

Depression Rate of Foster Parents Compared to the General **HEALTH** Population of Adults in Utah Measured by Administration of **FüsterCare**

the Patient Health Questionnaire (PHQ-9)



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I. Introduction

Effective foster parents are vital to the health of foster children. Fostering involves caring for children who come from distressed biological families and often have mental and physical disabilities. While the mental health of foster children and the factors affecting it have been extensively studied, the rates of depression among foster parents are largely unknown and there are no discoverable large-scale measurements of foster parents in the state of Utah. Mental health problems have been rising significantly and addressing the needs of the community with prevention and screening tools will help in the development of a healthier population. Utah Foster Care has trained 15,600 families since 1999, making a large impact on the state of Utah. The regions that Utah Foster Care currently serves are Salt Lake, Northern, Eastern, Southern, and Western Utah. In Utah there are 2,700 children in foster care at any given time and approximately 1,200 licensed foster/adoptive families

III. Results

An ANOVA between groups and within groups illustrated that there is no significant difference between the categorical variable: Years fostered and the variable PHQ9 score F = 0.09, p = .966 with the available data, the null hypothesis is not rejected. The ANOVA showed that there was no significant difference, therefore no post hoc test was conducted [Table 2].

A Pearson correlation was performed to determine if there is a correlation between the number of children currently fostered and PHQ-9 Scores [Figure 7]. It was found that there is a low, positive correlation between these variables considering r is between 0.1 and 0.3, r= 0.13. [Table 3]. The result of the Pearson correlation showed that there was no significant correlation between number of children currently fostered and PHQ-9 Score, r(149) = 0.13, p = .117

IV. Conclusions

Our survey showed a significant increase in depression rates among foster parents (54%) when compared to the average adult population in Utah (23%). This indicates a need for improved screening for depression in foster parents as well as increased resources available in order to address their mental health. In searching for any relationships in demographics and depression, there was no relationship found between PHQ-9 and the number of years a foster parent has been fostering, or number of children currently being fostered. There was a weak association between the number of children foster parents are currently caring for and PHQ-9 scores. For future research, a more tailored survey can be created for foster parents that will aid in determining what factors play a role in a foster parent's mental health. It would also be worthwhile to study the number of foster parents who reach out for services or participate in any mental health care. Extending the time frame for data collecting would allow for more participation in the survey, resulting in more accurate and supportive data regarding factors that affect depression among foster parents.

