

FFTA



Foster Family-based Treatment Association

## Annotations of Research in Treatment Foster Care

### Citation

Kerker, B., & Dore, M. (2006). Mental health needs and treatment of foster youth: Barriers and opportunities. *American Journal of Orthopsychiatry*, 76(1), 138–147.

### Keywords

Foster care, child maltreatment, children's mental health, child health policy

### Research Questions

- What are the mental health needs of youth in foster care?
- What are the implications of not meeting these service needs?

The authors reviewed the extant literature from 1980 to 2003 and documented the extent of need for services. Using their findings, they make suggestions for policy changes that would address the barriers to receiving care.

### Method

Procedures: The authors reviewed the research (1980–2003) related to foster care, and mental health needs and the utilization of services by children in foster care. The Medline and PsycINFO search engines were used to identify articles.

### Results/Findings

Prevalence:

- A shift has occurred in the reasons children enter foster care: previously, poverty or the death or illness of a parent was the primary reason for placement; now, child neglect and abuse are most often responsible.
- Estimates are that 80% of children entering foster care have significant mental health problems (compared to 16–22% in community samples of the general U.S. population).
- Professionals are primarily seeing externalizing disorders because children who have been abused tend to demonstrate aggressive and self-abusive behaviors.

### Risk Factors:

- Child risk factors include difficult temperament, poor physical health, and gender.
- Family risk factors include poor education, mental health disorders, drug and alcohol use, criminal histories, family dysfunction, and single parenthood.
- Risks associated with foster care placement include separation from family, adjustment to a new family, and potential lack of nurturing environments.

### Use of Services:

- Of children in foster care for a 12-month period, 23% were found to have received one mental health service.
- Mental health utilization while in foster care varies by race and by reason for placement. African American youth are less likely to receive mental health services. Other factors associated with lower service utilization include older age, male gender, and nonrelative care. In addition, children who have experienced chronic neglect and abandonment are less likely to receive services.

Barriers to Mental Health Care: These barriers fall into three groups—system, provider, and foster parent.

#### *System Barriers*

- The financial reimbursement system under managed care and Medicaid provides financial disincentives for providers.
- The need for a mental health diagnosis, often required to qualify for federally funded mental health services, may prevent very young children from receiving services because they don't initially appear to have severe disorders.
- Availability of prevention and early intervention services are limited.
- Categorical funding makes it difficult for youth to access mental health services and makes collaboration between systems difficult.

#### *Provider Barriers*

- The lack of uniform screening and assessment tools contributes to underutilization of services.
- The lack of universal screening of youth in foster care inhibits utilization of services.

#### *Foster Parent Barriers*

- Parents are not trained in identifying early signs of behavioral disorders.
- There is a cultural and social reluctance to use mental health services, particularly in the African American community.

Addressing the Barriers:

Policy and practice modifications would increase the mental health care that foster children receive. Policy changes that would impact providers include the following:

- Increasing Medicaid reimbursement rates
- Maintaining continuity in medical care regardless of placement changes
- Broadening the eligibility criteria so that children can be assessed early or after traumatic life experiences
- Enforcing the Individuals with Disabilities Education Act (IDEA) so that school districts pay for services for children when they are identified

Changes to the child welfare system include the following:

- Encouraging recognition by workers that trauma has a negative and ongoing impact on the psychosocial development of a child
- Implementing routine screens of all children in foster care for cognitive and developmental lags and emotional and behavioral problems
- Training foster parents to screen for problems
- Providing wraparound services
- Using effective evidence-based therapies (e.g., functional family therapy, multisystemic therapy, etc.)

### **Limitations**

No limitations are evident.

### **Application to Practice**

The findings from this literature review points to the need for changes throughout the child welfare system to ensure access to adequate mental health care for children in foster care. These findings could support efforts to increase funding for, and improve the coordinated delivery of, mental health services for children in foster care. The authors encourage the continued exploration and implementation of empirically supported treatment options to address foster children's mental health needs.

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