



**National Resource Center for  
Family-Centered Practice and Permanency Planning**  
*at the Hunter College School of Social Work*

***INFORMATION PACKET:  
Mental Health Care Issues of  
Children and Youth in Foster Care***

**By Tina Polihronakis**

**April 2008**

**129 East 79th Street • New York, NY 10021  
TEL 212/452-7053 • FAX 212/452-7475  
[www.nrcfcppp.org](http://www.nrcfcppp.org)**

**A service of the  
Children's  
Bureau/ACF/DHHS**

## Summary

A review of the current literature on the mental health issues of children and youth in foster care reveal that said children are at a greater risk of having psychological, social and developmental delays as compared to children in the general population. The regularity and severity of emotional problems among children in foster care seem strongly related to their history of deprivation, neglect and abuse, and the lack of security and permanence in their lives. (Child Welfare League of America [CWLA], n.d.) As reported in the Surgeon General's 1999 report on mental health (U.S. Department of Health and Human Services), treatment of many serious emotional and mental disorders is effective. According to the report, psychotherapy, behavioral intervention, psychopharmacology, and other interventions have been demonstrated to be effective for many childhood disorders. Moreover, there is a consensus that early identification and treatment can help children with mental health problems reach their full potential.

Notwithstanding the fact that children in foster care have a disproportionately high occurrence of mental health disorders and such disorders can be effectively treated, only about 25% of said children receive services at any given time. (Halfon, Zepeda & Inkelas, 2002) Research indicates that there are considerable barriers hindering the provision of needed services for this vulnerable population. Multiple placements in foster homes, leaving and re-entering foster care play a role in services being administered by various providers with little or no connection. Moreover, foster parents under report children's mental health concerns. Notably, African American and Hispanic children are least likely to be referred for services until they display major behavioral problems.

Additional barriers include: lack of specific policies concerning mental health care for said population; fragmentation of responsibility and funding; failure to provide adequate information to foster parents and/or social workers; lack of provider training on issues specific to foster care; providers' inability to recognize problem and make appropriate referrals; and, reliance of caseworkers' on foster parents' judgment in identifying mental health problems of children in their care. (Halfon et al. 2002)

Although there has been progress in the delivery of mental health services to children and youth in the foster care system, a more concentrated and coordinated effort must be made to identify such children early and ensure that there is a continuous provision of services.

## **Facts/Statistics**

Mental health disorders in children and adolescents are caused by biological and environmental factors or a combination of both. Biological factors include genetics, chemical imbalances, or damage to the central nervous system. Environmental factors include exposure to violence, extreme stress, or the loss of an important person. (CWLA, n.d.)

Mental, emotional, and behavior problems include anxiety disorders, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, post traumatic stress disorder, major depression, bipolar disorder, attention deficit/hyperactivity disorder, learning disorders, conduct disorders, eating disorders, autism and schizophrenia. (CWLA, n.d.)

In the United States there are approximately 500, 000 children in foster care at any given time. (Children's Bureau, 2006)

Recent studies suggest that up to 80% of children in foster care have significant mental health issues. (Dore, 2005)

Approximately 18% to 22% of children in the general population have significant mental health issues. (Dore, 2005)

According to a national study by the Urban Institute, foster children had higher levels of emotional and behavior problems, more often had physical, learning, or mental health conditions that limited their psychosocial functioning, and were less engaged in school and more likely to have been expelled. (Kortenkamp & Macomber, 2002)

Of the children in foster care, just 23% of those in care for at least 12 months received any mental health services. (U.S. Department of Health and Human Services,, 2003)

Approximately 30% to 40% of children in foster care receive services through Special Education. (Vulin-Reynolds, Stephans, Lever & Weist, 2008)

Although 63% of the children who enter foster care remain in the system for less than two years, on average, they experience three placements. (Vulin-Reynolds, et al., 2008)

## **Policy and Legislation**

According to Dore (2005), prior to the 1980's there were basically two options for the provision of mental health services for children. One option provided services through long term care such as residential treatment centers or state hospitals. The other provided services through outpatient treatment such as child guidance clinics, mental health centers or in psychiatrist's office. Based on parent advocacy and legal action taken, the 1980's exposed the inadequacy of services for mentally or emotionally handicapped children. As a result, the federal government initiated policy and legislation to alleviate the situation.

In 1982, the government instigated policy reform with the initiation of the Child and Adolescent Service System Program (CASSP). CASSP was developed to assist the states in creating a continuum of mental health care for children. CASSP incorporated ideology that generated a "new system of care," which still impacts on current mental health services for children.

System-of-care principles include: (1) attention to the individual needs, preferences, and cultural characteristics of the child and family; (2) use of strength-based, rather than deficits-based perspective; (3) involvement of families in their children's care and in programs and system development; (4) cross-agency coordination and collaboration in service system management and service delivery; and (5) use of the least restrictive setting that is clinically appropriate. (Dore, 2005, p.163)

The Education for All Handicapped Children Act (P.L.94-142) passed in 1987 mandated that children with special education needs and those with mental disorders would be schooled in their own community, mainstreamed in regular classes with additional support, and in self-contained classrooms only if necessary. Moreover, under this act, children with special education needs would be provided with an individual education plan (IEP) documenting how the individual needs of the child would be met by the school. (Dore, 2005)

Individuals with Disabilities Education Act (IDEA), passed in 1990 and revised in 1997, replaced P.L 94-142; however, it maintained many of its stipulations.

In 1992, the Comprehensive Community Mental Health Services for Children and their Families, built on CASSP, established 67 local systems-of-care across the country in an effort to make community-based health services more accessible for children and families. (Dore, 2005)

The Tax Relief and Health Care Act of 2006 (P.L.109-432) included foster children in the groups exempt from the requirement to present documentary evidence of citizenship or nationality in order to qualify for Medicaid benefits. (Child Welfare Information Gateway, 2008)

## Best Practice Tips & Programs

The following listing suggests methods for improving the mental health care of foster children.

- (1) Establish cross-training among systems involved in providing services.
- (2) Conduct thorough mental health assessments and screenings on a yearly basis for all children and youth in care.
- (3) Improve coordination across systems of care.
- (4) Increase accessibility to and continuity of mental health care. (Vulin-Reynolds, et al., 2008)

### Wrap-around services

“Wrap-around services” is community-based care “that literally wraps individualized services around a specific child to maintain that child in a community setting.” (Dore, 2005, p. 165) This philosophy advocates doing whatever is necessary to stabilize the child in the home, school, and community, in an effort to avoid placement in residential treatment centers and psychiatric hospitals. “Wrap-around services” are identified and developed by a team: the child and his parents, a care manager, other community partners, school personnel, and mental health providers. This type of service has been proven effective in preventing out-of-home care of children with severe emotional and behavior disorders. (Dore, 2005)

### Treatment Foster Care

Foster parents provide the primary mental health intervention in their homes. Mental health training, consultation, and clinical support are provided.

## Web Sites and Resources

### **Child Welfare League of America**

[www.cwla.org/programs/bhd/.htm](http://www.cwla.org/programs/bhd/.htm)

CWLA is an association of approximately 800 public and private nonprofit agencies that assist over 3.5 million abused and neglected children and their families each year. This web site provides a plethora of information, such as, facts and figures, web links, and publications concerning mental health issues of children and youth. Moreover, the web site provides a thorough listing of major organizations and agencies.

### **New York University (NYU) Child Study Center**

<http://www.aboutourkids.org/>

This web site includes a wide array of information on child mental health disorders and related parenting issues. Additionally, it has over 200 faculty reviewed articles, resources for children & parents, and a publications section that includes newsletters and manuals developed by the Center's faculty.

### **The Bazelon Center for Mental Health Law**

<http://www.bazelon.org/about/index.htm>

The mission of the Bazelon Center is to protect and advance the rights of adults and children with mental disabilities. They publish handbooks, manuals, issue papers and reports explaining key legal and policy issues in simple terms and highlight issues pertaining to mental health law in the media. In addition, other related resource links are provided.

### **National Institute of Mental Health (NIMH)**

<http://www.nimh.nih.gov/>

NIMH is the largest worldwide scientific organization devoted to research focused on the understanding, treatment and the prevention of mental disorders. The web site provides statistics, related resources, science news and publications.

### **Parents' Action for Children**

[www.parentsaction.org](http://www.parentsaction.org)

For the Child: Information on Mental Health and Advocacy for Resource Parents. I Am Your Child Video Series. Parent's Action for Children (2007).

This thirty minute informative video is designed to help foster parents understand the challenges that arise in working with children who have mental health problems. It provides an overview of the issues and recommends methods for coping with and overcoming barriers.

## Bibliography

- Child Welfare Information Gateway. (2008). *Major federal legislation concerned with child protection, child welfare, and adoption*. Washington, DC: Author. Retrieved April 6, 2008 from: <http://www.childwelfare.gov/pubs/otherpubs/majorfedlegis.cfm>
- Child Welfare League of America. (n.d.). *Child mental health: Facts and figures*. Washington, DC: Author. Retrieved April 8, 2006 from: <http://www.cwla.org/programs/bhd/mhfacts.htm#FACTSHEETS>
- Children's Bureau. (2006). *The AFCARS report: Preliminary FY 2005 estimates as of September 2006*. Retrieved April 6, 2008 from: [http://www.acf.dhhs.gov/programs/cb/stats\\_research/index.htm#afcars](http://www.acf.dhhs.gov/programs/cb/stats_research/index.htm#afcars)
- Dore, M. (2005). Child and adolescent mental health. In G. Mallon and P. Hess (eds.), *Child Welfare for the Twenty-first Century: A Handbook of Practices, Policies and Programs*. (148-172) New York: Columbia University Press.
- Farmer, E.M.Z., Burns, B.J., Phillips, S. D., Angold, A., & Costello, E.J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*. 54(1): 60-66.
- Halfon, N., Zepeda, A., & Inkelas, M. (2002). Mental health services for children in foster care. Policy statement # 4. CWLA Center for Healthier Children, Families and Communities. Los Angeles: University of California at Los Angeles.
- Hoagwood, K., Burns, B.J., Kiser, L. Ringelsen, H., & Schoenwald, S.K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services*. 52(9): 1179-1188.
- Holden, E.W., Friedman, R.M., & Santiago, R.L. (2001). Overview of the National Evaluation of the Comprehensive Community mental Health Services for Children and Their Families program. *Journal of Emotional and Behavioral Disorders*. 9(1): 4-12.
- Individuals with Disabilities Education Act. (1997). P.L. 105-17.
- Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*. 159(9): 1548-1555.
- Kortenkamp, K. & Macomber, J.E. (2002). *The well-being of children involved with the child welfare system*. Washington, DC: Urban Institute. Retrieved April 6, 2008 from: <http://www.urban.org/publications/310413.html>
- McClellan, J.M., & Werry, J.S. (2003). Evidence-based treatments in child and adolescent psychiatry: An inventory. *Journal of the American Academy of Child and Adolescent Psychiatry*. 42(12): 1388-4000.
- Owens, P.L., Hoagwood, K., Horwitz, S. J., Leaf, P.J., Poduska, J. M. et

- al. (2002). Barriers to children's mental health services. Journal of the American Academy of Child and Adolescent Psychiatry. 41(6): 731-738.
- Pumariega, A.J., Winters, N.C., & Huffine, C. (2003). The evolution of systems of care for children's mental health: Forty years of community child and adolescent psychiatry. Community Mental Health Journal. 39(5): 399-425.
- Roberts, M.C., Jacobs, A.K., Puddy, R.W., Nyre, J.E., & Vernberg, E.M. (2003). Treating children with serious emotional disturbances in schools and community: The Intensive Mental Health program. Professional Psychology: Research and Practice. 34(5): 519-526.
- Vulin-Reynolds, M., Stephans, S. H., Lever, N., & Weist, M. (2008). *Foster care and school mental health*. Baltimore, MD: Center for School Mental Health, Department of Psychiatry, University of Maryland School of Medicine. Retrieved on April 3, 2008, from: <http://csmh.umaryland.edu/resources.html/FosterCareBrief.pdf>
- Walker, J.S. (2008). *How, and Why, Does Wraparound Work: A Theory of Change*. Portland, OR: National Wraparound Initiative, Portland State University.
- U.S. Department of Health and Human Services. (1999). Mental health: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from: [www.surgeongeneral.gov/index.html.gov/library/mentalhealth/home.html](http://www.surgeongeneral.gov/index.html.gov/library/mentalhealth/home.html)
- U.S. Department of Health and Human Services, Administration for Children, Youth and Families (November 2003). *National Survey of Child and Adolescent Well-Being: One Year in Foster Care Report*. Washington, D.C.