PERCEPTIONS ABOUT MENTAL HEALTH AMONG COLLEGE STUDENTS WITH FOSTER CARE HISTORIES

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Study Overview

This brief highlights findings from a pilot research study that took place at the Seita Scholars Program during early 2016. The purpose of the study was to learn more about perceptions about mental health challenges experienced by college students who have foster care histories. The main research questions explored topics of **resiliency**, **seeking professional support** in times of need, and **relationships with helping professionals**.

To explore the mental health needs of college students from foster care, fifteen undergraduates who had aged out of foster care were interviewed either individually or as part of small focus groups. The average age of these students was 20 years old with the majority being female (80%) and self-identifying with a minority race (74%). The findings capture the words and meaning shared by participants in the interviews and focus groups.

Key Findings

- College students from foster care perceive themselves as less able to cope with stress and difficult emotions than their college peers.

- Experiences growing up in foster care created negative feelings about therapy and seeking help for difficult emotions.

- The college experience normalized mental health challenges since many college students receive professional help.

- These results provide helpful context for understanding the opportunities and obstacles that exist in supporting the mental health needs of college students who experienced foster care.

Resiliency

How do students from foster care perceive their ability to function under stress and manage difficult emotions compared to their peers?

- Overall, participants reported feeling that they do not manage stress as well as other college students. The essence of this sentiment was captured by one student who stated, "from my perspective, foster kids have a lot of other stuff to think about…regular kids don't have to think about the same stuff because they have their families…".

- Although the general consensus from participants was that they manage difficult emotions "to the best of their ability", most coping strategies shared were not helpful or, worse, harmful. For example, common unhelpful coping mechanisms participants have used for managing difficult emotions included social isolation, avoidance, suppression of feelings, substance and improper prescription medication use, self-harm, lashing out verbally, and blaming others.

- Participants attributed the ways they attempt to manage difficult emotions as young adults to their past foster care experiences. Past disappointments with professionals were remembered by several students who indicated they feel more comfortable managing their needs on their own rather than depend on others for help. Whereas students who have not experienced foster care often rely on parents for support, students from foster care can feel the need to manage things by themselves; as one participant shared, "I think (foster care) made me more resilient. I had to stand on my own, not rely on anybody….". Others mentioned that they never learned effective coping mechanisms to manage difficult emotions.

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Seeking Help

How likely are college students from foster care to seek support during episodes of challenge and adversity?

- Participants generally agreed that seeking help is difficult. Moreover, seeking help from "strangers or individuals that do not have shared life experience" is even more difficult. Part of the challenge seems to be that the very act of reaching out for help generates feelings of "losing control," and opens up fears of being "rejected," "judged," or "having the help thrown back in your face at a later time." Participants expressed that seeking help makes them feel vulnerable and uncomfortable, which is less desirable than keeping up barriers and handling problems alone.

- Reluctance to seek help from professionals, or others in a position to help, was reported to stem from "previous negative encounters" including a perceived "lack of genuineness by professionals trying to help", "the therapist focusing on problems and not solutions", and "the therapist feeling sorry for me".

- Other participants described how past experiences of asking for help resulted in being labeled or diagnosed in unhelpful ways, being prescribed medication that "makes you feel abnormal", and being "viewed as weak."

- Some participants remembered feeling "forced to seek help" as a child in foster care, which built up a resistance to seeking help now. Others recalled professionals who were inconsistent and unreliable during treatment and services, and these types of memories negatively impact interest and motivation to try again with another professional.

- Responses showed both an importance of "asking for help," and competing feelings of guilt, shame, and mistrust preventing them from actually doing so. The awareness of the need for help combined with the reluctance to seek help creates a paradox for these students.

- In general, there was an understanding that asking for help is a good thing, and, seeking help is easier when individuals providing the help understand trauma and are willing to address issues related to trauma. It was also said that it is easier to connect with a professional when the therapist and client have "something in common or relatable between them." Predictably, several participants discussed their desire to become therapists or social workers "to help other youth in care."

Advice from Participants to Professionals

- Allow youth to participate in treatment and to have some control

- Create voluntary choice; do not force therapy

- Allow treatment plans and goals to be youth driven

- Explain therapy guidelines and policy to youth

- Look at therapy from the child's point of view

- Listen without judgement

- Meet youth on their level and do not act superior

- Treat youth with respect

- To open up, youth must feel comfortable

- Rapport is built upon trust and breaking down barriers

- Have patience to allow youth to open up at their own pace

- Help youth understand that participating in therapy doesn't make you "crazy"

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Relationships with Helping Professionals

How do college students with foster care histories view mental health professionals?

• Participants voiced a number of opinions about therapy and therapists including "therapy is good [for you]", "the [foster care] system encourages the use of therapy," "everyone needs someone to talk to," and therapy can be useful for more than just "extreme mental health issues." Furthermore there was consensus that therapists can "help you work through traumatic experiences" and "help you work towards your goals." However, as discussed earlier, most participants also reported that their foster care experiences have negatively affected their willingness to engage with mental health professionals. Several felt that the therapists they encountered as children in foster care assumed the role of expert when addressing their mental health needs which further exacerbated their feelings of being unheard and uncared for while in the foster care system. For example, one participant shared, "A lot of the times your feelings aren't really listened to or taken into consideration when you're in foster care …until you're a certain age a lot of your decisions are made for you."

• For some, receiving help while in foster care was associated with being prescribed medication, which "negatively altered your state of well-being." Being forced to attend therapy was also seen as extremely unhelpful. There was a shared sentiment by some that traditional talk therapy was ineffective; something "you could do on your own" without a professional. There was also a perception that mental health is "not taken seriously" in foster care.

• Despite the negative perceptions of and feelings about therapy and therapists, most participants shared a belief that in college there is less of a stigma associated with seeking mental health services because the role of therapy for students is generally supported on campus. Several participants shared the sentiment that "having a therapist or social worker is normal" among college students. There was also acknowledgment that one's view of the benefits of therapy improves with age and maturity.

Advice from Participants to Youth in Foster Care Placement

• Give therapy a try

• Take charge, voice opinions to professionals in educated ways

• Stay true to self

• Rely on existing supports

• Let go of the past and focus on the future

• Learn to better understand your feelings and emotions

• Practice positive thinking and reframes

• Recognize when you need to act, even though it may be difficult

• Know your needs; practice being self-sufficient and self-reliant

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Acknowledgements

About the Center for Fostering Success

The Center for Fostering Success was officially approved by Western Michigan University's Board of Trustees in 2012. Our mission is to improve college graduation and career achievement rates among youth and young adults (12 to 25 years old) aging out of the foster care system. In alignment with the WMU's mission, the activities of the Center are learner-centered and discovery driven. We provide leadership that informs teaching, research, learning, and public service as it relates to the topic of foster care and higher education. The knowledge and innovations developed within the Center for Fostering Success is focused on action in applied settings.

The Center is led by Dr. Yvonne Unrau, Professor of Social Work and Director of the Center for Fostering Success, who teams with Chris Harris, Director of the Seita Scholars Program and Maddy Day, Director of Outreach and Training to shape the activities and direction of the Center's goals and activities. The Center reports to the Provost, Office of Academic Affairs, on matters related to the Seita Scholars program, and to the College of Health and Human Services for outreach and training programs. Find out more at http://www.wmich.edu/fosteringsuccess/

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