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Barriers that affect the under utilization of mental health services among foster children

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BARRIERS THAT AFFECT THE UNDER UTILIZATION OF MENTAL HEALTH SERVICES AMONG FOSTER CHILDREN

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

The purpose of this research is to examine the various barriers that affect the under-utilization of mental health services among foster children. The research method used in this study is a qualitative design. Participants included foster parents recruited from Avant-garde Foster Family Agency. Researchers had 40 Participants that were engaged in this study, which consisted of face to face interviews. Participants had experience working as a foster parent for at least 1 year and have had at least one foster child with a mental health need. The study acknowledged the barriers foster children face when in need of accessing mental health services.

Researcher's findings from the data collected consisted of ambiguous responses to the barriers stated in this study. Further research is needed using a quantitative design to gain more specific information of barriers foster children face when accessing mental health services.

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DEDICATION

To my beautiful son, Sami: I never knew how much I can love a person until I gave birth to you and saw you for the first time. You are my sunshine baby and I don't know what I would do without you. Being pregnant with you during my second year of graduate school was a great experience that I will treasure for the rest of my life. I'm so happy that I get to see your beautiful face when I graduate, I can't wait until the day I get to attend your graduation. To little bro Karrar, I love you and always remember to stay focused on your dreams. To my husband, Louie: Thank you for always believing in me even when I didn't believe in myself. You have always shown me so much love and support and I don't know what I would have done without you. It's been one great journey for the last eight years, I can't wait to spend the rest of my life with you baby! I love you with all my heart! To Mom and Dad: I love you both very much and I want to thank you for working so hard to get me where I am today. Thank you for always being there for me when I really needed you most. To my partner in crime, Denise: What would I have done without you? It's been one bumpy road but we made it girl! Sister, I love you and always remember the sky is the limit! I want to thank you for showing me all the love and support for the last two years. Haneen Alghita

To my parents who have always remained by my side, and have always given me there unconditional love and support. I am thankful for all your hard work and sacrifices you have done for our family. Gracias Mami y papi por siempre dar me su apoyo, los quiero mucho!
To my brothers, Victor Jr. and Aldo, thank you for your support and love. I would like to dedicate this to you Aldo Nunez, remember to always follow your dreams and know that I'm here for you always. Also, to my sister-n-law, Teresa and nephews Victor A. and David, thank you for all your support and encouragement. Gabriel M., Babe: thank you! For all your guidance and support, I have always missed your presence and words of encouragement. Thank you for believing in me even when I did not. Thank you for everything you do for us, I love you! I want to sincerely thank my sister and thesis partner Haneen, thank you for all your patience you have had with me these two years, and our crisis intervention episodes. You're a sister to me that I never had, and I enjoyed sharing every laughter, disagreements, and we cannot forget about our Starbucks moments. These were the some of best moments ever.

Denise Nunez

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CHAPTER ONE

INTRODUCTION

Problem Statement

According to the U.S. Department of Health and Human Services AFCARS (2006), on September 30, 2005 there were an estimated 513,000 children in foster care. Many foster care children experience distressing life situations that have led them to the foster care system. The traumatic events the foster children experienced at their natural homes have led them to mental health illnesses. There have been many studies to illustrate that between 50 and 80 percent of children in foster care experience moderate to severe mental health problems (DosReis, Zito, Safer, & Soeken, 2001). Once a child is placed in the foster care system he/she is qualified to receive MediCal through which mental health services may be provided.

Although many foster children have a high rate of mental health problems and a high rate of mental health care utilization, many foster children face barriers that interfere with their mental health needs. Statistics illustrate that only about 25 percent of children in

foster care are getting services at any given time (Halfon, Berkowitz, & Klee, 1992).

Purpose of the Study

There are many barriers that interfere with the utilization of mental health services that these researchers will be discussing throughout the chapters which include instability of the foster child, county/budget restrictions, racial/ethnic inequality, delivery of services, lack of knowledge and understanding of mental health needs, inadequate training on mental health needs for children among foster parents, social worker caseload and lack of communication between Foster Care Social Worker (FCSW) and County Social Worker (CSW) (Halfon, Berkowitz, & Klee, 1992).

Instability of placement for the foster child is one of the major barriers that interfere with access to mental health services. According to the U.S. Department of Health and Human Services (2007), 63% of foster children that have been in the foster care system for less than two years have experienced, on average, three different placements during that period of time. Foster children not only face their mental health struggles but

also have to adjust to their new placement, foster family, school, neighborhood and friendships (Halfon et al., 1992). This statement clearly demonstrated that lack of communication between the FCSW and CSW is also a common cause of interference of mental health services for foster children.

Another barrier is the lack of communication between CSW and FCSW. According to Kerker and Dore (2006), it is vital that the social workers communicate frequently regarding their clients' changes in mental health status. It is very important that every professional in the children's lives is in communication regarding their progression or regression of mental health problems.

Budget restrictions are another barrier that CSW and FCSW face in order for foster children to receive any services (Kerker & Dore, 2006). If a child enters foster care and is in need of mental health services, it takes several steps for them to receive services appropriately. In addition, racial/ethnic inequality is also a barrier faced by foster children. Many minority foster care children go through the foster care system without receiving their mental health needs as compared to Caucasian foster care children (Benedict, White,

Stallings, & Cornely, 1989).These authors recommended for all foster care children to receive all mental health services necessary.

An additional barrier is the lack of knowledge and understanding of mental health needs. Early intervention of mental health illnesses for the foster children can help the foster child succeed academically, behaviorally and emotionally. It is essential for all participants in a foster child's life to be fully aware and educated of the importance of services (Halfon et al., 1992).

The delivery of mental health services is another barrier faced in foster care. There are many professionals involved in the delivery of mental health services for foster children; the role of the social worker is to protect the child from any harm, by providing adequate services while in foster care. The social worker makes sure the child has everything needed in order to survive while out of their biological home. The FCSW establishes a working relationship with the CSW in which they work together to provide the necessary services to the children placed in foster care (Leslie, Lanverk, Loftstrom, Tschann, Syymen & Garland, 2000)

Therefore, the FCSW and CSW roles have a similarity in which CSW and FCSW collaborate to protect these children in foster care, and also work together to help each other in providing adequate services for these children. Many children placed in foster care have numerous issues, most commonly mental health issues, which sometimes are not followed through because of the instability that occurs while the child is in foster care. According to Silver, Amster, and Haecker (1999), many foster children lack consistent and adequate mental health services due to instability.

Once the child is in foster care his/her services sometimes are limited; there is no stability until his/her court date. However, the relationship between the FCSW and CSW tends to be not well established at times (Sullivan & VanZyl, 2007). One example is when the child is placed in foster care by the CSW, the necessary information needs to be provided to the FCSW in order for the child to receive all medication and services necessary while in foster care. The FCSW will not be able to get the foster child his/her necessary medication if the CSW does not provide the adequate information in

order to do so (Leslie, Lanverk, Loftstrom, Tschann, Syymen, & Garland, 2000).

CSW and FCSW may also have a wide caseload that becomes a barrier in the foster care system. In an ideal world, CSW and FCSW should have a practical caseload in order to allow the CSW and FCSW to effectively plan, provide, and evaluate all clients in his/her caseload (Simms, Dubowitz, & Szilagyi, 2000).

Lastly, another common barrier for foster children lacking mental health services is the inadequate training on mental health needs for foster children among foster parents and social workers. This statement clearly shows how important training can be in detecting the foster child's mental health status much earlier (DosReis, Zito, Safer, & Soeken, 2001).

Because of these common barriers, the purpose of the proposed study is to determine what type of barriers affects the under-utilization of mental health services among foster children.

Research exists that discusses various mixed topics, but not topics specific to this study. Current research focuses on the various problems and the vulnerability of foster children, but not specifically on

under-utilization of mental health services. More attention is needed to determine why there are many barriers for children in the foster care system. There needs to be solutions on how to make the children's lives a smoother road to success rather than failure. The barriers discussed in this study are a few of many that foster children face on a daily basis. This is very important to study because many foster children transition out of the foster care system without receiving the necessary mental health services in order for them to integrate successfully in the community.

There are many solutions that can be done from a macro and micro level within the foster care system. More policies and procedures are needed in making sure that the foster children are receiving the care they need while in foster care. Everyone from the foster parent, CSW, FCSW, therapists, biological family, and teachers should all communicate and advocate for the needs of the child to ensure the child has a good overall experience.

The general research methodology is a qualitative study. This is because a qualitative study allows greater depth and understanding of this issue. A qualitative research method also helps the researchers understand

this issue from the perspective of the foster parents. Researchers recruited 40 participants in which a questionnaire was administered.

Significance of the Project for Social Work

This study is important to social work practice because foster children represent society. The focus of the research is to help the foster care agencies to find out whether children are receiving their mental health services. CSW and FCSW work together with other professionals to provide children with the adequate services to meet their needs. CSW and FCSW have similar jobs that need to be met to protect these children from further harm (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998).

It is important to find out whether our children in foster care are receiving the mental health services necessary. Children today are our future; children that are away from their loved ones need to be taken care of and looked after closely. The findings of this study could change the lives of today's children and also give awareness to the CSW and FCSW on how important their influence is in these children's lives.

This study will assist in the beginning phase of the generalist model. It is essential for social workers and others to have access to this information in order to enhance mental health knowledge and delivery of mental health services to children in foster care. As such, the intent of this study is to explore the obstacles affecting the delivery of mental health services to children in foster care.

CHAPTER TWO

LITERATURE REVIEW

Introduction

From extensive research, there is a shortage of direct research identifying the barriers that affect the under utilization of mental health services amongst foster children. "Foster care children may be particularly vulnerable to not receiving care for their mental health needs because they often lack a person in their life who feels responsible and accountable for their well-being" (Kerker & Dore, 2006, p. 138). This statement shows that there are challenges between the delivery of services to foster children and their receiving mental health services adequately.

Children in foster care have a greater need of mental health services due to various factors that contribute to their history of maltreatment. "Despite a high prevalence of mental health difficulties, foster children are at an increased risk of not receiving services necessary to address their needs" (Kerker & Dore, 2006, p. 138). There are many barriers that will be

discussed that affect the under utilization of mental health services for the foster children.

From a micro perspective, FCSW and CSW both play a necessary role in the foster child's life. They are the ones to stabilize/reassure a child from the crisis they have experienced being separated from their families. However, FCSW and CSW do not always communicate effectively which creates barriers to delivery of services to foster children. These types of barriers can seriously cause harm to foster children, since they delay their services. According to Kerker and Dore (2006), children in foster care often times come with pre existing mental health conditions that should be assessed immediately.

From the literature gathered, it is obvious this is a national epidemic issue that needs to be dealt with. More and more children seem to go without mental heath services.

> There are a number of barriers to children in foster care receiving the mental health services they need. Most such barriers can be located in one of the following three categories: child-serving systems, health care

providers, and foster parents. (Kerker & Dore, 2006, p. 139)

County/Budget Restrictions

There are many barriers that prevent children from receiving appropriate mental health services, particularly when placed in foster care. Once a child is in foster care they have MediCal as a form of health insurance, but even then it is difficult for them to receive adequate services. According to Kerker and Dore, (2006):

> The health care system in the United States is a great barrier to the mental health care of children in foster care, as it is for children in the general population. Although most children in foster care automatically qualify for Medical health insurance (federally funded but state run), modest provider reimbursements, as well as bureaucratic inefficiencies, have resulted in few providers accepting this form of payment. Even providers who do accept MediCal are restricted in the number of sessions for which they will be reimbursed to treat foster children's complex needs. (p. 140)

For instance, if a child comes from one county within California and is placed in another county it is difficult for that child to receive mental health services. Since the county the child currently belongs to will not want to see the child since that is not the child's county, the child cannot receive services because he/she is out of their county restriction (Kerker & Dore, 2006).

Although it is known that youth in foster care are in need of mental health care, studies indicate less than one third receive mental health services (Austin, 2004). Dr. Toni Heinman, a clinical psychologist and executive director of a home within a nonprofit organization dedicated to help the mental health needs of children in foster care (Austin, 2004), conducted an informal survey that revealed that only 3% of mental health providers work with children in foster care. This demonstrates that children are not being referred as they should to mental health services (Stein, Gambrill, & Wiltse, 1999).

Racial/Ethnic Inequality

One of the many barriers that will be discussed in this chapter is the greater unmet need of mental health

services amongst minority children compared to Caucasian children. There have been several studies that illustrate the disproportionate utilization of mental health services amongst minority children compared to Caucasian American children. Benedict, White, Stallings, and Cornely (1989) reported that Caucasian American children in foster care in Baltimore, Maryland received more frequent visits for psychological services than did African American children. Many racial/ethnic children are facing the discrimination of being a foster child and a minority which can cause more mental health illnesses as their journey progresses in the foster care system. Garland and Besinger (1996) found a hierarchy of needs among foster care children removed from their homes because of sexual abuse were expected to receive mental health services, followed by children victims of physical abuse and lastly, those children removed due to neglect. This suggests that there may be other factors that influence racial/ethnic disparities such as type of abuse, age and gender. Garland, Landsverk, and Yeh (2000) conducted a study that included 659 children ages 2-17 years who entered the foster care system in San Diego, California and remained in placement for at least 5

months. The results showed that the utilization for mental health services were high by foster children but varied drastically by racial and ethnic group. The racial and ethnic disparities remained significant even after factors such as gender, age and types of abuse were controlled. This study showed that racial and ethnic differences in mental health utilization occur among foster children.

This study also demonstrates the importance to have further research and studies to identify the reasons as to why there are ethnic and racial differences in mental health services amongst foster children. Once there is enough research and studies to indicate the reasons for the racial/ethnic disparities, society and professionals will become more aware of this growing crisis (Garland, Landsverk, & Yeh, 2000).

Delivery of Services

Raghavan, Inkelas, Franke, and Halfon (2007) published a national study entitled: Administrative Barriers to the Adoption of High-Quality Mental Health Services for Children in Foster Care. The authors expressed the importance of improving mental health

services for the past decades. Many attempts have been made to improve the delivery of mental health services to children.

> A range of national studies show that children in foster care are consuming a disproportionate share of publicly funded mental health services given their level of need, and for these children there is a great need to focus on the role of financial, organizational, and administrative procedures that can promote better access. (Halfon, Inkelas, Flint, Shoaf, Zepeda, & Franke, 2002, p. 2)

Therefore, children in foster care are more vulnerable than others and need valuable mental health interventions.

In addition, Halfon, Inkelas, Flint, Shoaf, Zepeda, and Franke (2002), state that children in foster care have many emotional and behavioral problems that need to be treated, before they worsen. This statement clearly suggests the need to have a more consistent form of knowing that every child entering foster care is receiving mental health services, and are being consistent.

According to Raghavan, Inkelas, Franke, and Halfon (2007):

> The lack of knowledge about awareness of standards, construction of roles and responsibilities that can promote implementation of standards, and construction of fiscal mechanisms to promote their deployment within state and county mental health and child welfare agencies has adversely affected the ability of administrators and policymakers to design procedures and implement processes that can adequately address the many mental health needs of children in foster care. (p. 3)

This statement illustrates that foster children are not receiving mental health services as they should. Many constraints affect the delivery of the service to the child.

Unstable Placements

Another growing crisis that is identified as a barrier for foster children utilizing mental health services are their unstable placements within the foster care system. The problem begins when the foster children are removed from the home and placed in another foster

home where they have to adjust, start building new relationships and structure. The foster children also must now emotionally detach themselves from their previous foster family. This may bring trauma to the foster child because every time he/she starts to get comfortable and have a place to call home he/she finds him/herself being removed once again. According to Silver, Amster, and Haecker (1999), every time a child is placed in a new home, he/she needs to adjust to a new structure, styles, routines and roles of relations within the family. This can be very difficult for the foster child to adjust to and may cause behavioral issues due to the frustration of having to learn a new environment constantly. Foster children may eventually lose trust in their social workers, therapists and foster parents due to the expectation of possible re-placement.

According to Silver, Amster, and Haecker (1999), there is often a lack of reliable care and dependable follow-up care for the foster child, which is particularly concerning for children who are in need of more than ordinary behavioral health services. This statement demonstrated that educating foster parents on mental health illness's and foster children may help

decrease the amount of placements a foster child is exposed to. Multiple placements may also cause more mental health issues in the foster child's life. According to Pilowsky (1996), separations from foster families may bring back thoughts of neglect and eventually lead to more psychological and behavioral difficulties. Lack of consistency can force a foster child to lose trust in the people in his/her life; it will become very difficult for anyone to be effective in making any positive changes in that child's life.

Lack of Knowledge and Understanding of Mental Health Needs

Still other studies continue to stress the importance of mental health needs for foster children. Foster parents are an important asset to foster care. Kerker and Dore (2006) studied the mental health needs and treatment for foster youth. This research addressed the different barriers that foster children face. It argued that many times foster parents are the only advocates for their foster children's mental health services. Though, sometimes foster parents fail to follow through with the foster child's mental health needs. "This may be because guidelines are seldom available to

help foster parents understand their children's mental health needs and how to navigate the care system" (p. 142). When a youth is referred to mental health services and is not given the correct information of how to follow through with the referral, most likely the individual will not receive their mental health services (Kerker & Dore, 2006).

Also, lack of foster parent training is a problem. Anyone working with children needs to be aware of many different mental health disorders. "Studies reveal that many mental health problems in youth go undiagnosed" (Austin, 2004, p. 4). It is generally assumed that foster parents are fully aware of how to treat a foster child having or needing mental health services. In addition, foster parents are not always knowledgeable and prepared to deal with these types of children. Ideally it would be recommended for all foster care agencies to educate and train foster parents to become more familiarized with mental health and its services (Horwitz, Owens, & Simms, 2000).

Foster Parents Lack of Training

Foster parents play a crucial role in a foster child's life and well being. When a foster parent receives the necessary training to become a successful foster parent, he/she will then have the ability to utilize the resources available in the community for his/her foster children. According to Klee and Halfon (1987), procedures and strategies are rarely accessible to assist foster parents in learning about their child's mental health needs. This becomes a significant problem because foster parents will not have the necessary tools to educate their foster children about their mental health illness. This also becomes a barrier for the foster children's utilization of mental health services if foster parents are not educated or able to make use of mental health resources in their community. "In addition, foster parents are not usually trained to recognize mental health deficiencies or to manage disturbed or difficult children" (Horwitz, Owens, & Simms, 2000, p. 63). It is important for foster parents to be provided with training and educational tools in order advocate and provide mental health services for their foster children.

Social Worker Caseload

Ideally, social workers should have a reasonable caseload in order to allow the social worker to effectively plan, provide, and evaluate all clients in his/her caseload. The truth of the matter is that social workers are often times overworked and underpaid, leaving many with low motivation and morale to complete their given tasks on a daily basis. "Child welfare agencies are responsible for ensuring that children in their care and custody receive services necessary to optimize their health and development" (Simms, Dubowitz, & Szilagyi, 2000, p. 914). This is not always true because many social workers cannot find the time to assess and refer due to their overwhelming caseload. "Most agencies have continued to struggle with significant resource shortages in the face of increasing caseloads" (Simms, Dubowitz, & Szilagyi, 2000, p. 914). This is a barrier for the children in foster care because they are not able to utilize mental health services even when they are in need of them. Foster children's health care is no longer the main concern of child welfare agencies due to the lack of resources and overwhelming caseloads. If caseloads were decreased more children would receive adequate mental

health care at an early age and social workers would feel more rewarded in being able to work with individual one to one in order to assess all their needs(Simms et al., 2000).

Theories Guiding Conceptualization

In light of previous research of Brady and Dotter (2007), these researchers have chosen to use Erikson's psychosocial theory of human development and systems theory to guide this study. According to Erickson, there are eight stages of development an individual faces throughout his/her life. Erickson believed that with each stage there is a conflict an individual faces that becomes the turning point in his/her life. Although there are eight stages, we are only going to discuss three main stages that foster children undergo in the child welfare system. The first stage occurs between birth to about 1 year of age. This stage is called trust versus mistrust. The trust or mistrust will develop depending on the child's caregiver's reliability, emotional stability, consistency and love. Many foster children who have experienced trauma and maltreatment from their care givers are not able to develop the trust needed in the

early years of his/her life. According to Brady and Dotter (2007) if this stage is not accomplished with trust, a child will continue to have problems with relationships and trusting people in his/her environment which can progress to more instability in their lives.

The fifth stage is called identity versus confusion. According to Erickson, during this stage of development, adolescents begin to explore their independence and sense of self. If the people in the adolescent's life are encouraging and supportive, then he/she will be able to be confident of his/her individuality and independence. The children who do not receive the encouragement and support are left to feel confused about their individuality and future. According to Brady and Dotter (2007), many foster children with mental health illnesses lack a sense of individuality and independence because they never receive the help they need in order to understand their situation. Most feel confused as to why they are acting or feeling a certain way due to the lack of mental health knowledge.

Finally, the sixth stage these researchers will discuss in this study is called Intimacy versus Isolation. According to Brady and Dotter (2007), this

stage covers early adulthood where individuals begin to secure intimate relationships with others. It is important that every stage is accomplished in order to continue building in each stage. During this stage, adolescents begin to confide emotionally and psychologically with others.

Systems theory is another theory that will help guide our study. Systems theory focuses on the connection between community resources, families and groups and the effectiveness and functioning of these connections. When looking into FCSW and CSW they are a system, and if one is affected then it will affect their subsystems. These researchers will also use social learning theory because many foster children come from dysfunctional family history backgrounds. According to Zastrow and Kirst-Ashman (2007), systems theory "are concepts that involve and emphasize interactions and relationships among various systems, including individuals, families, groups, organizations, or communities" (p. 12).

Summary

The literature provided data supporting the need of further research to be conducted on the specific barriers

of the under-utilization of mental health services among foster children. It addressed the problem of foster children not being able to access the mental health services available to them because of the many barriers. The literature expressed the need of adequate delivery of services for mental health services for foster children.

CHAPTER THREE

METHODS

Introduction

This chapter provides an explanation of the methods engaged in this research project. This chapter includes details regarding the study design, sampling and data collection methods, along with the instruments that are used. The researchers also explain their determination in the protection of human subjects and data analysis.

Study Design

The purpose of this study is to explore the barriers that affect the under-utilization of mental health services among foster children. The research method that is used in this study is a qualitative research design. The researchers conducted a face to face interview with foster parents at Avant-Garde Foster Family Agency. Using a qualitative research design assists the researchers in gaining insight and valuable information the participants will share in the interview process.

The researchers also gained an understanding of the participants' perspectives and reasoning of the barriers that affected their foster children from utilizing mental

health services consistently. The general methodology that is used is a non-probability purposive sampling. Researchers also used a descriptive design in this study. The researchers gave a description of the data once the interviews have been conducted. This population of participants is limited to San Bernardino and Riverside areas. This study is geographically limited to these counties and therefore the researchers are not able to generalize from the data collected.

The specific variables examined are the barriers discussed in Chapter Two which are: 1) racial/ethnic inequality 2) delivery of services 3) unstable placements 4) lack of knowledge and understanding of mental health needs 5) foster parents lack of training 6) social worker caseload 7) county/budget restrictions 8) CSW and FCSW lack of communication. Research hypothesis is as follows: It is expected that participants will agree that foster children are at an increased risk of not receiving necessary mental health services due to one of the many barriers discussed above.

Sampling

Participants are foster parents recruited from Avant-Garde Foster Family Agency. Researchers have 40 Participants that are engaged in this study. Participants have experience working as a foster parent for at least 1 year and have had at least one foster child with a mental health need. Researchers have chosen to use this sample due to easy accessibility and acceptance of the research study by Avant-Garde Foster Family Agency. Researchers chose to use non-probability purposive sampling since researchers were able to obtain permission from the Avant-Garde Foster Family Agency immediately and have had enough time to select the participants needed for this research study.

Data Collection and Instruments

Data will be collected from an interview guide that has been created by the researchers. The independent variables are the barriers discussed earlier in the chapter and the dependent variable is the utilization of mental health services. The researchers have a set of general questions that include: age, gender, ethnicity, level of education, number of years in the profession,

are participants' a biological parent and County participants residing in. These general questions are measured by three measurements which are: nominal, ordinal and ratio.

The study has taken the narrative stream of participants and the responses are color coded for measurement. There are many strengths of this questionnaire since it possesses a qualitative research method that allows the researchers to examine the data using descriptive analysis. The instrument was created by the researchers who have had extensive experience working with the foster care population. As stated earlier, the limitation is the population of participants are limited to San Bernardino and Riverside areas. Researchers are limited by these Counties and are not able to generalize from the data collected.

Procedures

Prior to conducting interviews for the research data the researchers obtained a letter of approval from Avant-Garde Foster Family Agency, allowing us to interview their foster parents. Avant-Garde Foster Family Agency gave us permission to attend training workshops

they provide for their foster parents. The researchers attended the workshops and after the training the researchers conducted the interviews. The individual interviews with the foster parents will take place at the end of the workshop.

Protection of Human Rights

Confidentiality and protection of our interviewees will be a priority, to guarantee the protection of human subjects. Each foster parent being interviewed received an informed consent explaining the purpose of the study and assuring its confidentiality. Also, a statement was included stating that the participation in the interview is voluntarily and refusal to participate will not result in any punishment. When the interview was completed the interviewee also received a debriefing statement, which included information on how they will have access to the study's results when completed. The researchers are the only individuals exposed to the research. All information obtained from the interviews are locked in a safe box and destroyed following analysis of the data.

Data Analysis

The data analysis of this research is a qualitative study in order to test the hypothesis.

Qualitative question responses are categorized into descriptive statistics. It allows the researchers to choose there variables of choice. This study wants to inform what are the barriers of the under utilization of mental health services among foster children. In addition, the study gained validity of foster parents from their personal experiences in working with foster children who are receiving mental health services, what was most helpful and what was needed.

Summary

Chapter Three summarized the study's design and measures for the collection and analysis of the data included in the interviews. An informed consent and debriefing statement was given to interviewees, expressing confidentiality for the purpose of this study. This Chapter described different steps needing to take in order to engage with agency to conduct research for the purpose of this study.

CHAPTER FOUR

RESULTS

Introduction

Accessible in this chapter are surveys that were completed by foster parents (Fp). Researchers conducted a qualitative study, many of the responses vary from question to question. Independent variables are incorporated to provide demographical information from respondents. In addition, open-ended questions provided results in answering the main research question of the barriers that affect the under utilization of mental health services amongst foster children, and providing possible solutions. There were 40 respondents that participated in this study who are from two different counties, Riverside and San Bernardino County.

Presentation of the Findings

There were a total of 28 respondents from San Bernardino County, and 13 respondents from Riverside County. The demographical information collected consisted of gender, age, biological parents, education, years of experience, and what county respondents are employed in.

Table 1. Gender and County

	San Bernardino	Riverside County	Total
Female	18	9	27
Male	10	3	13
Total	28	12	40

In table 1 Respondents reported that the majority of fp are females and reside in the County of San Bernardino. Out of the 40 respondents, a total of 28 fp both female and male reside in the County of San Bernardino. A total of 12 fp reside in the County of Riverside. The female fp representation is significantly larger than male respondents, with 13 males and 27 females respondents.

Table 2. Number of Years in Profession

1 to 5 yrs	22
6 to 10 yrs	14
11 to 15 yrs	4

In table (2) 22 respondents reported experience in 1 to 5 years, 14 respondents reported 6 to 10 years

experience, and 4 respondents reported 11 to 15 years of experience.

Table 3. Ages

Age	21-31	32-41	42-51	52-61
Total	9	14	9	5

Table 4. Ethnicity

African American	Hispanic	Asian	Caucasian
10	21	3	6

In the above tables (3 and 4) it illustrates the age ranges and ethnicities for the 40 respondents. Table 2 illustrates 14 respondents were the highest common ages ranging from 32-41. In addition, in Table 3, it is shown that out of 40 respondents 21 are Hispanic, 10 are African American, 3 are Asian, and 6 are Caucasian. The highest fp ethnic representation is Hispanic, 21

respondents, and the next highest ethnic representation was that of 10 respondents of African American.

Table 5. Are you a Biological Parent?

Yes	28
No	12

In the above table (5) foster parents were asked if they were biological parents. Out of 40 respondents 28 reported yes and 12 reported no.

Table 6. Level of Education

Junior High	High School	College	College Level	No School
4	22	10	3	1

In the above table (6) the education level for 40 respondents are revealed and range from no school to graduate degree. 1 respondent has no schooling, 4 respondents have Junior High education level, 22 respondents possessed high school education, 10 respondents have college level education, and 3 have graduate level education.

For the open ended questions referring to appendix E, section 1, question 8, which asked: How has Avant-Garde foster family agency provided you with training to care for your foster children? The respondents most commonly reported good and desired more training.

Question 9 in section 1, what is your understanding of mental health services? Respondents most commonly reported the well being of the child. Although there were other ambiguous responses demonstrated on Appendix E.

Question 10 in section 1, what type of special training did you receive from the agency or the county when you had a foster child with mental health needs in your home? Respondents more commonly reported crisis and communication training.

Question 11 in section 2, How do you feel about the county and agency social worker's communication and support for the foster children with mental health needs? Most commonly respondents reported they do and do not have trouble with access. The following answers are a representative of these themes. A foster parent stated:

Yes, County Social Workers take their time to respond when I request their services, especially obtaining an authorization for therapy services.

Question 12 in section 2, How do you feel about the County (CSW) and agency social workers (ASW) communication and support for foster children with mental health needs? The respondents answers to this question were ambiguous, but most commonly yes and no to communication between ASW and CSW. A foster parent stated:

I have observed CSW take their time to respond to foster care social workers and myself as a foster parent. It becomes frustrating at times.

Question 13 in section 2, How important is it to your foster children with mental health illnesses to receive mental health services? Respondents responded that mental health services are very important.

Question 14 in section 2, what benefits/harm did your foster children obtain from receiving/not receiving mental health services. Respondents reported two themes positive and negative effects of not receiving mental health services. An example of negative response by an fp:

My foster child would have gotten worse if I didn't complain to the county social workers who eventually got authorization for therapy.

However an example of a positive response by an fp:

My foster children benefited from their mental health services, they received counseling and all medication they needed.

Question 15 in section 2, how often did your foster children with mental health illnesses receive services. Respondents reported once a week and bi-weekly regularly as demonstrated on Appendix E.

Summary

This chapter reviewed the results of the surveys completed by foster parents from Avant-Garde foster family agency, from San Bernardino and Riverside County. Demographic data was included to provide a profile of the respondents. The open-ended questions offered an indication into the insight of foster parents, and their personal experiences regarding a possible resolution to existing barriers.

CHAPTER FIVE

DISCUSSION

Introduction

Presented in this chapter are the conclusions drawn from the surveys collected which included foster parents from Riverside and San Bernardino County who are currently employed through Avant-Garde foster family agency. Included is the discussion of the qualitative answers given for the research question: Barriers that affect the under-utilization of mental health services among foster children. Additional discussion presents the limitations of this research as well as recommendations for social work practice, implications for policies, continuance of research, and conclusions gained from research findings.

Discussion

Significant to the validity of this study were respondents' answers to the question: Have your foster children with mental health necessities ever faced trouble accessing services for any given reason? The results were not as anticipated; participants answered ambiguously responding both yes and no. Some significant

demographic differences were noted in this research, which included gender, level of education, and county. Respondents reported that more females are currently foster parents and reside in the County of San Bernardino. Out of the 40 respondents a total of 28 foster parents both female and male reside in the County of San Bernardino. This difference in gender is considered to be representative of this profession in general, and could explain for some of the differences in opinions held in the survey. The highest level of education reported was high school, out of 40 respondents 22 reported having high school as their highest degree completed. Respondents' level of education may contribute to their knowledge or lack of knowledge in fully understanding mental health and the resources available for their foster children within their community.

While training is often a cited barrier, respondents in the study reported they had good training and wanted more of it. Although it has been reported in our research that foster parents are not usually trained to recognize mental health deficiencies or to manage disturbed or difficult children" (Horwitz, Owens, & Simms, 2000, p. 63). Many of the participants responded by stating

that they receive basic training from the agency but would like more specific training in order to accommodate to their foster child's mental health needs. Even though foster parents understanding of mental health is often a citied barrier, respondents reported that child well-being as constituting their understanding of mental health services. Kerker and Dore (2006) stated that foster parents are the only advocates for their foster children's mental health services. Though, sometimes foster parents fail to follow through with the foster child's mental health needs. The responders also had a tendency to list mental health illnesses on this question rather than stating what their understanding and knowledge of mental health as a whole is.

Despite the fact that Special training is often a citied barrier, respondents reported crisis and communication training as the special training they received from the agency. In the literature it has been noted that "foster parents are not usually trained to recognize mental health deficiencies or to manage disturbed or difficult children" (Horwitz, Owens, & Simms, 2000, p. 63). Though, participants stated that communication and crisis training was beneficial and

helpful in dealing with their foster children. Many stated that they would have liked more training on mental health illness's their foster children were struggling with at the time. While access to mental health services is often a citied barrier, respondents ambiguously reported that they do and do not have trouble accessing mental health services. Although research stated that

> a range of national studies show that children in foster care are consuming a disproportionate share of publicly funded mental health services given their level of need, and for these children there is a great need to focus on the role of financial, organizational, and administrative procedures that can promote better access. (Halfon, Inkelas, Flint, Shoaf, Zepeda, & Franke, 2002, p. 2)

Although the responses from the participants were uneven, some stated that they did have trouble accessing services due to one of the barriers listed in this study. Though interagency communication is often a cited barrier, respondents ambiguously responded both yes and no among interagency communication. Some believed that the lines of communication were open between the CSW and FCSW while others felt that the information they relayed

to one worker was not being communicated to their foster child's other worker therefore, often times foster parents felt the need to call both of the social workers regarding any information on their foster child. Many foster parents also stated that it was very important to them that their foster children receive mental health services. It was noted that their foster children would receive services on a biweekly basis when therapy services were needed.

While positive and negative effects of not receiving mental health services, respondents responded to mostly positive effects experienced by their foster child while receiving mental health services. Though, there may have been negative effects that were undetected by the foster parents.

Limitations

There were a number of limitations which were faced by the researchers during this research process. The first of which was there were two qualitative questions in the survey which did not bring responses that were anticipated. The first question asks what foster parents understanding and knowledge of mental health is. Many

respondents' listed mental health illnesses such as depression rather than explaining their understanding and knowledge of mental health as a component. The second question that was not answered the way the researchers intended was how the agency provided foster parents with training to care for their foster children.

Many of the participants wrote how often their training at the agency was rather than writing down the content of the training. Because these two questions were met with some uncertainty by respondents their analysis was questionable in relationship to the research question: Have your foster children with mental health necessities ever faced trouble accessing services for any given reason?

There was also a limitation in regards to the population of participants which are limited to San Bernardino and Riverside areas. Researchers are limited by these Counties and are not able to generalize from the data collected.

Recommendations for Social Work Practice, Policy and Research

It was vital that this research bring awareness to the possibilities of barriers that foster children face

when in need of accessing mental health services. Although many of the responses were ambiguous, foster parents and social workers need to be aware of these issues before they become out of control. It is important for every person in a foster child's life to understand their role and how they are able to help the foster child succeed rather than fail behaviorally, emotionally and physically.

A recommendation from this research for social work practice, policy, and procedure, which could have a positive effect on foster children's success is possibly having the CSW meet with the foster parent, foster child and FCSW on a monthly basis rather than a quarterly basis in order to better understand the foster child's situation.

The social workers and foster parents will be able to collaborate on the needs of the child on a monthly basis in order to ensure success rather than failure in all elements of the foster child's life. It would also be recommended that social workers case loads decrease in order for the workers to be able to get to know their foster children on a one to one basis.

Researchers are aware that the county and private foster family agencies would then need to hire more social workers in order to decrease the caseloads with their existing social workers which may lead to funding issues. The researchers believe that it would be in the best interest of the child overall if the recommendations would actually take place.

A recommendation for future research on this topic would include conducting more specific research by adding quantitative statistical research in order to have more detailed and specific responses rather than the responses received by these researchers' which were for the most part vague and ambiguous. A recommendation for future research topic is studying what benefits and/or harm do foster children obtain from receiving/not receiving mental health services. This would be an interesting and informative topic that could bring light to all the benefits or harm foster children face when receiving or not receiving mental health services.

Conclusions

Overall, there were no strong barriers that were discovered from this study. Although there weren't any

definite barriers, this topic is still very important to be aware of as a social worker. Often times, issues dealing with foster children are swept under the rug and ignored. It is very important to understand all the possibilities of barriers that may exist in the foster care system.

APPENDIX A

QUESTIONNAIRE

Questionnaire

1) Number of years in this profession:

2) Gender: Female_____ Male_____

3) Ethnicity:

4) Age:

5) Level of education:

6) Are you a biological parent?

7) County: Riverside_____ San Bernardino_____

8) How has Avant- Garde foster family agency provided you with training to care for your foster children?

_____

_____

_____

9) What is your understanding and knowledge of "mental health"?

_____

_____

_____

10) What type of special training did you receive from the agency or the county when you had a foster child with a mental health needs in your home?

_____

_____

_____

11) Have your foster children with mental health necessities ever faced trouble accessing services for any given reason?

12) How do you feel about the county and agency social worker's communication and support for foster children with mental health needs?

13) How important is it to you for your foster children with mental health illnesses to receive mental health services?

14) What benefits/harm did your foster children obtain from receiving/not receiving mental health services?

15) How often did your foster children with mental health illnesses receive services?

APPENDIX B

INFORMED CONSENT

Informed Consent

The study in which you are being asked to participate is designed to find out what are the barriers that affect the under-utilization of mental health services among foster children. This study is being conducted by Haneen Alghita and Denise Nuñez, under the supervision of Dr. Tom Davis, Associate Professor in Social Work department. This study has been approved by the Department of Social Work Subcommittee of the Institutional Review Board, California State University, San Bernardino.

The interview will take approximately 10-15 minutes of your time. You will be asked a few questions regarding your background, your understanding of mental health services and the training needs of mental health services for foster children. Your supervisor will not know whether you participated. Your name will not be reported with your responses. You may receive the group results of this study upon completion after September, 2009 at the Pfau Library, California State University, San Bernardino.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the interview, you will receive a debriefing statement describing the study in more detail. Also, we have enclosed one dollar in the envelope in order to show our appreciation of your participation in this study. Any foreseeable risks to participate in this study are not anticipated.

If you have any questions or concerns about this interview, you can contact Dr. Tom Davis, California State University San Bernardino, Department of Social Work, 5500 University Parkway, San Bernardino, California 92407, call him at (909) 537-3839, or email him at tomdavis@csusb.edu.

I have been informed of and understand the purpose of this interview. I completely understand that my participation is voluntary and the data collected will be used only for research purposes. By marking an X below, I give my consent to participate in the study. I also acknowledge that I am at least 18 years of age.

"X" here _____ Date _____

Thank you for your participation in this interview.

APPENDIX C

DEBRIEFING STATEMENT

Debriefing Statement

Once again we would like to thank you for your participation in this study. The interview that you have just completed was designed to find out the barriers that affect the under-utilization of mental health services amongst foster children. The survey was conducted by Haneen Alghita and Denise Nuñez, graduate students in the Master of Social Work program at California State University, San Bernardino.

If you have any questions or concerns about this survey, you can contact Dr. Tom Davis, faculty advisor at California State University San Bernardino, Department of Social Work, 5500 University Parkway, San Bernardino, California 92407, call him at (909)537-3839, or email him at tomdavis@csusb.edu. Results of the research project will be available September 2009 in the Pfau library at California State University, San Bernardino or at Avant-Garde foster family agency.

APPENDIX D

DEMOGRAPHICS

Demographics

	Profession Yrs.	Female	Male	Ethnicity	Age	Education	Bio Parent ?	County
1	10	1		Asian	35	Graduate Level	yes	Riverside
2	1	1		Hispanic	23	BA	No	San Bernardino
3	3		1	A.A.	42	Some College	No	San Bernardino
4	7	1		A.A.	47	High School	No	San Bernardino
5	12		1	Hispanic	62	High School	Yes	San Bernardino
6	12		1	Hispanic	56	High School	Yes	San Bernardino
7	8	1		White	45	Associates Degree	Yes	San Bernardino
8	9	1		Hispanic	55	High School	Yes	San Bernardino
9	3		1	White	28	High School	Yes	San Bernardino
10	3	1		Hispanic	39	High School	No	Riverside
11	2		1	Hispanic	28	High School	Yes	Riverside
12	5	1		A.A.	32	High School	Yes	San Bernardino
13	4	1		A.A.	35	Some College	No	San Bernardino
14	6		1	Latino	38	High School	No	Riverside
15	6		1	Hispanic	29	High School	Yes	San Bernardino
16	8	1		White	38	Some College	Yes	San Bernardino
17	12	1		Hispanic	59	Junior High- 7th grade	Yes	San Bernardino
18	4	1		Hispanic	36	High School	Yes	Riverside
19	3	1		Hispanic	29	Some College	Yes	San Bernardino
20	5	1		Hispanic	32	High School	No	San Bernardino
21	3	1		Hispanic	31	Some College	Yes	San Bernardino
22	3		1	A.A.	46	High School	Yes	San Bernardino
23	4	1		Hispanic	40	8th grade	Yes	San Bernardino
24	3		1	Hispanic	41	High School	Yes	San Bernardino
25	6		1	White	48	High School	Yes	San Bernardino
26	1	1		Asian	28	Graduate Level	No	Riverside
27	5		1	A.A.	38	10th grade H.S	No	San Bernardino
28	2		1	Hispanic	62	Junior High	Yes	Riverside
29	6	1		Hispanic	41	High School	Yes	Riverside
30	7	1		Asian	33	Graduate	No	San Bernardino
31	1	1		Hispanic	29	Some College	Yes	San Bernardino
32	3	1		Hispanic	53	Some College	Yes	San Bernardino
33	1	1		Hispanic	31	No School	Yes	San Bernardino
34	10	1		White	45	High School	No	Riverside
35	4	1		A.A.	47	High School	No	San Bernardino
36	6	1		A.A.	38	High School	Yes	San Bernardino
37	15	1		A.A.	56	Middle School	Yes	Riverside
38	2	1		Hispanic	28	High School	Yes	Riverside
39	10	1		White	45	High School	Yes	Riverside
40	7		1	A.A.	48	Some College	Yes	San Bernardino

* A.A= African American

APPENDIX E

SURVEY QUESTIONS 8-15

Survey questions 8-15

	Training	Understanding M.H	Special Training	Trouble accessing services	ASW & CSW communication	Importance of MH to FP	Harm of not rec. MH	Benefits of rec. MH	How often did FP receive MH
1	Adequate	Improve Self	Crisis Intervention	None	Supportive	Necessity	Unable	Safe environment	once a week
2	Sufficient	Problems of the mind	Extensive training	None	Good	Important	no answer	appreciate more	once a week
3	Basic Training	Counseling	Individual Counseling	Yes	Not satisfied	Very Important	no answer	Recover properly	once a month
4	Once a month	Well Being of a child	Extensive training	None	Okay	Very Important	no answer	Counseling	once a week
5	Yes	needs attention	Yes	None	Help a lot	Very Important	no answer	Recover properly	monthly
6	Very Well	Good	monthly classes	None	Good	Very Important	no answer	helpful	Weekly
7	Excellent	unstable mentally	Medication and child abuse	Yes	Good	Very Important	no answer	live better life's	monthly
8	Very good	Communication	Communication classes	Sometimes	Okay	Very Important	no answer	live better life's	monthly
9	counseling	well being of the mind	class	none	overall good	extremely important	change drastically	no answer	2-3 times a week
10	Advice and handouts	any help	class and handout	None	extremely satisfied	very important	no answer	communicate better	once a week
11	home visits	coping with life	videos	no ins	devoted time	important	initial outcome	timely manner	once a week
12	more training	need a little more	no special training	no	I feel good	very important	no issues	no answer	no issues
13	videos	mentally sane	several classes	no	helped me a lot	very important	no answer	changed attitude positive	every 2 weeks
14	video courses	high self esteem	video courses	yes	healthy relationship	very important	no answer	very positively	not very often
15	guidance	need of help	helped with problems	no	sometimes	very important	no answer	calm and relaxed	need
16	Basic Training	psychologically feeling	general training	no	good communication	Very Important	no answer	benefited tremendously	as needed
17	classes every month	requires extra attention	None	no	Good	Very Important	no answer	benefited foster children	every two weeks

Survey questions 8-15									
	Training	Understanding M.H	Special Training	Trouble accessing services	ASW & CSW communication	Importance of MH to FP	Harm of not rec. MH	Benefits of rec. MH	How often did FP receive MH
18	Basic Training	Counseling	some training	yes	frustration	Very Important	no answer	Okay	Bi- Weekly
19	Basic Training	life crisis	No special training	yes	lack communication	Very Important	no answer	adequate	Bi- Weekly
20	good amount of info.	mental status	Communication classes	no	it varies	highly important	none	no answer	every two weeks
21	no	not really	basic training	usually yes	to many cases	Very Important	depression	no answer	Bi- Weekly
22	every month	life experience	None	yes	not to involved	Very Important	emotionally disturbed	no answer	Bi- Weekly
23	classes	Angry	classes	no	helps the children	Very Important	no answer	calms them	Bi- Weekly
24	good training	need help	in service training	no	Supportive	Important	no answer	good behavior	Bi- Weekly
25	regular training	life issues	None	yes	overall good	Very Important	no answer	overcome life experience	Bi- Weekly
26	effective training	Psychological	Crisis Intervention	no	on the same page	extremely important	harm, do not feel safe	personal judgment	Weekly
27	intensive training	overall health	training monthly	yes	do not communicate	important	failed transport	no answer	two times
28	policies & procedures	well being	recourses available	moved	fail to communicate	none	harm	no answer	as needed
29	every two weeks	persons mental health	training	no	good communication	very much needed	no answer	no answer	once a week
30	every month	psychological state	none	yes	satisfactory	very important	no authorizations	no answer	two times a month
31	give me training	Counseling	special training	no	one helping me	very important	no answer	do things right	Weekly
32	Yes	not really	good training	no	very good	important	no answer	children listen to me	very often
33	Yes	depressed/ active	None	no	good	very important	need couseling and meds	no answer	Often
34	very helpful	Counseling	none	no	very helpful and supportive	Very Important	benefits weight the harms	benefits weight the harms	very often

Survey questions 8-15									
	Training	Understanding M.H	Special Training	Trouble accessing services	ASW & CSW communication	Importance of MH to FP	Harm of not rec. MH	Benefits of rec. MH	How often did FP receive MH
35	monthly	well being	we receive training	no	communication is ok	very important	no answer	receive counseling and all meds	as needed
36	very good	Medication	anger management	no	very helpful	very important	no answer	became good no depression	Whenever
37	Yes	need help	none	yes	good	Very Important	no answer	many	not very often
38	every month	need counseling	how to control	yes	very supportive	very important	no answer	calm down by counseling	very often
39	training	Evaluated	counseling	yes	very good	very important	no answer	calm down	very often
40	Yes	overcome life crisis	basic training	yes	lack communication	Very Important	no answer	overcome issues	Monthly

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

   Team Effort: Haneen Alghita and Denise Nuñez

2. Data Entry and Analysis:

   Team Effort: Haneen Alghita and Denise Nuñez

3. Writing Report and Presentation of Findings:

   a. Introduction and Literature

      Team Effort: Haneen Alghita and Denise Nuñez

   b. Methods

      Team Effort: Haneen Alghita and Denise Nuñez

   c. Results

      Team Effort: Haneen Alghita and Denise Nuñez

   d. Discussion

      Team Effort: Haneen Alghita and Denise Nuñez