

# Mental Health Needs of Children in Foster Care



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# Resources

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# Definition

According to the American Academy of Pediatrics (2002), foster care systems provide temporary protection and shelter for children who require out-of-home placement.

Children are typically referred to these temporary housing placements because of:

- 1) abuse or neglect from parents who are involved with substance abuse
- 2) extreme poverty
- 3) mental illness
- 4) homelessness (1).

Furthermore, Chernoff, Combs-Orme, Risley-Curtiss, and Heisler (1994) discovered five additional factors that may contribute to children being placed within foster care. These factors include,

- 1) increased rates of neonates born with utero drug exposure
- 2) prenatal exposure to human immune-deficiency virus (HIV)
- 3) poor nutrition
- 4) inadequate health care
- 5) lack of psychosocial support

Almost every child or case referred to a temporary housing placement has their own background and reason for seeking alternative care. However, most and if not all cases are referred because of inadequate support from one's caregiver. Also, research has found that many of these children placed in foster care have physical and mental health needs.

# Prevalence



According to the Pennsylvania Statewide Adoption and Permanency Network, approximately 16,000 children are in temporary foster care in Pennsylvania (2). Clausen, Landsverk, Ganger, Chadwick, and Litrownik discovered children placed in foster care may differ in age (varying from birth to eighteen), gender, race, ethnicity and mental and physical health. Studies show no prevalence rates for age or gender. However, the studies do indicate that foster care children have a higher tendency to maintain mental health needs (5).

Race	Percent
Black	84.3
White	14.2
Other	1.5
Male	51.2
Ages in Years	
0-<3	29.0
3-<7	20.7
7-<12	24.0
12-<19	26.3

Table Source: Chernoff, Robin, Combs-Orme, Terri, Risley-Curtiss, Christina, & Heisler, Alice (1994). Assessing the health status of children entering foster care. *Pediatrics*, 93(4), 594-601.

## Additional Information and Links

- For information about adopting or becoming a foster parent in Pennsylvania please visit: [www.adoptpakids.org](http://www.adoptpakids.org)
- For more information on becoming a foster parent in Pennsylvania please call: 1-800-585-SWAN (7926)
- For support groups for foster families raising children of different races and cultures please visit: [www.starsfamily.org](http://www.starsfamily.org)
- Book written for parents to learn helpful hints and tips when involved with foster children: *Practical Tools for Foster Parents* by Lana Temple-Plotz
- Book written for children discussing what foster care is: *Maybe Days: A Book For Children In Foster Care* by Jennifer Wilgocki

# Problems Prior to Placement

## Physical or sexual abuse

1. Harsh discipline, which result in injuries
2. Hitting with instrument, leaving bruises
3. Non-accidental fractures
4. Non-accidental burns
5. Emotional abuse (belittling or inappropriate blaming of child)
6. Sexual molestation by family member, any form

## Neglect

1. Inadequate attention to safety factors
2. Documented medical neglect
3. Child left alone for prolonged periods
4. Insufficient food in home on repeated occasions
5. Injuries as a result of poor supervision
6. Emotional neglect (parent unresponsive to child)

## At Risk

1. Parents lack sufficient maturity for parenting
2. Family conflict with violence
3. Parent(s) intellectually limited
4. Substance abuse by parent(s) living in the home
5. Parental history of psychiatric hospitalization
6. Parental history of incarceration
7. Homelessness of family

Source: Simms, Mark D. (1989) discuss issues to observe.

# Common Indicators

Developmental	Physical Health	Mental Health
Speech delays	Low birth weight	Eating disorders
Failure to thrive	Exposure to alcohol and other drugs	Depression
Developmental delays	Obesity	Post-traumatic stress disorder
	Skin conditions like eczema	Oppositional defiance
	Respiratory conditions like asthma	Sleeping disorders
	Dental problems	Bipolar disorder
	Enuresis (bedwetting)	Learning disabilities
	Otitis media (ear)	Aggression, lying, stealing, cursing
		Attention-deficit disorder
		Age-inappropriate sexualized behaviors

Source: Mayers-Pasztor, Swanson-Hollinger, Inkelas, and Halfon (2006) discuss developmental needs, physical health needs, and mental health needs of foster care chil-

# Common Barriers



According to Mayers-Pasztor, Swanson-Hollinger, Inkelas, and Halfon four major concerns and barriers arise for foster parents and their foster children. These concerns include, (1) the developmental, health, and mental health needs of the children placed in their care; (2) access to health and mental health services for the children, and the continuity of service provision; (3) communication challenges with casework staff and other service providers; (4) limitations of the foster parents' role (2006).

A foster parent's utmost concern is the **health** and **well-being** of their foster child. The inability to locate a physician who accepts their medical coverage to help treat their child is very intimidating. A study conducted by Phillips (1997) found that a psychiatrist recommended that 22 of 35 children be offered some form of treatment for a mental health problem. However, only 12 children received treatment. Therefore, it is evident that many children, in desperate need of treatment, go untreated.

## School-Based Treatment

Provide more stability for the child between home and school.

Provide more communication and collaboration amongst all peoples involved in the child's life.

Work with the child and parents when the child has poor attendance. Try to understand why the child is absent.

Receive complete and accurate records from the previous school. Doing this allows faculty to know of any learning disabilities or needs that the child may have.

Conduct thorough evaluations of the child's learning ability. Many children do not have a learning disability, but have a challenge retaining information when they are bounced from school to school.

Listen to what the child has to say. Many decisions are made for the child without them making any on their own (if they are old enough and capable). As a result, the child would be less irritable and angry if he or she could make more decisions for him or herself.

Source: Zetlin, Weinberg, and Shea (2010) discussed treatments that foster children may need in school.

# Treatment

Physical Health Treatment	Mental Health Treatment
Medication	Individual Psychotherapy
Regular check-ups and doctor visits	Group Therapy
	Medication
	Consultation service

Source: Phillips (1997) discovered that foster children need various treatments for their physical and mental



Also, parents may be **frustrated** because many physicians will not treat foster children because of their complex health issues. Given the child's background and history in the system, a physician may have to testify on behalf of the child in court (6). As a result, many physicians will not take time out of their schedules to be bothered with this lengthy process.

Another barrier or challenge is **communication**. This is commonly seen in the school system. Zetlin, Weinberg, and Shea (2010) found many foster children are thought to have learning disabilities. However, many have disproved this argument. Given that foster children switch schools so frequently, they may not be retaining the materials like their peers. By commonly changing schools, many of the records are not successfully transferred, and schools end up with incomplete accounts of past education. This in turn may harm the child if they are placed in inappropriate classrooms.

The last barrier includes the foster parents' role limitations. Many social workers will not give detailed information about the foster child in regards to his or her **confidentiality**. Therefore, parents may not be able to fully understand their child and his or her needs. When the caseworker does not provide vital information concerning a child's mental health needs, it is ultimately the child that suffers. A question was proposed by an individual in Mayers-Pasztor et. al., (2006) "If we can be trusted with the 24-hour protection and care of a child, why can't we be trusted with health and mental health information about that child?" It is through circumstances like these, that many foster children's health and mental health needs go untreated.