

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

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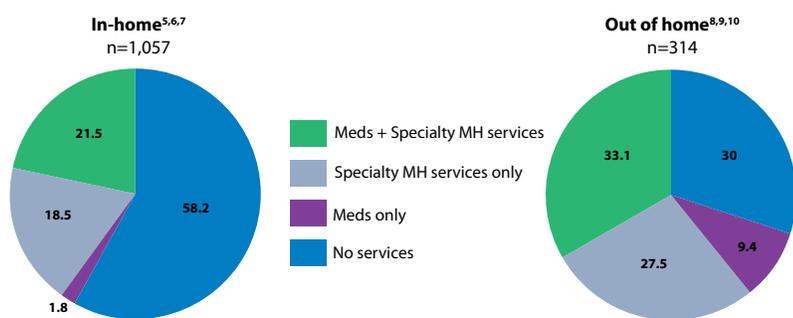
Child Well-Being Spotlight

Children in Out-of-Home Placements Receive More Psychotropic Medications and Other Mental Health Services than Children Who Remain In-Home Following a Maltreatment Investigation

Recent research has shown that foster children are more likely to use psychotropic medications than children on Medicaid who are not in the foster system, and are more likely to use multiple psychotropics at once. Based on NSCAW II, Wave 2 data, this spotlight examines psychotropic medication use, alone and in combination with other services, among children

involved with the child welfare system.¹ High levels of unmet mental health service needs still remain among children in the child welfare system, despite similar findings published almost a decade ago from the NSCAW I study. One third to one half of children meeting clinical symptom criteria did not receive any specialty services in the past 18 months. Psychotropic medications were used alone, in absence of any other service, by a larger percentage of children living out of home (9.4%) than children living in-home (1.8%) (differences in level of mental health need were not taken into account in this comparison).

Use of specialty mental health (MH) services² separately and in combination with psychotropic medications³ at NSCAW Wave 2, among children meeting clinical criteria for a mental health need⁴



For more information on the well-being of children and their caregivers in the child welfare system, visit: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/.

¹ Percentages are from the National Survey of Child and Adolescent Well-Being II (NSCAW II). Data are from the first follow-up Wave (Wave 2), conducted in 2008-2010, approximately 18 months after the baseline assessment. The NSCAW II study includes 5,873 children ranging from birth to 17.5 years old at the time of sampling. At Wave 2, they ranged from 16 months to 19 years old.

² Specialty mental health services includes the following: outpatient drug or alcohol clinic, mental health or community health center, private mental health professional, in-home counseling or crisis services, treatment for emotional and substance abuse problems, therapeutic nursery, psychiatric unit in hospital, detox or inpatient unit, hospital medical inpatient unit, residential treatment center or group home, hospital emergency room for emotional and substance abuse problems, family doctor mental health service, school-based mental health service.

³ Caregivers were asked to give the total sum and individual names of psychotropic medications the child was currently taking. The total sum of (nonspecific) psychotropics reported by the caregiver is reported here.

⁴ Children were considered to have a mental health need if they met any of the following criteria: (1) Total Problem, Internalizing, or Externalizing T scores were equal or greater than 64 on either the Child Behavior Checklist, Teacher Report Form, or Youth Self Report from the Achenbach System of Empirically Based Assessment, a global assessment of child emotional and behavioral functioning, (2) a clinically significant score on the Children's Depression Inventory, indicating whether children 7 years old and older may have diagnosable depression, or (3) a clinically significant score on the posttraumatic stress disorder (PTSD) scale of the Trauma Symptoms Checklist, indicating whether children 8 years old and older may have diagnosable PTSD. The data presented are from the 36% of the children in the total NSCAW sample who met the criteria.

⁵ The in-home group includes children who were living with biological parents, adoptive parents, or in informal kin care settings. The in-home group includes children who were eligible for Medicaid and children who were not eligible for Medicaid. Medicaid eligibility may impact access to services.

⁶ Within the specialty MH services only category, 3.1% received only primary care, 21.5% received only school-based mental health services, and 2.3% received only primary care and school-based mental health services.

⁷ Within the meds + specialty MH services category, 18.4% received meds + only primary care, 6.9% received meds + only school-based mental health services, and 2.6% received meds + only primary care and school-based mental health services.

⁸ The out-of-home group includes children who were living in a formal kin care setting, foster care, a group home, or a residential treatment center. Rates of psychotropic use were substantially higher for children in group homes and residential treatment centers, compared with children in formal kin and foster care, which may have somewhat inflated mean levels of use in the out-of-home group.

⁹ Within the specialty MH services only category, 3.6% received only primary care, 2.6% received only school-based mental health services, and no children received only primary care and school-based mental health services.

¹⁰ Within the meds + specialty MH services category, 1.4% received meds + only primary care, 1.1% received meds + only school-based mental health services, and 8.5% received meds + only primary care and school-based mental health services.

Source: The National Survey of Child and Adolescent Well-Being II (NSCAW II) is the second nationally representative sample of children reported to child protective services sponsored by the Administration for Children, Youth and Families (ACYF). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews with caseworkers, children, caregivers, and teachers.

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