



Improving Youth Engagement and Access to Mental Health Services

Adopted April 2013

Overview

Many young people in foster care who have experienced trauma, neglect, or abuse are usually alone in their recovery process. A poll conducted by the National Foster Care Youth and Alumni Council found of youth who had experienced abuse, 78 percent of male respondents and 41 percent of female respondents never reported the abuse. Another 32 percent only reported abuse “in some cases”.

The National Foster Care Youth and Alumni Policy Council believes young people must be empowered to play a central role in securing their own mental health and well-being. Young people should be on the front lines when discussing their options for mental health services and understand to the fullest the types of services that are available to them and supported in initiating those services. When young people feel empowered and self-confident they are much more likely to be successful in transitioning into adulthood and achieve personally meaningful goals. They also tend to have healthier overall mental health and well-being, and cope better with stressful circumstances.

There are very few topics as personal as mental well-being. The Council seeks support from federal stakeholders in ensuring young people are always present during conversations relating to the development of their own treatment plans. Allowing that young people are equally involved in decisions relating to their mental health will allow them to feel empowered and appreciated which plays a role in their overall well-being as well. The Council also seeks support from federal stakeholders in incorporating foster youth and alumni participation in developing policy and practice around mental health issues, and in providing support to their peers who have experienced trauma. We have learned when young people are present and provide testimony for these issues the message seems to be more personal and is received well from the audience.

PRIORITIES

- **Ensure our mental health treatment is about more than ‘fixing broken kids.’** We recall our introduction to mental health services only as a response to our bad or

problematic behavior or as a form of punishment for our behavior. This behavior stems from growing up in a broken home, being removed from our biological families and being placed in a system at no fault of our own with no real explanation.

It should be recognized that some youth behaviors are normal behaviors in reaction to trauma, and that young people in foster care are everyday kids who have experienced abnormal situations. We strongly encourage better strategies and methods to be more proactive instead of reactive when assessing our mental health needs.

- **Ensure we are educated and informed about our choices with medications and mental health treatment plans.** The Council makes an urgent appeal for clarity around youth rights to privacy and confidentiality when it comes to mental health.

Youth voice: "Mental health professionals were talking to others involved with my case. There was a sense of violation and disempowerment. I knew that information I shared could be used against me."

We ask that the federal administration clarify HIPPA policies, and investigate whether foster youth need to be added as a special population. We also ask that the federal government proactively communicate mental health rights to youth in foster care, or place a requirement on states to do so. Specifically:

- Who makes the decisions about treatment plans for youth in foster care?
- Do young people have rights to privacy of information shared during treatment?

- **Ensure services are offered more than once and provide opportunities for youth-initiated services.** We recall being assessed for mental health services only one time - mainly when we entered care or shortly thereafter. Emerging science regarding trauma correlates with what we know firsthand: as we grow and develop, we reassess what happened to us. We may not fully comprehend, and therefore may not be traumatized, by an event that happened to us at age five. However, by age twelve, that same traumatic event can sink in and begin to reverberate and cause significant impact.

In addition, many of us are not ready to disclose trauma at the point-in-time we enter foster care, which thus requires an ongoing dialogue with us. We recommend that the topic of therapeutic services methods be a constant conversation.

- **Curb over-reliance on medications.** Based on personal experiences, medication is often offered as the 'first fix' when we start to exhibit issues due to trauma. We believe that these medications do not improve our well being when there are other options available. Medication may be an appropriate course of treatment for some, but concurrent treatment approaches should be readily available and offered to us. The Council supports continued efforts for trauma-informed services for foster youth.

- **Provide us with youth-friendly information.** The foster care system can be confusing for us and adding the complexity of the mental health systems creates more perplexity. It seems the only way to access services is through a caseworker or reporting trauma, such as abuse, to the police department. For youth who experience multiple systems, such as Juvenile Justice, the confusion is compounded. This creates barriers for us to access services on our own. Furthermore, we lack an understanding of what ‘mental health services’ include. We recommend a youth-friendly resource that provides us with information about the mental health services we can access to overcome traumatic events in our lives, and provides inspiration to help us stop the inter-generational transmission of maltreatment.
- **Prevent ‘diagnosis-for-dollars.’** There are many anecdotal stories from young people who portray a diagnosis being made in their case to bump-up the reimbursement rate for caregivers. In some states, caregivers receive triple or quadruple reimbursement rates for youth with a mental health diagnosis. Therefore, we urge investigation into this problem. Additionally, we know there are instances where a diagnosis is made in order to qualify for Medicaid payments that support treatment. In these cases the diagnosis creates a ‘label’ that results in lasting negative implications. The Council believes that the initial placement into out-of-home care be enough reasoning for a young person to qualify for Medicaid-reimbursable services.
- **Provide us with grief services.** When we are removed from our biological homes, we enter a state of grief. We urge federal stakeholders to develop policy and encourage practice that will provide foster youth with grief services. Education needs to be given to child-welfare professionals and providers to recognize as well as allow us to go through a period of grieving which can be and look different for each of us. It’s important to avoid labeling those behaviors as a sign or a diagnosis of us having a mental health disability or issue.

Youth voice: “People think that, because you’ve been removed from your home of origin, you’ve been ‘saved.’ Youth are rarely provided with support to grieve. Unresolved loss can prevent us in moving forward in finding and retaining permanence.”

- **Use peer-based education, outreach services and alternatives to traditional views of therapy.** We agree that mental health interventions should be packaged as “resilience-building services,” targeted at helping us become healthier mentally and develop post-traumatic growth. Many of us had fears about seeking mental health services, being ‘forced’ into traditional therapy or prescribed medications. Some of these fears lie in their observation of mental health challenges faced by our biological parents.

We believe that peer-based interventions offer the greatest promise to move us beyond the stigma and into helpful and appropriate mental health services. Youth and alumni organizations such as Youth Communications, FosterClub, and Foster Care Alumni of America have had youth and alumni speak out about mental health challenges and witnessed attitudes among youth in care shift instantly. We urge you to support research on the benefits of peer-to-peer interactions and explore opportunities for us to receive alternative mental health services.

- **Help us transition from to adult mental health services.** We believe there is inadequate coordination between young people and the adult mental health system, particularly for foster youth who may lack supportive adults to shepherd and advocate for them through their transition. We need continuity of services as we transition to adulthood.

We don't continually receive Medicaid services after we age out of care and cross state lines. This is important to us because many of us often cross state lines when pursuing educational opportunities, employment, and family connections. We are not involved in our mental health services treatment plans, so we ask federal stakeholders to address the lack of empowerment of adolescent foster youth in participating in and managing their own mental health treatment.

Lastly, we deserve to understand the mental health benefits we will lose, or the process we need to follow to qualify for extended services. We found out too late that we qualified for extended mental health services when we were aging out of foster care.

- **Provide specific and inclusive supports for LGBTQ youth and other special populations.** The Council asks that child welfare stakeholders recognize the importance of cultural competency in the mental health system and encourage training for caregivers and child welfare professionals. Being culturally competent will allow caregivers and workers the ability to customize their services to the particular population they are working with.

Creating safe and nurturing environments for young people who identify LGBTQ and their allies, especially when discussing education, will create more open and free communication. Safe spaces in schools are great examples of how the education system is taking a stand to stop bullying and allow students to be free of violence and harassment that majorly impacts their mental well-being.

- **Help us reconcile our past.** All young people who exit the foster care system deserve support when understanding and reconciling their own past experiences. We entered

the foster care system though no fault of our own and many times we are never given an explanation of why.

Youth voice: "There were no follow-up conversations to clarify why I was placed into care even as I got older and was developmentally able to comprehend their answers."

Older foster youth should be provided assistance in accessing their case file and provided support in reviewing and understanding the information it contains. We believe that reconciling our past is an essential component to a successful transition to adulthood and living a healthy life after exiting foster care.

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About the Council: The National Foster Care Youth and Alumni Policy Council convenes to provide federal stakeholders with relevant and timely information as policies and procedures are created that will affect children and families throughout the country. The Council represents a collective viewpoint of youth and alumni who have personal experience in the child welfare system. The Council is a partnership between Foster Care Alumni of America and FosterClub, with generous support from Casey Family Programs.

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