

Breaking the Cycle: Understanding the Mental Health Crisis in the Foster Care System

by  
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## Abstract

The Foster Care system was established to provide safety, stability, and support for vulnerable children who have been removed from their families due to unfit or unsafe environments. However, growing evidence suggests that systemic deficiencies may instead be actively contributing to the negative mental health outcomes among foster youth. The present study examined how systemic and social factors within the Foster Care System influenced the longterm mental health outcomes of individuals who have aged out of its care. Using a sample of 14 participants currently in the Extension of Foster Care in Tennessee, data was collected through a questionnaire that assessed lived experiences, as well as standardized mental health screeners as measures of depression (CES-D) and anxiety (GAD-7). Findings revealed high rates of psychological distress, with the majority of participants reporting moderate to severe symptoms of both depression and anxiety. Additionally, results indicated that participants experienced significant challenges within the system and when transitioning into independent living. Findings are particularly concerning when viewed alongside existing research, as foster youth have been consistently found to be disproportionately at risk of adverse life outcomes, including homelessness, substance abuse, and criminal involvement. Collectively, findings suggest that systemic failures within the Foster Care System may not only fall short of the organization's intended purpose, but in some cases, contribute to the mental health crisis within it. Overall, these results highlight the urgent need for comprehensive reform that prioritizes stability, accountability, meaningful support, and effective transitional services to improve the longterm mental health impacts for foster youth.

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## **Introduction**

The Foster Care System was initially designed to offer secure and nurturing environments for children removed from their biological families due to abuse, neglect, loss, or abandonment. However, children within the system have consistently reported being exposed to housing instability, adverse experiences, and insufficient access to critical mental health services (AAP, 2015). This environment can exacerbate existing vulnerabilities and present new challenges that affect their emotional well-being (NCSL, 2019). As a result, foster youth across the nation face alarmingly high rates of mental health disorders, including depression, anxiety, and PTSD (NCSL, 2019). Structural deficiencies within the foster care system, from frequent placement changes to a lack of adequate mental health resources, can contribute to the detrimental psychological conditions experienced by foster youth (Circle, 2024). Addressing these issues is not just essential but urgent for their immediate well-being, long-term success, and social integration (Hambrick, 2016).

### **Influences on the Mental Health Crisis in The Foster Care System**

Simply stated, the mental health crisis in the foster care system is shaped by a multitude of influential factors, both systemic and personal. Systematic issues, such as instability, inadequate resources, and corruption, can create challenging environments for children, while individual factors, including personal traumas and experiences, can further complicate their psychological and overall well-being (Tittle, 2010). This intersection of systemic and personal challenges results in a complex landscape for foster youth, and navigating these complexities can result in a significant impact on their mental health (AAP, 2021).

## **Housing Instability**

An extremely influential factor in foster youth's mental health is placement instability (APA, 2015). Placement instability is a term used to describe the instability of housing that foster children experience, including homelessness and frequent relocations that can result because of housing complications (Perez, 2023). Attachment theory provides a blueprint for understanding how this instability can disrupt crucial social bonds and affect the mental health of fostered youth. Secure attachments formed during early childhood are crucial for emotional regulation and resilience (Crouch, 2015). However, frequent relocations and changes in caregivers can hinder these attachments, leading to feelings of abandonment and insecurity (AAP, 2021). As a result, many foster children struggle with trust issues and difficulty forming healthy relationships later in life. The trauma associated with frequent relocations within the foster care system can exacerbate emotional instability among these youths (AFS, 2022). Each move can disrupt their sense of belonging, further complicating their ability to develop stable relationships (Perez, 2023). Moreover, studies have shown that the instability inherent in many foster placements can exacerbate mental health issues, as frequent moves disrupt the development of stable relationships and support systems (NCSL, 2019). Overall, this instability can lead to heightened anxiety levels as children grapple with uncertainty regarding their living situations and social connections. This constant upheaval can foster a cycle of emotional distress that can manifest in various psychological disorders (Perez, 2023).

Moreover, when addressing the issue of placement instability for foster youth, it is also important to note that fostered kids are more often than not already entering the

system with preexisting traumas or mental health issues (AAP, 2021). Ultimately, trauma experienced before, during, and after foster care can lead to a range of mental health disorders, including anxiety, depression, and post-traumatic stress disorder (Herd, 2023). Overall, the cumulative effects of these traumas can be significantly impactful on the mental state of these vulnerable children, and the frequent relocations they experience make it even more difficult for them to receive the care that they need (AAP, 2021; NCSL, 2019; Perez, 2023).

### **Inadequate Access to Necessary Mental Health Resources**

Systemic issues like lack of resources within the foster care system further complicate the mental health landscape for these disadvantaged youth (AAP, 2021). The National Center for Youth Law concludes that in all of America, only four states do not, “fail to meet the psychological and behavioral treatment needs” of fostered youth (Huber, 2022). The scarcity of adequate and available mental health resources for foster youth can ultimately lead to additional delays in the treatment of unmet psychological needs (Huber, 2022). These systemic shortcomings can contribute significantly to the heightened rates of mental health disorders observed among fostered youth (Pecora, 2009). Overall, the lack of available and credible mental health resources for fostered youth has the potential to cause prolonged psychological distress and contribute to the mental health crisis.

### **Preexisting Traumas and Traumatic Experiences within the System**

Trauma, neglect, abuse, and housing instability present in foster care significantly impact both the overall psychological state of fostered youth (Papovich, 2019). Both the traumatic experiences these children endure to be placed into the system, and the

experiences within the system itself, can result in mental health issues such as anxiety, depression, and post-traumatic stress disorder (Herd, 2023; Pittle, 2010). According to the Children and Family Research Center, over 30% of fostered youth reported some form of abuse or neglect within their foster homes (Pittle, 2010). Out of all of the types of maltreatment, sexual abuse was the most prevalent (Pittle, 2010). This issue boldly highlights one of the tragedies that can actively contribute to the mental health crisis within the Foster Care System.

### **Familial Separation and Social Support System Scarcity**

The breakdown of family and social ties experienced in the Foster Care System can also directly affect the psychological state of foster youth (AAP, 2021). The National Center for Child Welfare estimates that 50% of fostered youth with siblings will be separated from their siblings while being in the foster care system (NCCWE, 2006). The initial separation of families, coupled with the frequent removal of the only remaining familial support systems fostered youth can claim, can foster feelings of isolation in youth during critical developmental periods of their lives (AAP, 2021). The National Library of Medicine also reports that a lack of social support systems can directly impact the mental health of fostered youth and increase an individual's risk for depression (Salazar, 2011). Moreover, this concept is supported theoretically, as social support theory highlights the impact that social support systems can have on mental health (Salazar, 2011). Overall, the deconstruction of social support systems has significant potential to negatively impact the mental health outcomes of fostered youth.

## **The Severity of the Mental Health Crisis and Real World Consequences**

The mental health crisis in the Foster Care System is significant, affecting hundreds of thousands of foster children who transition into adulthood within society. To truly understand the extent of this crisis, it's crucial to evaluate the psychological well-being and overall quality of life of individuals who have experienced the foster care system.

### **Long-Term Mental Health Issues**

The inadequacy of mental health resources within the foster care system not only has the potential to exacerbate immediate psychological issues among fostered youth but also can lead to long-term psychological consequences (AAP, 2021). When children are thrown into instability, with limited access to social support systems and therapeutic interventions, their mental health can be negatively impacted (Huber, 2022). The prevalence of mental health disorders in foster care is substantially higher than in the general population, with studies indicating that up to 80% of youth in foster care exhibit symptoms of at least one severe mental health condition (Havlicek, 2013). These alarming statistics underscore the urgent need for targeted interventions within the Foster Care System to address these specific mental health concerns.

### **Homelessness**

Another tragic result of the mental health crisis in the Foster Care System is the high homelessness rates of fostered youth, not exclusively, but especially when they age out of the system (Dworsky, 2013). Approximately 40% of youth aging out of the system experience homelessness or unstable housing situations (Perez, 2023). The National

Library of Medicine found that fostered youth who had mental health disorders were more at risk of becoming homeless when exiting the foster care system (Dworsky, 2013).

### **Addiction**

Addictions are another consequence of the mental health crisis within the Foster Care System. The National Library of Medicine estimates that one-third of those who age out of the foster care system experience addictions to drugs or alcohol (Braciszewski, 2012). Additionally, over 56% of foster care alums reported using illegal drugs while in the system (Braciszewski, 2012). Overall, fostered youth have been found to have an increased risk of developing addictions both in and out of the system, ultimately highlighting a need for intervention.

### **Crime**

Additionally, the inadequacy of mental health resources within the Foster Care System is vital to addressing the alarming rates of crime among foster youth. Many former foster youth become entangled in the criminal justice system, facing charges ranging from misdemeanors to felonies (Hambrick, 2016). The National Library of Medicine highlights how foster youth experience a cycle of instability and lack of support, which not only leaves these youth vulnerable to homelessness whenever they age out of the system, but also increases their likelihood of engaging in risky criminal behaviors (Hambrick, 2016).

### **Thesis Statement**

The purpose of this research study is to test the hypothesis that placement instability, inadequate access to resources, trauma, and lack of social support within the Foster Care System actively contribute to the mental health crisis of youth within it. The

study will examine the responses of young adults in extension of foster care, who have aged out of the system. These youth will provide retrospective data on their experiences within the Foster Care System germane to this project, as well as complete mental health screeners that assess anxiety and depression. This project, overall, seeks to highlight the specific challenges that fostered youth face within the system and how they contribute to both their mental health and overall quality of life.

### **Research Questions**

1. What are the challenges contributing to the mental health crisis in the Foster Care System? Based on current literature, I hypothesize that placement instability, inadequate access to resources, trauma, and lack of social support are some of the most influential factors that contribute to the mental health crisis within the Foster Care System.
2. What are the barriers that can prevent or delay fostered youth from obtaining the mental health care they need? Based on current literature, I hypothesize that foster youth face multiple barriers within the system that can delay or prevent them from obtaining necessary mental health care, including placement instability that disrupts continuity of services and access to mental health care. Additionally, trauma can lead to reluctance in seeking help, while a lack of social support and awareness of available services further complicates their access to mental health resources. Collectively, these challenges can significantly delay or prevent fostered youth from receiving the care they need.

## **Methodology**

### **Participants**

The present study included a total of 14 participants who had been a part of the Foster Care System and the Extension of Foster Care. All participants were at least 18 years old, as that is the age requirement to be in the Extension of Foster Care Program (EFC). This sample was used to examine the relationship between involvement in the Foster Care System, and mental health outcomes.

### **Procedure**

This research study involves 14 participants in Jonathan's Path, a nonprofit organization that serves young adults who have recently aged out of the Foster Care System and are in Extension of Foster Care in the state of Tennessee. All participants were required to review the informed consent page at the beginning of the survey in order to participate in the study. All participants were between 18 and 23 years old, as that is the age requirement for the Extension of Foster Care Program (EFC). All participants answered questions about their experience in foster care, and completed two mental health screeners for depression and anxiety. Survey completion lasted around 30 minutes.

## **Measures**

### **Foster Care Questionnaire**

Participants completed a questionnaire designed to assess their experiences within the Foster Care System (see Appendix A). This questionnaire primarily addressed topics

like access to resources, personal experiences, placement stability, social supports, as well as perceived impacts of involvement in the system on aspects of life, including mental health, academic performance, and social functioning. Responses were measured using Likert-scale formats, with higher agreement indicating a stronger relation to the respective statement (see Appendix D).

### **Center for Epidemiological Studies Depression Scale (CES-D)**

The Center for Epidemiological Studies Depression Scale (CES-D; see Appendix B) is a widely used self-report measure assessing depressive symptoms experienced by participants over the past week. Participants responded to 19 items indicating how frequently they experienced symptoms (0 = rarely or none of the time [less than 1 day]; 3 = most or all of the time [5–7 days]). Item scores were summed, with higher total scores indicating greater levels of depressive symptoms (see Appendix E).

### **Generalized Anxiety Disorder Scale (GAD-7)**

Anxiety symptoms were measured using the Generalized Anxiety Disorder 7 Item Scale (GAD-7; see Appendix C). Participants rated how often they experienced anxiety-related symptoms over the past two weeks using a four-point scale (0 = not at all; 3 = nearly every day). Scores were calculated by summing responses across items, with higher scores indicating greater anxiety severity. A cut-off score of 8 was used to identify probable cases of generalized anxiety disorder, demonstrating strong sensitivity (92%) and specificity (76%). Scores were categorized as follows: 0–4 (minimal anxiety), 5–9 (mild anxiety), 10–14 (moderate anxiety), and 15 or greater (severe anxiety) (see Appendix F).

## **Results**

### **Mental Health Challenges and Access to Resources**

The first research question in the Foster Care Questionnaire examined factors contributing to mental health challenges amongst foster youth (see Appendix A). It was initially hypothesized that inadequate access to mental health resources would influence mental health outcomes within the population. However, contrary to expectations, participants generally reported having access to both basic needs and mental health care during their time in the Foster Care System. Specifically, 8 out of 14 participants strongly agreed that they had access to mental health care during their time in the Foster Care System (see Appendix D). Additionally, half of the population reported being diagnosed with a mental health disorder while in the system.

However, it is also notable that a majority of participants, specifically 10 out of 14 participants, strongly agreed or agreed that being in the Foster Care System affected their mental health, with not a single participant strongly disagreeing with this statement (see Appendix D). Overall, these findings suggest that while access to basic mental health resources was generally present, access to these resources alone did not mitigate the negative mental health outcomes within the population.

### **Systemic Barriers and Mental Health Outcomes**

Systemic barriers within the Foster Care System were also hypothesized to influence the mental health outcomes of fostered youth. While participants generally reported access to mental health services, findings suggest that social and systemic factors may be more of a primary influence to foster youth's mental health outcomes (see Appendix D).

The majority of participants reported some level of abuse or maltreatment during their time in the Foster Care System (see Appendix D). Specifically, six participants strongly agreed that they experienced abuse or maltreatment while in the system, with the majority of the sample reporting some level of agreement (see Appendix D). Ultimately, this data directly indicated that a substantial portion of the sample experienced mistreatment or harm while in the system.

Placement instability was also assessed within the questionnaire, revealing that 5 out of 14 participants (36%) experienced some level of homelessness during their time in the FCS or EFC (see Appendix D). Additionally, 6 participants out of 14 reported that frequent housing changes during their time in the Foster Care System affected their mental health.

Finally, perceptions of preparedness to exit the system and live independently were suboptimal. Only 2 participants within the sample strongly agreed that the Foster Care System adequately prepared them for independent living (see Appendix D). Moreover, when participants were asked if they felt that the system needed reform, the majority of the sample was in agreement that reform was necessary. Specifically, only 3 out of the 14 participants disagreed and felt that the system did not need reform (see Appendix D). Ultimately, these findings demonstrate that the majority of the sample felt as if the system did not equip them with the skills necessary to transition into adulthood successfully, and that significant reforms were needed.

### **Social-Emotional Factors and Mental Health**

It was hypothesized that the deconstruction or absence of social support would also be a significant factor influencing the mental health outcomes of foster youth. Social

support was assessed in the Foster Care questionnaire, revealing itself to be a critical factor in influencing mental health outcomes (see Appendix A). Nine out of 14 participants reported that Foster Care directly influenced their academic performance in school. Additionally, only 5 out of 14 participants strongly agreed that they felt supported by their foster families, while a comparable number reported neutral or negative perceptions of foster family support (see Appendix D).

Similarly, responses regarding access to consistent social support were notably low, with only 2 participants strongly agreeing that they felt supported during their time in the Foster Care System. Finally, social functioning appeared to be significantly impacted, as 11 out of 14 participants reported that their social lives were impacted as a result of their involvement in the system (see Appendix D). Ultimately, these findings highlight the social, emotional, and educational impacts of the Foster Care System, and suggest that interpersonal stability plays a significant role in shaping the overall psychological well-being of foster youth.

### **Center for Epidemiological Studies Depression Scale (CES-D)**

Overall, results from the CES-D suggest that adults who have aged out of the Foster Care System struggle with severe depressive symptoms. As depicted in Appendix B, 50% of the sample demonstrated severe depressive symptoms. It is also notable that 10 out of 14 participants demonstrated moderate to severe depressive symptoms, highlighting not only an alarmingly high rate of depression within the sample, but also emphasizing the mental health crisis within this population.

### **Generalized Anxiety Disorder Scale (GAD-7)**

Results from the GAD-7 demonstrate that the sample also struggles with anxiety. As highlighted in Appendix C, 36% of participants reported severe anxiety symptoms. Additionally, it is also significant to note that 8 out of 14 participants, over half of the sample, demonstrated signs of moderate or severe anxiety. Ultimately, these findings highlight that anxiety is also a significant concern both within the sample, as well as in regards to its contribution to the mental health crisis within the population.

### **Discussion**

Aging out of the Foster Care System is an inevitable transition for 23, 000 foster youth annually, which carries significant implications for long-term psychological wellness for youth across the nation (NFYI, 2017). The present study sought to examine how systemic factors within the Foster Care System influence mental health outcomes among youth who have aged out of its care. Overall, the results support most aspects of my initial hypothesis, specifically that systemic and social barriers such as housing instability, abuse, and limited emotional support are key contributors to these outcomes.

### **Availability of Resources and Effective Interventions**

Previous literature consistently emphasizes the high rates of mental health challenges within the population of foster youth, including depression, anxiety, and numerous trauma-related disorders (AAP, 2021; NCSL, 2019). While the Foster Care System is designed to provide access to mental health resources, this study's findings reveal a notable paradox between the availability of resources and their effectiveness. Although a majority of participants reported having access to mental health care, many experienced moderate-to-severe anxiety and depressive symptoms. This discrepancy

suggests that access to mental health resources alone may not be sufficient to improve mental health outcomes within the Foster Care System. Existing literature continues to support this interpretation, indicating that barriers such as placement instability and lack of continuity in care can limit the effectiveness of available resources (AAP, 2021; Havlicek et al., 2013).

Additionally, it is notable that participants also reported feeling unprepared to exit the system and live independently as adults, indicating a potential deficiency in life skill development and transitional support services within the system (see Appendix D). These findings are notable given the range of difficulties many foster youth experience upon exiting the system. Existing research demonstrates that youth aging out of the Foster Care System are disproportionately at risk for homelessness, elevated rates of substance abuse, and criminal involvement (Braciszewski, 2012; Dworsky, 2013; Perez, 2023). Taken together, these outcomes highlight not only the immediate challenges associated with transitioning out of care, but also the longterm consequences of insufficient preparation for living independently. Overall, these findings highlight that there may be a critical gap between resource provision and meaningful support within the Foster Care System, ultimately underscoring the need for more intentional transitional interventions to be implemented within the system (Huber, 2022).

### **Systemic Factors and Failures**

Both the influence and impact of systemic factors within the Foster Care System are crucial contributors to the mental health outcomes of the youth within it. While prior research is ample, it has largely emphasized more structural issues such as placement instability and access to services (AAP, 2015; Circle, 2024). While this study aligns with

previous literature, results also suggest that systemic factors extend beyond these domain, and may actively contribute to negative mental health outcomes.

Notably, this study's findings demonstrated that a substantial portion of the sample reported experiencing abuse, maltreatment, and homelessness while in the Foster Care System or the Extension of Foster Care System (see Appendix D). This is significant, as the state legally assumes guardianship of all foster youth upon their entry into the system, carrying a legal responsibility to "protect the safety and well-being of children in the Foster Care System" (Tennessee House, 2026). Ultimately, the Foster Care System was initially designed to shield vulnerable youth from the very conditions many participants reported experiencing, highlighting not only a massive systemic issue, but a significant legal concern as well (Tennessee House, 2026).

Overall, these findings reveal a foundational systemic contradiction within the Foster Care System itself. Despite the legal obligations, the results of this study raise serious concerns that the current system may not be functioning in such a way that effectively maintains its initial purpose, but in some cases, may instead be contributing to the very harms it is ethically and legally required to prevent (Tennessee House, 2026).

### **Social Supports**

Results indicate that many participants experienced significant disruptions or deficiencies in interpersonal stability, with the minority of participants reporting strong feelings of support from their foster families or access to a trusted individual during their time in the system (see Appendix D). Additionally, the majority of participants reported that their social lives were directly impacted as a result of their involvement within the system, and nearly two-thirds of the sample reported that being in Foster Care directly

impacted their academic functioning (see Appendix D). Ultimately, these patterns suggest that, even when basic or clinical resources are available, the absence of consistent, reliable, and emotionally supportive relationships may undermine their effectiveness. From a mental health perspective, this lack of stable social support is particularly significant, as existing research consistently identifies supportive relationships as a protective factor against depression, anxiety, and trauma-related symptoms (AAP, 2021; Circle, 2024). Without these crucial social relationships during developmental periods, foster youth may be left more vulnerable to the psychological effects of instability, maltreatment, and systemic disruptions (AAP, 2021; Salazar et al., 2011). Overall, this study's findings, together with existing literature, underscore social support as a necessity for healthy mental health outcomes for foster youth.

### **Future Directions**

Previous literature, legal mandates, and participants' reports all support the suggestion that the Foster Care System would benefit from a significant reform. While existing literature emphasizes increasing access to mental health resources (Huber, 2022; Tennessee House, 2026) and improving placement stability (Circle, 2024), the results of this study suggest that these measures alone may be insufficient if not paired with stronger systemic safeguards. Notably, reform must extend beyond provisions alone and address both the structural and relational conditions within the system that are contributing to negative mental health outcomes.

Future reform efforts should prioritize strengthening the preparation and ongoing training of foster families, particularly in trauma-informed care, emotional regulation, and adolescent mental health needs (Hambrick, 2016). More frequent and meaningful

social service visits may serve as an essential protective factor by allowing earlier identification of maltreatment and more consistent monitoring of the youth's overall well-being. Additionally, the implementation of mandatory mental health support upon entry into the Foster Care System, such as required therapy or psychological evaluation, may also help address any preexisting or ongoing traumas, while simultaneously establishing early intervention pathways (AAP, 2015). Furthermore, standardized protocols for youth entering care, including clearer ethical guidelines and structured introductions to available resources, could not only educate youth about their resources and rights, but also aid in the establishment of trusted social supports. Finally, intentional strategies to build social support upon system entry, such as increased funding for recreational activities for foster youth, can also be incredibly beneficial, as the findings of this study reinforce that stable, supportive relationships are essential for healthy mental health outcomes.

Overall, both prior literature and the results of this research support a meaningful, comprehensive reform of the Foster Care System that extends beyond basic provisions and addresses the systemic, relational, and transitional conditions that shape foster youth experiences and mental health outcomes (AAP, 2021; Hambrick, 2016; Huber, 2022).

### **Conclusions**

The Foster Care System was designed to be a protective structure for some of the most vulnerable children in society, yet the findings of this study, alongside existing literature, may reveal a concerning gap between the intended purpose of the system and the lived realities of foster youth. The purpose of this study was to identify what aspects within the Foster Care System actively contributed to the mental health crisis among the

youth within it. The results of the study support this hypothesis, demonstrating that systemic and social factors within the system are closely tied to adverse mental health outcomes among individuals who have aged out of foster care.

Rather than consistently providing safety, stability, and support, reports from individuals who have lived within the Foster Care System reveal a system that may not be operating in accordance with its intended purpose of protecting, providing, and preparing this vulnerable population. While access to mental health services remains an important factor of care, results indicate that access alone is not sufficient to improve mental health outcomes when it is not paired with safe, stable, and supportive environments. Moreover, the prevalent reports of maltreatment, abuse, homelessness, and inadequate preparation for transitioning into adulthood further highlight that these challenges are not isolated, but reflect broader systemic conditions that shape foster youth's mental health outcomes.

Taken together, these findings point to a foundational contradiction within the Foster Care System itself. Despite its legal and ethical mandate to protect and stabilize youth, the system in practice does not consistently fulfill its intended role and in some cases may contribute to the very outcomes it is intended to prevent. This is not only an ethical concern but also a legal one, particularly in Tennessee, where statutory obligations explicitly require the state to ensure the safety and well-being of children in its care, raising serious questions about compliance with those mandated responsibilities.

To conclude, these findings clearly highlight an urgent need for comprehensive and sustainable reform within the Foster Care System that moves beyond incremental adjustments. The Foster Care System must directly address the structural, social, and

transitional conditions that shape foster youth's longterm mental health outcomes. Efforts focused solely on increasing access to services are insufficient if they are not paired with meaningful improvements in placement stability, caregiver preparation, accountability mechanisms, and the development of consistent, supportive relationships that on which foster youth can rely.

Reform must also prioritize stronger oversight and earlier intervention to prevent harm within placements, alongside more intentional preparation for adulthood that equips youth with both practical skills and social support during this developmental period. Without these fundamental changes, the system risks continuing a cycle in which vulnerable children enter care seeking safety and security, yet leave with the same or greater levels of trauma, instability, and psychological distress. Ultimately, the evidence presented in this study makes it clear that reform is not optional, but necessary to realign the Foster Care System with its original purpose which is to protect, support, and prepare the youth it serves, in order to break this destructive cycle.

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## Appendix A

Instructions: Please indicate your level of agreement with each statement based on your personal experiences in the Foster Care System. All responses are confidential.

**1. I always had access to mental health care during my time in Foster Care.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**2. During my time in Foster Care, I was separated from a sibling.**

- No (Disagree)
- Yes (Agree)

**3. I experienced maltreatment or abuse during my time in Foster Care.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**4. I experienced multiple placements during my time in Foster Care.**

- No (Disagree)
- Yes (Agree)

**5. I never felt unsafe during my time in Foster Care.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**6. Education Level (Select one):**

- No Formal Schooling
- Some High School Experience
- High School Diploma
- Associate Degree
- Bachelors Degree

- Graduate Degree or Higher
- Trade or Technical School Degree

**7. During my time in Foster Care, I felt supported by my foster family.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**8. During my time in Foster Care frequent placements or changes in housing affected my mental health.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**9. During my time in Foster Care I was diagnosed with a mental health disorder.**

- No (Disagree)
- Yes (Agree)

**10. I felt hopeful about my future while in Foster Care.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**11. During my time in the Foster Care System, I had consistent access to at least one person I felt safe talking to or confiding in.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**12. I felt prepared to take care of myself when aging out of the Foster Care System.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**13. Being in the Foster Care System affected my mental health.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**14. My basic needs (food, clothing, housing, medical care, etc.) were always met during my time in the Foster Care System.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**15. During my time in Foster Care, I felt supported.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**16. While in the Foster Care System or Extension of Foster Care (EFC), I experienced homelessness.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**17. My self-esteem was influenced by experiences in the Foster Care System.**

- Strongly Disagree

- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**18. My social life was impacted by being part of the Foster Care System.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**19. The Foster Care System prepared me to live independently.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**20. Being in the Foster Care System impacted my academic performance.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**21. There are no reforms needed within the Foster Care System.**

- Strongly Disagree
- Somewhat Disagree
- Neither Agree nor Disagree
- Somewhat Agree
- Strongly Agree

**22. I received the following services while in Foster Care (check all that apply):**

- **Youth Villages**
- **CASA**
- **Jonathan's Path**
- **Other(s): Please specify in the text box below**

## Appendix B

### Center for Epidemiological Studies Depression Scale

Instructions: I'd like to ask you some questions about how you have felt in the last 7 days. For each of the statements I'll ask you to me if you have felt this way none of the time, rarely, some of the time, or most of the time in the past week

- 1. I was bothered by things that don't usually bother me.**
  - None of the time
  - Rarely
  - Some of the time
  - Most of the time
  
- 2. I did not feel like eating, my appetite was poor.**
  - None of the time
  - Rarely
  - Some of the time
  - Most of the time
  
- 3. I felt I could not shake the blues even with help from my family or friends.**
  - None of the time
  - Rarely
  - Some of the time
  - Most of the time
  
- 4. I felt that I was just as good as other people.**
  - None of the time
  - Rarely
  - Some of the time
  - Most of the time
  
- 5. I had trouble keeping my mind on what I was doing.**
  - None of the time
  - Rarely
  - Some of the time
  - Most of the time
  
- 6. I felt depressed.**
  - None of the time
  - Rarely

- Some of the time
- Most of the time

**7. I felt that everything I did was an effort.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**8. I thought my life has been a failure.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**9. I felt fearful.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**10. My sleep was restless.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**11. I was happy.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**12. I talked less than usual.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**13. I felt lonely.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**14. People were unfriendly.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**15. I enjoyed life.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**16. I had crying spells.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**17. I felt sad.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**18. I felt people disliked me.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**19. I could not get along.**

- None of the time
- Rarely
- Some of the time
- Most of the time

**Appendix C**  
**Generalized Anxiety Disorder 7 Item (GAD-7)**

The Generalized Anxiety Disorder 7-Item (GAD-7) is an easy to perform initial screening tool for generalized anxiety disorder. Instructions: Over the last 2 weeks, how often have you been bothered by the following problems?

**1. Feeling nervous, anxious, or on edge**

- Not at all
- Several days
- More than half the days
- Nearly every day

**2. Not being able to stop or control worrying**

- Not at all
- Several days
- More than half the days
- Nearly every day

**3. Worrying too much about different things**

- Not at all
- Several days
- More than half the days
- Nearly every day

**4. Trouble relaxing**

- Not at all

- Several days
- More than half the days
- Nearly every day

**5. Being so restless that it is hard to sit still**

- Not at all
- Several days
- More than half the days
- Nearly every day

**6. Becoming easily annoyed or irritable**

- Not at all
- Several days
- More than half the days
- Nearly every day

**7. Feeling afraid as if something awful might happen**

- Not at all
- Several days
- More than half the days
- Nearly every day

**Interpretation:** *GAD-7 score obtained by adding score for each question. [Not at all (0), Several days (+1), More than half the days (+2), Nearly every day(+3)]*

The following cut-offs correlate with level of anxiety severity:

*Score 0-4: Minimal Anxiety*

*Score 5-9: Mild Anxiety*

*Score 10-14: Moderate Anxiety*

*Score greater than 15: Severe Anxiety*

## Appendix D

*Table 1. Foster Care Questionnaire*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>Access to Mental Health Care</b>	1	1	0	4	8
<b>Involvement in Foster Care Affected Mental Health</b>	0	2	1	2	9
<b>Experienced Abuse/Maltreatment</b>	5	0	2	4	3
<b>Experienced Homelessness</b>	9	0	2	1	2
<b>Frequent Housing Changes affected Mental Health</b>	3	2	2	2	5
<b>Felt FCS prepared them for Independent Living</b>	4	1	1	6	2
<b>Felt there was not a need to reform FCS*</b>	3	1	8	2	0
<b>FCS impacted academic performance</b>	2	0	3	5	4
<b>Felt supported by Foster Family</b>	1	3	2	6	2
<b>Had access to one trusted individual in FCS</b>	0	4	1	5	4
<b>Felt that FCS impacted social life</b>	2	0	0	6	6
<b>Diagnosed Mental Health Disorder while in FCS</b>	0	6	0	8	0

\* FCS = Foster Care System

## Appendix E

*Table 2. Center for Epidemiological Studies  
Depression Scale*

	Low	Mild	Moderate	Severe
<b>Number of Participants</b>	2	2	3	7

## Appendix F

*Table 3. Generalized Anxiety Disorder 7 Item (GAD-7)*

Anxiety Level	Minimal	Mild	Moderate	Severe
Number of Participants	1	5	3	5