# MENTAL HEALTH IN FOSTER CHILDREN.

Is the mental health and wellbeing of children impacted when placed in unstable foster homes compared to children who are fostered in stable homes?



...maybe just for a month or two...
...maybe forever..

Will you give us

a chance?

We need a home too ..

#### Introduction

Foster children have a high prevalence of mental health and behavioural problems ranging from 26% to 96% for disorders such as depression, anxiety and attachment disorders and behavioural/developmental issues such as autism and ADHD (Simms, Dubowitz & Szilagyi, 2000). One main cause behind this statistic is the placement of children in unstable foster homes. What makes a home unstable for the child includes, being moved around from home to home frequently, denial of adequate health care, education and other necessities and often being separated from siblings. I developed this research question using the PECOT model (Schneider, Whitehead, LoBiondo-Wood, & Haber, 2013).

### **Literature Review**

### Research suggests:

- a relationship between baseline behavioural problems and instability, stating children with behavioural problems cause 19.7% of changes to homes (Pecora, Kessler, Downs, English, White & Heeringa, 2007). Further study showed that 41% of children moved homes at least three times, concluding that mental health is a risk factor for movement due to increased needs (Rubin, Alessandrini, Feudtner, Mandell, Localio & Hadley, 2004).
- Mental health conditions are also a consequence of placement instability, studies show instability causes trauma, pain and increases attachment, behavioural and mental health disorders (Pecora et al, 2007). A 63% increase in behavioural issues such as ADHD, in initially low risk children was shown due to instability alone (Rubin, O'Reilly, Luan & Localio, 2007).
- Instability causes discontinuity of care, a main cause of poor mental health. Moving around causes barriers to healthcare services and children struggle to make connections and therefore don't report illness when they should (Beck, 2006).

## Implications and recommendations

- Nurses need to be aware of the possibility of instability and discontinuity of care and work to provide follow up to reduce consequences.
- Nurses should know the importance that a relationship with children holds, communication plays a huge part in reducing incidence.
- Health education given around mental health and behavioural issues so that all involved have knowledge on signs, symptoms and how to respond.
- Nurses need knowledge of how to assess children's mental health and behavioural issues.
- Increase in access to mental health services such as crisis support, outreach services, brief intervention services and mental health workers to assist in continuity of care.
- Nurses to provide support and education to all people involved with foster children to increase awareness.
- Initial screening, regular annual checks and monitoring of children with the use of frameworks such as HEADSS assessment.

## Conclusion

It can be proved from the literature that instability in foster care has a negative impact on children's mental health and behavioural wellbeing compared to stable foster homes. Foster care can have a negative impact on children, this research shows a stable home can protect foster children from the possible negative impacts. Nurses have an opportunistic role and therefore need to take all opportunities in this area to create a better outcome for these children.

#### References:

Beck, A. (2006). Addressing the Mental Health Needs of Looked After Children Who Move Placement Frequently. Adoption and Fostering 30(3), 60-65.

Pecora, P. J., Kessler, R. C., Downs, C., English, D., White, C. R., & Heeringa, S. (2007). Why Should the Welfare field Focus on Minimizing Placement Change as Part of Permanency Planning for Children? Paper presented at the California Permanency Conference. Retrieved from: http://www.casey.org/Resources/Publications/MinimizingPlacements.htm.

Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D. S., Localio, A. R., & Hadley, T. (2004). Placement Stability and Mental Health Costs for Children in Foster Care. *Paediatrics* 113(5), 1336-1342.

Simms, M. D., Dubowitz, H., & Szilagyi, M. A. (2000). Health Care Needs of Children in the Foster Care System. Pediatrics 106(4), 909-918.

Schneider, Z., Whitehead., D. (2013). Identifying research ideas, questions, statement & hypotheses. In Z. Schneider, D. Whitehead, G. LoBiondo-Wood, & J. Haber. Schneider, Z., Whitehead., D. *Nursing and midwifery research methods and appraisal for evidence – based practice* (4th ed.). (pp. 57-76). Sydney, Australia: Mosby.

PECOT category	Information	Explanation
Population	Foster children who have a mental	This is the age that mental health and
	illness or behavioural problem	behavioural problems become more
	aged two years and older.	noticeable, easier to diagnose, and children
		are beginning to be able to verbalise or show
		what is going on for them.
	40	* .
	,	
Exposure	Children who have had unstable	I will be looking at articles showing a
	foster homes.	connection between mental health and
		behavioural wellbeing and placement
		instability.
Comparison	Children in stable foster homes.	I am interested in the comparison of their
		mental health and behavioural wellbeing
		compared to unstable homes.
0.4	Children in unstable foster homes	I want to know the comparison and why this
Outcome		occurs, why instability causes these
	will have a higher incidence of	
	mental health and behavioural	consequences and has these impacts.
	problems compared to those in	
	stable homes.	
Time	Not applicable to this research.	N/A

Schneider, Z., Whitehead., D. (2013). Identifying research ideas, questions, statement & hypotheses. In Z. Schneider, D. Whitehead, G. LoBiondo-Wood, & J. Haber. Schneider, Z., Whitehead., D. Nursing and midwifery research methods and appraisal for evidence – based practice (4th ed.). (pp. 57-76). Sydney, Australia: Mosby.