INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

Position Statement
On Foster Care

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Summary

Mental health problems are particularly widespread for foster children. There are approximately 700,000 youth in foster care and non-family settings in the United States (Sadock & Sadock, 2009 p. 214).   The mean entry age is 3 years. The average stay is 2 years (Yearwood, 2007). Experts estimate that between 30 and 85 percent of youngsters in out-of-home care have significant emotional disturbances (Child Welfare League of America [CWLA], 2009a). Foster care children represent 5% of Medicaid enrollees but use approximately 40% of Medicaid funds (Yearwood, 2007). A substantial number of these children have psychological problems so serious that they require residential placement. Adolescents living with foster parents or in group homes have about four times the rate of serious psychiatric disorders than those living with their own families (CWLA, 2009b). Despite this level of need, less than one-third of children in the child protective system are receiving mental health services (CWLA, 2006). Areas that need to be addressed include: 1) lack of consistent and comprehensive service planning; 2) communications across agencies and with the youth, their foster parents and key stakeholders; 3) use of evidence based interventions to prevent and reduce the incidence of disability, 4) education of child welfare case workers about mental and emotional therapeutic management; and, 5) education of foster parents and youth about mental health issues and appropriate treatments.

Background

Over the last 20 years there has been an exponential increase in the number of children in foster care (Hanson, Mawjee, Barton, Metcalf, Barton, & Joye, 2004). Children in foster care are likely to start their lives at low birth-weight, with prenatal exposure to illegal drugs or alcohol, or

exposed to HIV/AIDS, followed by neurological disabilities, malnutrition, asthma, vision, hearing and dental problems. They are admitted to hospitals more frequently than other low income children and stay for longer periods of time (CWLA, 2009b).

In addition, children in foster care often have more medical and emotional problems from abuse and neglect, as well as issues of abandonment, grief and loss from frequent moves from foster home to foster home, leading to mistrust of people, especially adults. Among the most vulnerable populations in the United States (Bruskas, 2008; Kools & Kennedy, 2003), many have severe behavior problems (Lewis, Dozier, Ackerman Sepulveda-Kozarkowski., 2007) and post-traumatic stress disorders are prevalent (Bruskas, 2008). As adolescents these vulnerable youths are among those most at risk to abuse alcohol or drugs, contract and transmit HIV infection or some other sexually transmitted disease or become teen parents (McGuinness, 2009). Clearly, children in foster care frequently have more medical, cognitive and emotional problems than their peers, requiring close supervision by a knowledgeable health care provider/nurse who can coordinate the resources needed by children with complex medical, emotional, social, behavioral and developmental problems (Herrick, Bartlett, Schmidt & Cherry, 2006).

The increasing proportion of children under the age of five in foster care is of concern (Sadock & Sadock, 2009). The absence of a nurturing environment during early development negatively affects the prefrontal cortex (Sadock & Sadock, 2009) and may compromise self-regulation development during early childhood (Racusin, Maerlender, Sengupta, Isquith & Straus, 2005), a factor which is likely to result in later behavioral, emotional and attention difficulties. Recognizing the particular vulnerability of young children, the American Academy of Child and Adolescent Psychiatry (AACAP, 2001) urged collaboration between the diverse group of involved agencies, professionals, policy makers and families to ensure the healthy physical, social, and emotional development of infants and toddlers in foster care.

Whereas many interventions in use have not been well studied for effectiveness (Dorsey, Farmer, Barth, Greene, Reid & Landsverk, 2008), early intervention has been found to remedy some of the damage (i.e. Dozier, Peloso, Lewis, Levine & Laurenceau, 2008; Fisher & Kim, 2007). However, many children with complex needs requiring mental health and medical care

are not receiving either kind of health care service (Burns, et al., 2004) and available services for children in foster care are frequently "inadequate, fragmented and poorly coordinated" (Marx, Benoit & Kamradt, 2004, p. 238). Furthermore, reports of the Child and Family Service Reviews (CFSRs) on each state's ability to provide positive outcomes for foster children related to safety, permanency and well-being, indicate that few states fair well in meeting basic needs and interagency collaboration needs improvement (Bilchik, 2005).

There are multiple factors that complicate the delivery of appropriate health and mental health care services to foster children. First, the complexity of the child's needs; second, the limited time that case workers have to devote to each child, because of the large numbers of children in their case loads; third, the limited coordination and collaboration between health care providers and social services; fourth, the lack of technological support systems in social service departments; and finally, the fact that medical records do not follow the child from residence to residence, county to county, or state to state. Overarching financial constraints further challenge care access and delivery. While some suggest that health care for many foster children is negatively affected by managed care (Kools & Kennedy, 2003; Sadock & Sadock, 2009), today there is even more concern that the delivery of medical and mental health care for foster children will be increasingly compromised as the down turn in the economy continues and resources decrease.

Federal Legislation Supporting Foster Children

Recent legislation affecting foster children included the [Adoption and Safe Families Act](#) (ASFA) which was signed into law in 1997. It reduced the time children are allowed to remain in foster care before being available for adoption. One of the main components of ASFA is imposing stricter time limits on reunification efforts (Sadock & Sadock, 2009). Children continue to languish in care and to be moved from placement to placement. The [Foster Care Independence Act](#) of 1999 helps foster youth who are aging out of care to achieve self-sufficiency by allocating funds for vocational training, employee assistance, learning activities of daily living, counseling and housing (CWLA, Children's Legislative Agenda, 2009; US Department of Health and Human Services, 2009). The [Fostering Connection to Success and Increasing Adoptions Act](#) of 2008 is the most recent piece of federal legislation addressing the

foster care system. This bill extended various benefits and funding for foster children between the age of 18 and 21 and for Indian children in tribal areas. The legislation requires states to make a *reasonable effort* to place siblings together and introduces mechanisms to provide financial incentives for guardianship and adoption (Edelman, 2009; National Conference of State Legislators, 2008).

In May 2009, Senators Mary Landrieu, Blanche Lincoln and Evan Bayh introduced S.986 the [Foster Care Mentoring Act of 2009](#) to support the establishment or expansion and operation of programs using a network of public and private community entities. The bill proposes to connect children in foster care with responsible, caring adults by:

- Authorizing $15 million to establish statewide foster-care mentoring programs to serve the needs of foster youth; would have a strong emphasis on improving academic achievement.
- Providing $4 million to begin a national public awareness campaign and mentor-recruitment program to raise public awareness of the need for foster care mentors allowing up to $20,000 in federal student loan forgiveness for those who volunteer to mentor a child in care. Latest Senate action was on 5/6/2009 when it was referred to the Committee on Finance. It will be one for nurses to watch for advocacy opportunities.

Conclusion

It is the position of the International Society of Psychiatric Nurses that a child/adolescent psychiatric nurse is uniquely able to advocate for and coordinate care for foster children because of his or her expertise in holistic nursing care. Since some children receive medical attention for the first time in their lives while in foster care, this can be the occasion for health care professionals to have a meaningful effect on a child's life. It can allow children to finally turn a page in their life book and take a step closer to improving their emotional and physical wellbeing. Further, child and adolescent psychiatric nurses can consult, educate and treat children and foster parents to ensure that they get the care they need. Therefore, ACAPN Division and ISPN as an organization that advocates for the health and welfare of all US

children, supports care for foster children and for legislation to provide them with appropriate, adequate and timely health and mental health care.

Recommendations

International Society of Psychiatric-Mental Health Nurses recommends that Psychiatric-Mental Health Nurses should:

- Join their colleagues, the Pediatric Nurses and others to become a voice for adequate health and mental health care for foster children.
- Continue to support the national children's healthcare initiative (SCHIP) to ameliorate some of the funding problems that exist in getting health and mental health care for these children.
- Offer consultation services to Departments of Social Services and Child Welfare Agencies assisting them in coordinating the necessary health & mental health care for foster children.
- Become members of interdisciplinary teams focused on foster children, their biological and foster parents as spokespersons and educators for healthy childcare.
- Advocate that each and every child welfare agency have as part of an interdisciplinary health care team, nurses who are knowledgeable about community, public health nursing, mental health/psychiatric nursing and pediatric nursing.
- Participate on prevention and intervention research teams that address the needs of foster children.
- Encourage the development of methods to transfer medical and psychiatric-mental health information to follow each child as he or she moves from placement to placement and that these efforts be part of computerized health/medical records nationally.

It is critical to improve the stability, health and happiness of hundreds of thousands of children and youth across the nation. Therefore, the International Society of Psychiatric Nurses has identified children in foster care as a population in need of immediate and maximum advocacy for a chance at a better life and holds the position of continued attention to opportunities for advancement of their care.

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