

Study looks at how mental health care affects outcomes for foster children

January 13 2009

Of the approximately half-million children and adolescents in foster care in the U.S., experts estimate that 42 to 60 percent of them have emotional and behavioral problems. Despite the prevalence of mental health problems among foster children, little is known about how pre-existing mental health conditions affect their outcomes in foster care.

A new study co-written by Jung Min Park and Joseph P. Ryan, professors in the School of Social Work at the University of Illinois, followed 5,978 children in foster care in Illinois for several years to determine whether these children's placement and permanency outcomes were affected by their histories of intensive mental health treatment. The statewide sample included all children and adolescents 3-18 years of age who entered foster care for the first time between 1997 and 2001. They were observed through June 2005.

Based upon child welfare and Medicaid records, the study targeted children who received inpatient psychiatric care, because it was an easily identifiable marker of serious emotional and behavioral problems, and it represented especially high levels of mental health care needs. Five percent (296) of the children had at least one episode of inpatient mental health care prior to being placed in foster care.

"According to my previous study, children who received inpatient psychiatric care ended up in foster care within two years of their first inpatient episode," Park said.

"Children who receive inpatient psychiatric care have a substantially greater risk for parent-child separation. Our current study shows that when those children enter the child-welfare system, they are more likely to suffer poor outcomes and be left behind in the system."

The study indicated that children with inpatient psychiatric episodes were at greater risk for frequent placement disruptions and were less likely to reunite with their families of origin or be adopted.

About half of the sample experienced more than three placement changes during their first spell in foster care. Inpatient mental health episodes among white children increased the likelihood of placement instability for them by 75 percent, while such episodes decreased the likelihood of permanence by 24 percent among African-American children.

The study also suggested that there was limited access to and underutilization of mental health services among African-American children.

"Children with a history of inpatient mental health treatment, especially when placed in foster care, benefit from continued follow-up and referrals to community mental health agencies to reduce placement disruptions and facilitate timely permanence," Park said.

Foster-care placements come at considerable cost to taxpayers: Placement in therapeutic foster care can cost \$30,000 or more annually, and placement in residential psychiatric care considerably more.

"Early identification of service needs and related interventions for children and youth with intensive mental health needs can be cost-efficient by helping them achieve placement stability and permanence," Park said.

During the observation period, about 70 percent of the children in the study achieved permanence by returning to their families or through adoption or guardianship.

The study appears in the Jan. 2009 issue of the journal *Research on Social Work Practice*.

Source: University of Illinois at Urbana-Champaign

Citation: Study looks at how mental health care affects outcomes for foster children (2009, January 13) retrieved 3 May 2024 from <https://medicalxpress.com/news/2009-01-mental-health-affects-outcomes-foster.html>

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