

**The Growing Concern about Medications:
A Comparison of Children within and outside of the Foster Care System
Meghan Cunningham, BSN Student
Department of Nursing, Boise State University**

Concern

- Possible overuse of psychotropic medications in children in foster care has been raised as a significant problem, although the use of such medications in this population may actually be too low given the prevalence of mental health problems.⁴
- All children entering the foster care system are required to receive an initial health assessment within 30 days. However, there is a lack of consistent follow up mental health evaluations and consequently appropriate ongoing care. This is partially due to the various professionals providing care for a child entering foster care, and a vague definition of which area of practice is responsible for ensuring follow up visits.
- Despite high rates of mental health services utilization by youth in child welfare in comparison with community studies, three of four children who came to the attention of the child welfare systems because of a child abuse and neglect investigation and who had clear clinical impairment had not received any mental health care within 12 months after the investigation.²

Mental Health Issues

- To understand why these children are so prone to develop emotional and behavioral problems and disorders, it is important to know who enters the foster care system. Even though a small number of orphans are placed in foster care, nowadays most are children of drug-addicted parents who may also be mentally ill. Thus, both nature (the genetic loading associated with parental impairment), and nurture (abandonment, parental rejection, and trauma) conspire against these children.³
- Most youth in foster care have traumatic family histories and life experiences (including the removal from their birth family) that result in an increased risk for mental health disorders.²
- The prevalence of mental health disorders with children in foster care are estimated as high as 80%. Children in foster care are also 16 times more likely to have psychiatric diagnoses and 8 times more likely to be taking psychotropic medication than children in community samples.⁵
- Adolescents involved with foster care have more psychiatric symptoms of every type assessed than adolescents in the comparison group.³
 - Common psychiatric diagnoses include conduct and attention disorders, aggressive and self-destructive behaviors, depression, delinquency, autism, bipolar disorders, and impaired social relationships.⁵
 - The diagnoses most prominent in the younger foster care population are ADHD and adjustment disorder. Depression is the most common diagnosis in 15- to 19-year-old youth.⁷
- Concomitant psychotropic medication use is highly prevalent, with 41.3% of the youth receiving ≥ 3 psychotropic drugs.⁷
- Particularly troubling is the frequent lack of mental health services provided for youth in care as evidenced by long delays between illness onset and diagnosis and treatment.²
- The co-occurrence of multiple disorders (comorbidity) is an important consequence of childhood trauma. Individuals with depression (a mood disorder) or PTSD (an anxiety disorder), often experience medical conditions such as heart disease, high blood pressure, diabetes, or cancer.²

Sociodemographics

- Children in rural foster care have higher rates of behavioral disturbance: 83% have clinically significant behavioral problems versus 56% of urban children. Additionally, rural youth who have clinically significant behavioral problems are more likely to have parents affected by mental illness, regardless of poverty level.¹
- Children in rural areas may enter foster care due to unmet treatment needs that their parents cannot satisfy due to lack of health insurance, compounded by the paucity of available mental health services in rural counties. For about 20% of the children in foster care, the placement was being used as a way to provide mental health care for older children with serious emotional disturbance. In other words, lack of mental health care in rural areas was driving their need for foster care.¹
- Medicated youth are more likely to be white or Hispanic, male, and 10-14 years of age.⁷

- Race/ethnic psychotropic medication disparities are greater for African American than for Hispanic youth.⁷
 - Race/ethnic status consistently predicts lower use of mental health care for African American youth.²
- Boys receive more different classes of psychotropic medication than girls.⁷
 - This disparity may reflect the greater prevalence rate of ADHD among boys.⁶
- Approximately 54% of children in the child welfare system are in non-relative placement (either foster home or group home) and 24% of children are in a foster family home with a relative. Most studies have focused on kin caregivers and have found that children in kin care are less likely to receive mental health services than children placed in non-kin care.⁵
 - It is unclear whether children in non-kin care in fact display more behavior problems and therefore their caregivers are more likely to seek services or whether kin foster care parents perceive the children under their care as having fewer problems.⁵

Nursing Implications

- Much of foster care is delivered without significant mental health services for children other than referral to mental health agencies for treatment.²
- Other states are beginning to address health needs of children in foster care with various types of collaborative clinical practices that often include physicians, nurses and social workers.
- Advanced Practice Nurses (APNs) continue to see children as they come into foster care; they continue to identify specific health or developmental problems within this group and make follow-up recommendations as indicated.
- APNs, such as nurse practitioners or psychiatric nurses, are ideal clinicians for rural community-based care where less treatment options are available, making treatment as the explicit goal for children in the foster care system.¹
- Nurses are instrumental in encouraging ongoing evaluations and promoting overall wellness in foster care children.

Summary

- Adolescents involved with foster care have numerous risk factors that precede their entry into foster care; foster care is a marker of adversity, rather than a cause of psychopathology.³
- Although many physical, psychological, & developmental problems of these children are similar to those occurring in the general population, especially among low-income families, many health care providers and mental health professionals have had little training regarding issues specific to children in foster care and may not recognize problems or refer these children for appropriate care.⁴
- These findings are not necessarily indicative of excessive use of psychotropic medication or inappropriate care, given the higher proportions of children with mental health diagnoses compared to those reported among school-aged children in community samples.⁶
- A need to increase coordination of services and ensure follow up care is vital to meet the mental health needs of all children in foster care.

References

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