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In the first study of its kind known to the authors, this research contributes to the literature on mental health service use among children and adolescents in foster care. The authors examined rates of outpatient mental health service use by youth in foster care who, as a consequence of their behavioral problems, had to change foster homes. The study found that as the number of placement changes due to behavioral problems increased, so did the number of outpatient mental health visits.

Participants ($N = 570$) ranged in age from 2-16 years ($M = 7.3$; $SD = 3.9$), and were chosen from the Foster Care Mental Health study in San Diego. For the current study, most of the children were female (54%), and minority groups comprised over half of the sample (55%). At the onset of the study, youth had been in foster care for at least five months; for 71% of the sample, this was their first placement. Neglect (65%) and/or Caretaker absence (46%) were the two most common reasons for being placed in foster care initially. The Child Behavior Checklist (CBCL) was administered about seven months after the youth entered foster care, and 50% of the sample scored in the clinical range. Outpatient services were defined as "Any mental health service provided by Medicaid" (p. 131) that met at least one of the following criteria: (a) a mental health provider (e.g., psychiatrist or psychologist) delivered the services; (b) services took place in a mental health clinic; (c) mental health claims data were coded for psychiatric/psychological visits or group therapy sessions, or for other psychiatric/psychological services.

During the course of the study, 54% of all youth changed foster homes either once or twice, while 30% changed foster homes between 3-5 times. After adjusting for gender, race/ethnicity, age, maltreatment type, behavioral functioning, placement type and prior placements, the authors found that Caucasians received more mental health visits per year than their peers, followed by African Americans. Age also predicted more visits, with the highest rate of service use by preadolescents. CBCL Total scores were a strong predictor of high rates of mental health service use; these children were twice as likely to receive outpatient treatment than those who did not score in that range. Conversely, youth who were Hispanic, were placed in kinship care for any amount of time, or were placed outside of the home due to Caretaker absence or Neglect were significantly less likely to receive mental health services than other children.

The behavior of the child and his or her placement change appear to be significantly related to service use. Twenty-five percent ($n = 144$) of all children in the sample were placed in foster care due to behavior-related problems. On average, youth had been in foster care for four months before experiencing their first behavior-related placement; after that placement, they received 48% more outpatient services. Among youth who were moved more than once due to behavioral problems, their mental health service use significantly increased by 89% within three months of their new behavioral-placement. Additionally, whether placement changes occurred due to behavioral problems or other reasons, the number of times a youth was moved from one home to another was a significant predictor of high rates of outpatient service use.

According to the authors, this study provides preliminary insight into the relationship between behavior- and non-behavior-related placement changes and mental health service use. Although the authors suggest that multiple placements may be related to behavioral problems among this population, their study does not include an investigation of why multiple, behavior-related placements occurred, or whether the youth's outpatient services produced positive outcomes. Overall, it is not clear whether youth placed for behavioral problems received the quality and/or rate of services they needed. Further, it is not known whether they continued to have externalizing problems due to the disruptive placement, the foster care home environment, or other factors. Recognizing these problems, the authors recommend that researchers investigate predictors of placement change, as well as interventions to reduce their occurrence. They write, "[t]here is great need for prospective studies, both quantitative as well as qualitative, which would investigate what reactions or symptoms children in foster care exhibit in response to placement change and how children as well as caregivers experience and adjust to placement change" (p. 137).