

Children in foster homes need better health care

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American Academy of Pediatrics says kids need 'medical home' and access to mental health care.

(HealthDay)—The U.S. foster care system needs to do a better job of providing consistent, quality health care to children living in foster homes, a new report from the American Academy of Pediatrics (AAP) says.

Children in [foster care](#) have been removed from their families due to abuse and/or neglect, so they've suffered trauma—whether physical or emotional—and they often have [health](#) conditions that have been inconsistently treated or not addressed at all, according to the AAP.

Anywhere from 30 to 80 percent of kids enter foster care with at least one untreated physical condition, while up to 80 percent have a

"significant [mental health](#) need," according to the AAP.

And yet the instability of their lives means that [children](#) in foster care may have no "medical home"—ideally, a place for high-quality, coordinated health care that is continuous over time, the AAP says in a policy statement published Sept. 28 in its journal *Pediatrics*.

It's a "huge" issue, said Dr. Moira Szilagyi, the lead author on the statement and a professor of pediatrics at the University of California, Los Angeles.

"In many instances, when children enter the foster care system, they end up changing [health care](#) providers," Szilagyi said. "Or they may have had fragmented care before entering the system—seeing a doctor only when it was urgent."

Often, that means the new pediatrician will have little to no information on the child's medical history, the AAP said.

Ideally, Szilagyi said, children would have a full evaluation of their health—physical and mental—when they enter foster care. The AAP recommends that an initial screening be done within 72 hours of a child's placement.

The reality, though, is much different, according to Sara Bartosz, lead counsel for Children's Rights, a New York City-based advocacy group for abused and neglected children.

"You see many [U.S.] states that perform poorly when it comes to timely screenings and assessments," said Bartosz.

Part of the problem, she explained, is that [child welfare](#) case workers are often overloaded. At the same time, it can be hard to get a prompt

doctor's appointment.

"There may be a dearth of providers who will accept Medicaid," Bartosz said, referring to the government health insurance program for low-income Americans.

The issues don't go away once children have gotten that initial health assessment.

"Their lives are marked by instability," Bartosz said. "They're changing homes, schools and health providers."

Technically, she noted, their child welfare case files should contain all their medical records to be passed on to new [health care providers](#). But those records are not always kept up-to-date, Bartosz said.

There can also be confusion over who has the authority to consent to a child having a medical test or treatment, Szilagyi said.

Different jurisdictions have different policies, Bartosz said, and some don't have any clear policy on whether the authority rests with the biological parents, foster parents or child welfare.

And while many children come into foster care having been physically abused or with physical health problems, their mental and emotional well-being may need even more attention.

"These kids have been really traumatized, and they've been uprooted from their home," Bartosz said. And whatever drove their placement in foster care, she added, "they still love their parents."

The AAP stressed that children should get a full mental health assessment—and therapy that specifically addresses any fallout from the

trauma they've experienced.

Again, though, the reality is different. Szilagyi said that children in foster care are prescribed psychiatric drugs three times more often than other children on Medicaid.

Those drugs include antidepressants, anti-anxiety medications and stimulants used for treating attention deficit hyperactivity disorder. Pediatricians are often asked to prescribe those drugs to manage behavioral problems—particularly for kids living in group settings, according to the AAP.

In some cases, those medications are appropriate, according to Szilagyi. But other times, she said, symptoms that are really a result of a child's traumatic experiences are "misdiagnosed" as another condition, such as ADHD.

Bartosz agreed, saying, "I think that happens frequently."

Ideally, those children should receive "trauma-specific" counseling and other non-drug options, according to the AAP. Access to that kind of care can be limited, however, depending on where a child lives.

"There can be a shortage of high-quality pediatric psychiatric care," Szilagyi acknowledged.

She and Bartosz both said the system needs to do a better job of getting kids the care they need—with better coordination among child welfare, doctors and mental health professionals being key.

"We need to build our capacity for providing trauma-informed care," Bartosz said. "We need to do that as well as we heal broken bones."

Earlier this week, the U.S. Department of Health and Human Services reported an increase in the number of U.S. children living in foster care. As of September 2014, there were 415,000 kids in foster care—up from 401,000 the year before.

More information: The AAP has more on [foster care](#).

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