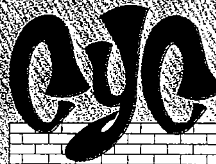
FOSTER YOUTH PROPOSALS TO IMPROVE MENTAL HEALTH SERVICES:

THE CONSUMER'S PERSPECTIVE

JUNE 2000



CALIFORNIA YOUTH CONNECTION

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Funded through a contract with the Solano County Department of Health & Social Services, Mental Health Services Division

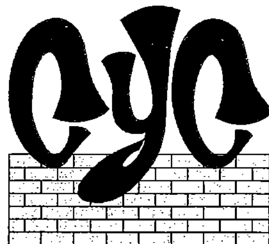

TABLE OF CONTENTS

ACKNOWLEDGMENTS i

EXECUTIVE SUMMARY 1
- THEMES DERIVED FROM DISCUSSION GROUP COMMENTS 1
- FINDINGS 1
- HIGHEST RANKED SERVICES 2
- CONCLUSIONS AND RECOMMENDATIONS 2

INTRODUCTION 3

METHODOLOGY 4

THEMES IN THE DISCUSSION GROUP COMMENTS 5
- INCREASE KNOWLEDGE OF SERVICES AND ACCESS TO INFORMATION 5
- ALLOW YOUTH INPUT 5
- INCREASE PARTICIPATION AND INVOLVEMENT 5
- ELIMINATE STIGMA AND MISCONCEPTIONS 5
- CREATIVE SERVICE DELIVERY 5

FINDINGS 6
- GENERAL KNOWLEDGE OF MENTAL HEALTH SERVICES 6
- INVOLVEMENT 6
- INDIVIDUAL COUNSELING 7
- GROUP COUNSELING 8
- MEDICATION MANAGEMENT 8
- MENTAL HEALTH PROVIDER/YOUTH RELATIONSHIPS 9
- TRANSITIONAL SERVICES 10

YOU'RE IN CHARGE ACTIVITY 11
1. INDIVIDUAL COUNSELING 11
2. MENTOR PROGRAMS 12
3. FAMILY COUNSELING 12
4. GROUP COUNSELING 12
5. MENTAL HEALTH EDUCATION PROGRAMS 13

CONCLUSIONS AND RECOMMENDATIONS 14

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Samantha Lekus

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EXECUTIVE SUMMARY

The Mental Health Discussion Group Project was a 10-month project of the California Youth Connection funded through a contract with the Solano County Department of Health and Social Services, Mental Health Services Division. The primary objective of this project was to conduct a series of discussion groups exploring the relationship between the mental health system and youth in the foster care system. The focus of these conversations was to discern what aspects of foster youth's interactions with the mental health system were useful, helpful, what could be used around the state, and what might be improved upon. Almost 70 youth, comprised of both current and emancipated foster youth, ages 15 to 22 participated in the discussion groups.

THEMES DERIVED FROM DISCUSSION GROUP COMMENTS

Increase Knowledge of Services and Access to Information
Youth suffer from lack of knowledge about mental health issues and mental health services. Youth feel as if they have little education and few available resources for information.

Allow Youth Input
Professionals do not solicit youth input in the mental health system. Many youth stated no one ever asked for their opinions and views regarding their needs or preferences for services.

Increase Participation and Involvement
Due to the lack of education youth have in this field and the possible disregard of their opinions and feelings, youth perceive a lack of control within the mental health system and, in turn, over their lives.

Eliminate Stigma and Misconceptions
Youth may hide the fact that they are receiving mental health services or fail to request services because of the perception of mental health within their peer groups.

Creative Service Delivery
Youth find the idea of a 50-minute, in-office therapeutic hour too structured and would prefer mental health services to be more integrated with the fabric of their lives.

FINDINGS

General Knowledge of Mental Health Services
Overall, youth felt that they were generally uninformed regarding available services. Many youth stated that they "have no idea" how to get referred for mental health services in their county. Youth felt it was the role of their individual social workers to inform them about mental health services.

Involvement
Youth want to be active participants in the decision making process regarding their own mental health needs and services. However, decisions are often made without ever asking for youth's input. While most youth agree that counseling can be important and necessary, many stated that no one has ever solicited their opinions regarding their own treatment.

Individual Counseling
Youth desire a new type of therapeutic environment in which counseling is much more interactive between the provider and the client. In its current form, many youth state that they find counseling extremely intimidating and offsetting.

Group Counseling

The youth offered a variety of opinions regarding group therapy. Many teens had concerns regarding confidentiality, privacy and the reactions of their peers. At the same time, many could see the benefits of having a peer group who identified with the same issues and problems.

Medication Management

During the discussion groups it was obvious that there was a lack of information as well as misinformation contributing to fears and concerns about psychotropic medication. Youth feel like they have no control over their medication treatment. Youth also want to be assured that medication treatment is a last and necessary resort.

Mental Health Provider/Youth Relationships

Many youth stated they would be more comfortable with a more mentor like interaction between mental health provider and client. Youth desired providers that they felt they could "relate to."

Transitional Services

Once they turn 18, many youth had their services restricted or prematurely terminated. Frequently youth stated that they would have liked to continue receiving mental health services.

HIGHEST RANKED SERVICES

Youth participated in an activity entitled *You're in Charge* in which they were asked to rank a variety of mental health services in order of importance. The top five choices were then more deeply explored. Top five choices included: **Individual Counseling, Mentor Programs, Family Counseling, Group Counseling and Mental Health Education Programs.**

CONCLUSIONS AND RECOMMENDATIONS

Below are the abbreviated policy recommendations drawn from the youth's own experiences of interacting with the mental health system.

- Create partnerships between the youth and the mental health system.
- Change current language used to describe mental health to more youth oriented language.
- Develop mental health education programs.
- Create a youth oriented therapeutic model.
- Provide youth with a variety of treatment options.
- Allow youth to request a second opinion when being prescribed medication.
- Provide more ways for youth to find out about mental health services.
- Make sure primary caregivers, social workers and health providers are familiar with the county's available mental health services.
- Provide better transitional mental health services for emancipating youth.
- Promote provider awareness about the stigma youth feel regarding receiving mental health services.

INTRODUCTION

The Mental Health Discussion Group Project was a 10-month project funded through a contract with the Solano County Department of Health and Social Services, Mental Health Services Division to develop, coordinate and facilitate a series of discussion groups designed to explore the mental health concerns of foster youth. The project's main objective was to solicit the youth's perceptions of the mental health system and their experiences receiving services within this system. How foster youth perceive and understand the mental health services they access is an area that historically has not received much attention or evaluation. This innovative project offered the opportunity to gather information directly from consumers of these services: the youth themselves. The focus of these conversations was to discern what aspects of their interactions with the mental health system were useful, helpful, what could be replicated around the state, and what practices may need to be improved upon.

The project consisted of a preliminary survey and orientation of mental health issues for the discussion group participants. From this information a discussion group format regarding mental health issues was developed and a series of seven regional discussion groups were conducted throughout the state. All discussion group participants were current or emancipated foster youth affiliated with California Youth Connection. California Youth Connection (CYC) is a statewide organization of over 300 current and former foster youth dedicated to improving the foster care system in California. CYC is unique in that it is run by the youth themselves and was founded on the principle that policy makers and administrators can benefit from the input of youth who have experienced first-hand the impact of the foster care system.

The goal of this DMH-CYC project was to develop ideas and recommendations from foster youth who are consumers of mental health services. Another valuable component of this project is to work with the California Mental Health Directors Association (CMHDA) to involve youth in local and statewide mental health task forces, committees and policy meetings. On June 1, 2000 a panel of youth presented the mental health discussion group findings at the California Mental Health Advocates for Children and Youth (CMHACY) Conference in Monterey, California.

This project continues the mission of other California Youth Connection projects in supporting foster youth as the primary consumers and stakeholders of the foster care system. The findings gathered from the discussion groups are summarized in the following report. This report has been designed specifically to allow the youth's voices to be heard as well as to aid decision makers and other interested parties in order to support the continued design of mental health policies and services that meet the needs of foster youth.

METHODOLOGY

CYC has five geographic regions and 22 chapters throughout the state. To ensure the greatest representation of views and participation, seven discussion groups were held. Discussion groups were conducted in Alameda, Contra Costa, Santa Clara, Sacramento and Orange. Because over 40% of California's foster youth live in Los Angeles County, two discussion groups were held there in order to secure appropriate representation. Youth from all active CYC chapters were invited to attend discussion groups in their area. The discussion groups had total representation from 10 CYC chapters, almost half of the currently active CYC chapters.

Prior to the discussion groups, a series of informal orientation meetings were held. Due to the sensitive nature of the discussion group topic, the purpose of the initial meeting was to define and clarify to the youth the concept of mental health services. Other purposes of the orientation included describing the content and the format of the upcoming discussion group, as well as to ascertain the youth's initial knowledge of mental health issues and services. Six orientation meetings were held in Contra Costa, Santa Clara, Sacramento, Riverside, Orange and Los Angeles but youth from all chapters were invited to attend. From these meetings information was gathered to determine the topics to be explored in the discussion groups.

Participation in both series of groups was voluntary, sometimes taking place at a regular CYC meeting, at other times a meeting was scheduled specifically for this purpose. Approximately 60 youth participated in the orientation groups and almost 70 youth, comprised of both current and emancipated foster youth, ages 15 to 22 participated in the discussion groups. For the discussion groups a pre-selected note taker was present. Samantha Lekus, Mental Health Discussion Group Coordinator and Ra Kennya Wheeler, Youth Organizer facilitated both the orientation meetings and the corresponding discussion groups.

Given that foster youth are consumers of mental health services, the discussion groups were designed to explore their experiences accessing and utilizing services provided by the mental health system. To focus this broad topic, facilitators asked the participants to concentrate on the following areas:

- General knowledge of mental health services
- Ways of improving youth involvement in mental health services
- Individual Counseling
- Group Counseling
- Medication treatment
- Provider/Youth Relationship
- Mental Health Transitional Services.

A standardized format was developed for the groups. This format included both discussion and activities. Each group was asked the same questions for each of the topic areas. Participants were provided with a list of mental health services as well as definitions of those services. The definitions were read aloud to the group and the participants were encouraged to ask questions if a particular concept or definition needed further clarification. If participants had not directly experienced a particular service, they were asked to consider why the service had not been used (e.g. was it not needed or not available) and how this experience might be applicable on a policy level.

THEMES IN THE DISCUSSION GROUP COMMENTS

There were a number of recurring themes threaded throughout all of the discussion groups. These themes focused on; increasing knowledge of services and access to information, allowing youth input, increasing participation and involvement, eliminating stigma and misconceptions, and creative service delivery. What is especially noteworthy of these themes is that many of the same issues were identified in a previous series of focus groups conducted by CYC that explored foster youth's experiences in the child welfare system (Foster Youth Share Their Ideas for Change, by Child Welfare League of America, 1999).

INCREASE KNOWLEDGE OF SERVICES AND ACCESS TO INFORMATION

Youth suffer from lack of knowledge regarding mental health issues, treatment and services. Youth feel they have little education and few available resources for information. They are often unfamiliar with the services available to them and are not provided with this necessary information by their social workers. Youth cited many examples where information was purposely withheld for "their own good." Also, youth may not have been informed when prescribed psychotropic medications. This creates the atmosphere of fear and distrust that many youth experience in relation to the mental health system. By withholding information, one is explicitly creating an environment where foster youth cannot participate as primary stakeholders in their own mental health treatment.

ALLOW YOUTH INPUT

Professionals do not solicit youth input in the mental health system. Many youth stated no one ever asked for their opinions and views regarding their needs or preferences for services. Youth want to be viewed as participants in the decision making process regarding their mental health needs and services. In a field where so much emphasis is placed on feelings, it is ironic that the youth's feelings about treatment are not incorporated.

INCREASE PARTICIPATION AND INVOLVEMENT

Due to youth's lack of education and information regarding mental health services and the disregard of their opinions and feelings, youth perceive a lack of control within the mental health system and, in turn, over their lives.

ELIMINATE STIGMA AND MISCONCEPTIONS

The term "mental health" is distasteful to youth and impedes their desire to seek out services. Youth don't want their peers to know that they are receiving mental health services or may fail to request services because of the perception of mental health within their peer groups. Confidentiality was paramount to the youth's comfort level in seeking out services.

CREATIVE SERVICE DELIVERY

The traditional therapeutic model is not attractive to most foster youth. Youth find the idea of a 50-minute, in-office therapeutic hour too structured and would prefer mental health services to be more integrated with the fabric of their lives. Foster youth would like their counseling sessions held outside the office setting and desire a more personal and interactive relationship with their providers. They also would like less intensive conversation and more creative outlets such as incorporating exercise, music and creative writing into their new treatment model.

FINDINGS

GENERAL KNOWLEDGE OF MENTAL HEALTH SERVICES

Realizing that available mental health services vary from county to county, youth were asked to describe how they were introduced to available mental health services and to describe the referral process for accessing those services in their community. It was clear from the group discussions that youth felt it was the role of their individual social worker to inform them about mental health services. Youth also mentioned finding out about mental health services from caregivers, foster parents, Independent Living Skills programs, or at school. Nevertheless, many youth said they "have no idea" how to get referred for mental health services in their county. Even youth who have received mental health services are frequently confused as to how they were first referred for those services. Youth commented on the lack of information and some youth stated that mental health services were never mentioned or offered by their social workers. However, youth who lived in group homes were more aware of mental health services overall and were receiving more services than youth who were placed with foster families or in kinship care. Clearly, this is indicative of the more structured environment of group homes versus the familial setting of other types of placements.

Define what mental health is to foster youth. There are a lot of foster youth that don't even know what mental health is.

Youth were also asked to recommend ways to find out about available mental health services. Some youth felt that the introduction of services would be appropriate and beneficial upon entering the system, during the first meeting with the social worker. Other youth felt that introducing mental health services during the intake process would be overwhelming. All youth agree though that the concept of mental health services needs to be clearly and simply defined in youth-oriented language. As one youth stated, "Define what mental health is to foster youth. There are a lot of foster youth that don't even know what mental health is." Another solution commonly mentioned was having a youth oriented resource book specifically for mental health services.

All the discussion groups mentioned a social stigma surrounding recipients of mental health services. Because of this social stigma, youth were admittedly more reluctant to advocate for themselves in this area than they are for other social services. Many youth mentioned being embarrassed to request services. However, the youth also felt that they did not know who or what exactly to ask. As one will see throughout this report, the youth's desire for privacy and anonymity are paramount. Youth acknowledge wanting to know about services but not wanting to solicit them; youth do not want "to ask." Other suggestions on how to receive information regarding mental health included distributing information packets, cards with hotline numbers, direct mailing, flyers, and website information.

INVOLVEMENT

Like any individual who cares about their own well-being, youth want to be active participants in the decision making process regarding their own mental health needs and services. Youth feel as if information is frequently withheld under the guise of protection or "professionals know what's best." Decisions are made without ever asking for the youth's opinions and feelings. Not surprisingly, many youth experience an initial hesitation when presented with the opportunity to receive counseling or other mental health services. However, when asked,

youth are astute enough to acknowledge the possibility that some youth need therapy and might not know it. In fact, many youth felt that it was acceptable and perhaps necessary to mandate people to attend counseling. At the same time, youth were adamant that they don't want to feel "forced" to attend counseling. Youth felt a possible solution to this dilemma was the use of negotiation. For example, a youth would be asked to commit to a pre-determined number of sessions or period of service. When the initial agreement was completed, the youth's input would be taken into consideration as to whether or not the services would continue. This limits the perceived "punishment factor" and makes youth input a necessary part of the decision making process of treatment. Youth were quite receptive to an input-oriented solution. Discussion group participants also felt that youth of any age would provide valuable contributions into this process.

Youth simply want to be heard and recognized.

In addition, youth mentioned that they want to become more involved in the development of their treatment plans. Most often they simply requested the opportunity to participate in their mental health team meetings. The meetings would be conducted in language that youth could understand and in an atmosphere that embraced youth participation rather than viewing it as irrelevant or inconvenient. While most youth agree that counseling can be important and necessary, many stated that no one has ever solicited their opinions regarding their own treatment. Youth simply want to be heard and recognized.

INDIVIDUAL COUNSELING

Discussion group participants were asked to discuss what changes could be made to counseling to make it more appealing to foster youth. Youth were also asked to explore what would make them more willing to attend individual and/or group counseling. The overriding theme of this discussion concluded that the commonly accepted, adult oriented therapeutic model is not only unappealing to youth but is, in fact, detrimental to their willingness to access services.

Given the aforementioned stigma of receiving "mental health services," the current language serves as a direct barrier to the youth's desire to seek out services. Participants commented that services should not be called mental health or counseling. One youth suggested renaming counseling, "emotional support services" while another suggested "sharing and giving." Also, youth desire a new type of therapeutic environment; in which counseling is much more interactive between the provider and the client. It its current form, many youth state that they find counseling extremely intimidating and offsetting.

One youth suggested renaming counseling, "emotional support services."

Youth in general, but foster youth in particular, have many ambivalent feelings about forming relationships with adults. At the same time, many youth commented that they desire a more personal, closer relationship with their counselors. As one youth stated, "By saying 'no personal relationship' are they trying to save the therapist or child from getting attached? We're human-you're going to have personal feelings-you want some kind of relationship."

The development of this relationship is also very dependent on the youth's belief that the counseling relationship holds the bounds of confidentiality. Confidentiality was a high priority among discussion group participants. In order for a youth to feel comfortable with the counselor, a strong trusting relationship needs to be developed between the youth and the mental health service provider.

> **"By saying 'no personal relationship,' are they trying to save the therapist or child from getting attached? We're human-you're going to have personal feelings-you want some kind of relationship."**

Youth are quite sophisticated in identifying the problems of the current therapeutic environment and they were able to suggest many alternative solutions. Some ideas were as simple as allowing youth to seek mental health services on a "drop-in" or "as needed" basis. Youth desire to de-emphasize the clinical by creating a less professional, friendlier, personal environment. This could be achieved by holding counseling sessions outside the traditional counseling room, to take counseling "out of the office" and into more comfortable environments such as a park, restaurant or shopping mall.

GROUP COUNSELING

As mentioned previously, youth in the group home system have many more mental health service options available to them. However, all youth desire and deserve the same alternatives and options. Many youth stated they were not given the option of individual and/or group counseling but rather placed in one or the other without being asked their preference. Youth desire flexibility in their mental health services and feel that this flexibility would make receiving services more appealing.

The youth offered differing opinions regarding group therapy. Many teens had concerns regarding confidentiality, privacy and the reactions of their peers. Because of this, many youth are hesitant to commit to attending group sessions. They shared concerns about opening up, being laughed at and feeling like outcasts. Youth did not want to be identified to their peers as foster youth. Many youth felt they would be more comfortable if a "friend" attended the group with them.

Other youth could see the benefits of having a counseling group that identified with the same issues and problems. As a result, many believed that they would appreciate the option of having a dedicated foster youth group that focused on specific themes such as abandonment, abuse and adjustment issues. Youth also suggested a therapy group available outside the county system located at school or at a community center.

MEDICATION MANAGEMENT

Youth shared many grave concerns regarding receiving psychotropic medication treatment while in the foster care system. During the discussion group it was obvious that there was a lack of information and misinformation about medications that contributed to their fears and concerns. Their fears included being "turned into zombies," developing dependence to the psychotropic meds, or having interactions with other medication that could lead to serious allergic reactions. This is indicative of a lack of information and education regarding the uses and side

effects of psychotropic medication. However, the youth's misperceptions do not disavow that, based on their experiences, many of their fears and concerns are rooted in fact. Youth believe that medication is frequently prescribed for the purposes of behavior management rather than to abate severe emotional symptoms. Youth want to be assured that medication treatment is a last and necessary resort. One suggestion of how to check this process is to allow youth to request a second opinion when being prescribed medication. According to the youth, medication is often prescribed as a replacement to counseling rather than in addition to counseling. Youth stated that they have no input into their own medication treatment, and often are not told what they are taking or why. As one youth who was prescribed medication stated "they didn't really explain it to me, they figured we're too young."

Youth feel they have no control over their medication treatment. Many youth expressed great frustration at their own lack of knowledge and desired more education regarding medication treatment. Three main ways of achieving this included: 1) educating youth on the purpose of the medication and awareness of possible side effects, 2) informing youth of reasons for being placed on medication and 3) having options other than medication discussed and taken into consideration. Youth want to be perceived and want to perceive themselves as an indelible part of the decision making process in their own treatment, however this cannot be achieved unless youth are given the knowledge base and other tools needed to provide educated, balanced input into their treatment recommendations.

MENTAL HEALTH PROVIDER/YOUTH RELATIONSHIPS

Discussion group participants were asked to discuss the differences between a counselor and a therapist. Although most youth recognized little difference in the roles and responsibilities between counselors and therapists, many, within the context of the discussion, referred to their own mental health service providers as counselors. The discussions suggest that many youth found the title "counselor" to indicate a more proactive role from the provider, such as that of the active listener and advice giver, while the title " therapist" was found to be less participatory, more analyzing and therefore, more offsetting.

"Youth don't like someone who is stiff, sits in a big chair and just observes you. [I] Prefer someone who looks and talks like me."

Youth also explored what qualities a mental health provider should develop in order to create a good relationship with foster youth. Youth desired providers that they could "relate to." As one youth said, "Youth don't like someone who is stiff, sits in a big chair and just observes you. [I] Prefer someone who looks and talks like me." Many discussion group participants stated they would be more comfortable with a more "mentor-like" interaction between mental health provider and client. Youth also frequently mentioned big brother/sister programs as a positive therapeutic outlet.

It is interesting to note that youth want to *relate to* rather than *be related to.* While youth may desire youth-identified counselors, they also want to view the provider as a role model. A mix of education and personal experience was viewed as an attractive quality and many commented that they did not care what kind of provider they saw as long they were caring, genuinely concerned and nonjudgmental. As mentioned, youth want a much more interactive style of communication with their providers. Youth are not comfortable when they perceive that they are being watched, observed or studied. For most youth to gain therapeutic value from the counseling experience, therapy must emulate their successful relationships with others. It appears that the most successful, satisfying relationships youth have with adults are the ones where the adult is seen as a role model.

When youth were asked what a counselor or therapist should know about them, they were adamant that counselors should spend less time reviewing files and past records and more time developing rapport with the client. This would allow youth to share their own perceptions of their past history and their corresponding problems and issues with the provider directly. This is not to suggest that providers should be denied access to a youth's file but rather they should not rely on those reports as the primary indicator of their experience.

Given the upheaval and chaotic situations that youth experience culminating in their placement in the foster care system, historical information collecting should be done in a sensitive, empathizing but not pitying way. Foster youth are vigilant about not wanting to be seen as "different" from their peers. Youth deserve mental health providers who hold the intrinsic belief that foster youth are not "lost to the system." Foster youth want it clearly understood that their ability to develop and achieve goals are as realistic as any of their peers. As one youth stated "therapists should be positive and think that the youth are going to be somebody."

TRANSITIONAL SERVICES

Youth were asked to describe their experiences accessing mental health services while emancipating or transitioning out of the foster care system. While in the foster care system it appears that most youth have access to an unlimited amount of sessions but once they turn 18, many youth had their services restricted or prematurely terminated. Youth reported that mental health services were sometimes terminated without notification and without proper termination procedures. This is especially disheartening in that it reenacts many of the maladaptive relationships youth experienced with other caretakers. Many youth stated that they would have liked to continue receiving mental health services. Those who have had long term relationships with one provider described a sense of loss over having therapy terminated due to the social service's emancipation protocol rather than due to successful completion of treatment.

Foster youth want it clearly understood that their ability to develop and achieve goals are as realistic as any of their peers.

The stress and uncertainty associated with emancipating is a time when many youth feel they could benefit from receiving mental health services. Yet it is exactly at this point that services become increasingly difficult to access. For example, some youth reported continuing to call their therapist when in crisis, despite the fact they had emancipated some time ago. Successful emancipation depends upon meeting the youth's emotional needs as well as establishing self-sufficiency. Youth felt that it would be beneficial to implement a transitional period when they could continue to see a mental health provider. This would continue until they had established a living plan as well as another emotional support system. This plan would include elements such as encouraging the youth relationship with a mentor or other supportive adult figures. Among other things this plan should provide referrals and resources for ongoing mental health services.

YOU'RE IN CHARGE ACTIVITY

At the orientation meetings youth were asked to brainstorm what services should be available under the umbrella of mental health services. The services identified included:

- Individual Counseling
- Group Counseling
- Family Counseling
- Medication Therapy
- Mentor programs
- Mental Health Education programs
- Aftercare housing for youth in both foster care and mental health systems
- Mental health aftercare resources
- Hotlines
- Drug and Alcohol treatment
- Anger management groups and classes
- Domestic violence counseling and education
- Sex education

The list was then compiled into an activity entitled *You're in Charge* and distributed at the discussion group. Participants were asked if they were in charge of how mental health service dollars were spent, which of these services did they think would be the most important to foster youth. Services were ranked from 1-13, with 1 being the highest or most important service.

Attached was a second page, in which each participant was asked to list their top five choices and to briefly explain why they chose each service. Participants were given time to complete this activity during the discussion group and, when completed, participants were asked to share their top answers with the group. The activity was then collected and compiled. In order of ranked importance, following are the top five services that discussion group participants deemed the most important:

1. INDIVIDUAL COUNSELING

Despite the problems that youth find inherent to individual counseling, youth recognize and value the one-on-one intimate, bonded relationship with another person that individual counseling provides. Youth appreciate having a trusting, supportive, confidential relationship with an adult. Some common statements that youth made about individual counseling include:

So you can talk about problems that you do not want to talk to others about.

Someone involved in a youth's life who is willing to listen.

It's one to one with no outside interference. It focuses on you.

2. MENTOR PROGRAMS

Foster youth are quite excited by the potential of engaging in a mentoring relationship. Youth see the mentoring relationship as having many of the same elements as that of a therapeutic one. However, the connotation of having a mentor is far less stigmatizing and intimidating than having a therapist. Much like a counselor or therapist but less formal, it is an additional opportunity for a young person to join in a trusting, caring relationship with another individual. It is exactly that informality that appears to be most attractive to youth. Some common statements that youth made about mentor programs include:

Where you can have a bond with someone you can trust if you don't have anyone else.

To develop a close and personal relationship that can help you with personal problems and take away the negative connotation that is associated with having to go to counseling.

Having someone you can relate to outside of foster care.

3. FAMILY COUNSELING

Though youth were not asked to distinguish between biological and foster family members, the fact that the discussion group participants ranked family counseling in the top five mental health services indicates the importance foster youth place on their familial relationships. Unfortunately, this is at odds with the lack of importance the mental health system places on continued family support. Youth consistently noted that they are not offered the option of continued family counseling once they have entered the foster care system. Some common statements that youth made about family counseling include:

A lot of youth in foster care want to go back with their parents and the parents may still have problems so I think that family counseling is so everybody can talk.

An opportunity to discuss family problems and correct them.

So that foster or biological families can learn their differences or solve their past and/or future problems.

4. GROUP COUNSELING

As described earlier in this report, group therapy can be an intimidating prospect for many foster youth. As for all youth in general, how and what they choose to disclose to their peers is a very sensitive and unnerving undertaking. However, youth also understand the potential for groups to provide a supportive outlet in a peer-oriented environment. Not only do they clearly understand the value of group work, despite their fears, they view it as a highly valuable therapeutic tool. Some common statements that youth made about group counseling include:

Gives each participant the opportunity to see what others go through and might find a feeling or something they can relate to.

Feels like we are not alone.

You can talk things out with each other.

Doesn't feel so clinical and embarrassing.

5. MENTAL HEALTH EDUCATION PROGRAMS

Throughout the discussion groups, youth recognized and are frustrated by their lack of knowledge regarding mental health issues. As a result, many misconceptions about mental health have developed. These misconceptions perpetuate the stigma that surrounds mental health. In many instances, even youth that receive mental health services do not fully understand why they have been placed in counseling. This lack of understanding also causes youth to reject services for fear of being labeled "crazy" or "mental." Mental health education programs need to teach youth the basic facts of mental health issues, symptomology and available treatment options. Some common statements that youth made about mental health education programs include:

Many youth are not sure what should be classified as having a mental health problem, especially when it comes to administering medication.

Education is the key. Youth should be informed about mental health issues they may have or those they may have observed in others who might need help.

So that people know what they are going to counseling for and to understand things psychiatrists do and put us on.

CONCLUSIONS AND RECOMMENDATIONS

The California Department of Mental Health is charged with the administration and oversight of California's public specialty mental health system. As referenced in the Children's System of Care Core Values, primary components of providing mental health services to youth include coordinating systems of care, and providing child/family-centered integrated assessment, planning, case management, and other community based services. The Department of Mental Health and the County mental health departments also strive to provide treatment in the least restrictive and most appropriate environment as well as to provide culturally competent services and parental participation in all aspects of the planning and delivery of services.

As with any governmental agency, there is still the need for major improvements aside from these well-intentioned objectives. To look specifically at the needs of foster youth, much more needs to be done. Due to the fact that many youth in the foster care system do not have stable family environments, one cannot make the assumption that parental participation will be available in decisions regarding their mental health needs. Currently, youth themselves are not consulted about their own mental health needs because it is assumed that they don't recognize their own mental health problems and are resistant to receiving treatment. As the content of the discussion groups indicates, this is not at all the case. One of the greatest opportunities for positive change within the public mental health system is to create environments for meaningful youth participation. Youth should be active participants in decisions affecting their lives, including their mental health needs and services, but for youth to serve as contributing participants in their own care, they need to be provided with the tools and skills needed to make well informed, educated decisions.

Below are a number of achievable policy recommendations drawn from the youth's own experiences of interacting with the mental health system.

- Create partnerships between the youth and the mental health system by viewing youth as valuable participants in the decision making process regarding their own mental health needs and services.
- Change current language used to describe mental health services and concepts to more youth oriented language.
- Discuss problems and issues in a clear, developmentally appropriate way.
- Develop mental health education programs to teach youth the basic facts of mental health issues, symptomology and available treatment options.
- Change the adult oriented therapeutic model to a youth oriented model by allowing for a more personalized, long term relationship between youth and mental health provider.
- Provide youth with a variety of treatment options.
- Allow youth to request a second opinion when being prescribed medication. Medication treatment should be used as a last and necessary resort.
- Provide more ways for youth to find out about mental health services, including but not limited to information packets, hotline cards, direct mailings and website information.

- Make sure primary caregivers, social workers and health providers are familiar with the county's available mental health services.
- Provide better transitional mental health services for emancipating youth.
- Promote provider awareness about the stigma youth feel regarding receiving mental health services.

Decisions should not be made *for* youth but rather *with* youth. According to the youth, implementing these recommendations would greatly improve their experiences using mental health services. While intervention and prevention are important, the mental health system should also focus on youth development, such as helping youth develop necessary attitudes and skills to become positive forces in their own lives. In addition, mental health education programs should incorporate adult guidance and support, esteem-building activities, assistance in building personal decision-making skills and freedom of choice. Foster youth have the potential for participating not only in their own individual care, but providing valuable input at an organizational and policy level. Given the opportunity, foster youth have the ability to make well-informed recommendations on their own behalf as well as to educate and encourage policymakers to be active in acknowledging, protecting and enhancing the ongoing needs of youth involved in both the foster care and mental health systems in California.

The Mission of California Youth Connection

California Youth Connection promotes the participation of foster youth in policy development and legislative change in an effort to improve the foster care system and strives to forge collaborations with decision makers to improve social work practice and child welfare policy.

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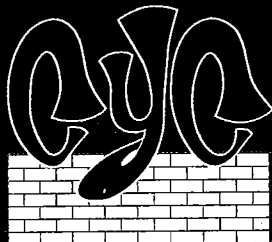

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