowledge (t), p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonwhite</td>
<td>-0.55</td>
<td>0.27</td>
<td>-2.00*</td>
</tr>
<tr>
<td>Male</td>
<td>-0.76</td>
<td>0.28</td>
<td>-2.69**</td>
</tr>
<tr>
<td>Hx Depression</td>
<td>0.59</td>
<td>0.27</td>
<td>2.13*</td>
</tr>
<tr>
<td>SW Missouri</td>
<td>0.62</td>
<td>0.31</td>
<td>1.97*</td>
</tr>
<tr>
<td>Attitudes</td>
<td>0.07</td>
<td>0.02</td>
<td>3.22**</td>
</tr>
<tr>
<td>Model</td>
<td>F=6.66***</td>
<td></td>
<td>R=0.26</td>
</tr>
</tbody>
</table>

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

What factors are related to attitudes towards mental health professionals?

<table>
<thead>
<tr>
<th>Variable</th>
<th>Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female = 21.53; Male = 18.55</td>
</tr>
<tr>
<td>Hx Depression</td>
<td>No = 20.28; Yes = 22.65</td>
</tr>
<tr>
<td>Hx PTSD</td>
<td>No = 20.36; Yes = 22.16</td>
</tr>
<tr>
<td>Hx Outpatient Tx</td>
<td>No = 20.95; Yes = 21.47</td>
</tr>
<tr>
<td>Hx Residential Tx</td>
<td>No = 21.79; Yes = 20.26</td>
</tr>
<tr>
<td>Hx Pot Use</td>
<td>No = 21.09; Yes = 17.96</td>
</tr>
<tr>
<td>Hx Alcohol Abuse</td>
<td>No = 21.38; Yes = 17.98</td>
</tr>
<tr>
<td>Knowledge</td>
<td>F=3</td>
</tr>
</tbody>
</table>

All p values < .05

OLS Regression: Attitude

<table>
<thead>
<tr>
<th>Variable</th>
<th>Attitudes (b)</th>
<th>SE</th>
<th>Attitudes (t), p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hx Depression</td>
<td>-2.20</td>
<td>0.76</td>
<td>2.91**</td>
</tr>
<tr>
<td>Hx Residential Tx</td>
<td>-1.56</td>
<td>0.76</td>
<td>-2.09*</td>
</tr>
<tr>
<td>Hx Alcohol Abuse</td>
<td>-2.04</td>
<td>1.03</td>
<td>1.97*</td>
</tr>
<tr>
<td>Knowledge</td>
<td>0.61</td>
<td>0.18</td>
<td>3.35***</td>
</tr>
<tr>
<td>Model</td>
<td>F=6.19***</td>
<td></td>
<td>R=0.19</td>
</tr>
</tbody>
</table>

*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

References:


