

Social Policy Brief #2

Meeting the “Special Needs” of Youth

Author: Tammy Howard

Date: February 25, 2008

Summary of Primary Findings

The U.S. Surgeon General reports that roughly 1 in 10 American children experience a mental illness severe enough to cause significant impairment. The prevalence of mental health problems of youth in foster care is even more staggering. “Anywhere from 40 to 85% of kids in foster care have mental health disorders. The reasons for these high numbers are understandable. Children in foster care are struggling to cope with the traumatic events that brought them into care, including parental abuse or neglect, homelessness and exposure to domestic violence and substance abuse. While they struggle to deal with the tremendous loss of their family, they also frequently blame themselves for being removed. Many children long to return to their families, regardless of the history of mistreatment. At a time when they desperately need a sense of consistency and stability, they are living in the uncertain world that is foster care: multiple placements, unpredictable contact with family and the inability to control their own lives. These conditions can be a hotbed for serious emotional disturbances. Although it is clear that a large number of children and youth in foster care are in need of mental health care, studies show that less than one-third receive mental health services. One of the reasons is the lack of experienced mental health professionals available to this population.

As a society we have failed to meet the health needs of many of the children in out-of-home care. Most of these children have been medically neglected or abused before placement and suffer from a higher than average incidence of serious health problems. Failure to diagnose and treat these children adequately upon their entry into the out-of-home care system may mean community neglect is allowed to replace parental abuse or neglect. Vulnerable youth such as those who are in state custody enter into the system with a wide variety of debilitating circumstances. A great percentage of these youth have been victimized, abused, neglected, and homeless. Even more come from poverty stricken environments that lack adequate resources for special needs and or health issues. Youth who have developmental disabilities, emotional disturbances, mental illness, or severe behavioral problems are increasingly being served by child

welfare agencies and are being served out-of-home simply because their parents or guardians can not care for them. This is in accordance with the Social Security Act of 1935 as a last resort attempt to protect children at risk of serious harm or neglect at home. The law obligates states to assume temporary custody of children whose parents were unable or unwilling to care for them. As a group, these youth are generally described in the child welfare literature as having "special needs". These youth hold significant challenges for the families, service providers, and caregivers working with them if their special needs or conditions are not appropriately addressed.

Children in foster care have a disproportionate percentage of health and developmental problems that are often missed or not treated properly. Research literature suggests that children develop best when they live in safe, stable, and nurturing families. Children entering the child welfare system however have not typically experienced such stability. Foster care has the potential to provide a stable foundation for these children. Within the first seven days of entering into custody, the youth along with the DCS case worker, relatives or guardians, psychiatrist, and counselor (school or private) will collaborate to establish the goals and permanency plan for the youth. Through effective collaborative efforts, schools and communities can design a continuum of services that include prevention, early intervention, and treatment of severe and chronic social and emotional problems. The development of partnerships between DCS, schools and other community agencies is vital in building coordinated, comprehensive systems to meet the educational and mental health needs of children and their families. Children's mental health is strongly related to their academic performance (Adelman & Taylor, 2006a).

A significant proportion of children who come into foster care are identified as having disabilities related to medical conditions, mental health, and/or developmental problems. Exact figures for the number of children in child welfare care with DD are difficult to confirm. American data suggests that one third of all children in care have a disability of some sort. The presence of a DD may in itself, create very specific needs for a child. At times, it is not the type of need that differs but the degree of intensity that distinguishes the needs of children. It is imperative that social workers practicing in the child welfare division become aware of current programs and services being utilized by DCS to assist this vulnerable population of children. In addition, social workers need to realize the importance of early identification and intervention to help children with developmental, emotional, physical and or behavior disorders.

Implications for Social Work Practice

Social Workers practicing in the child welfare division need to be aware of all current programs and services being utilized by DCS. The statistics revealed in the research can assist social workers and case managers in knowing what programs and or services being used are not only relevant to their specific cases but which are proving to

be effective. The research can also be used to evaluate the course and pace of change within the DCS system, and to verify that important outcomes are being attained for the child and the family.

Challenges

Fewer child and adolescent mental health professionals, especially psychiatrists, are available to work with children in foster care. This shortage is complicated by systemic budget cuts and low insurance rates of reimbursement.

- Mental health professionals working with foster care staff may not understand the child welfare system's mandates; the roles of individual workers; judicial time frames; the variance of roles across differing services components (such as guardianship, family reunification and permanency planning) and the rights retained by parents with children in foster care.
- Opportunities to identify children who are showing early signs of serious emotional disturbances are limited. Children entering foster care are not routinely screened for mental health needs but are referred only after they display problematic behavior. Mental health providers often receive referrals with insufficient information to appropriately assess for treatment.
- Multiple and disrupted placements, missed appointments, lack of communication with mental health providers and discontinuation of treatment after the child is reunified with the family contribute to the lack of continuity of mental health care.
- Many mental health providers need more training to work with an increasing population of preschool sexually abused and/or sexually aggressive youngsters.
- Many mental health professionals need more training in effective and evidence-based interventions.

Recommendations

Social workers need to realize the importance of early identification and intervention to help youth with developmental, emotional and or behavior disorders. Communication between various system components within all levels needs to be improved. An adequate initial and ongoing assessment of needs is completed on both child and family. Advocating for increased funding, polices and resources to protect this vulnerable population is needed and finally, social workers need to be aware of the most common resources and services available to assist clients.

References

Adelman, H. S., & Taylor, L. (2006a). *The school leader's guide to student learning supports: New directions for addressing barriers to learning*. Thousand Oaks, CA: Corwin Press.

Austin, L. (2004). Mental Health Needs of youth in Foster care: Challenges and Strategies. *The Connection*, 20(4),6-13.

Fantuzzo, J., McWayne, C., & Bulotsky, R. (2003). Forging strategic partnerships to advance mental health science and practice for vulnerable children. *School Psychology Review*, 32, 17-37.

Farmer, E., Burns, B., Chapman, M., Phillips, S., Angold, A, & Costello, J. (2001). Use of mental health services by youth in contact with social services. [*Social Service Review*](#), 75(4), 605-624.

Grisso, T. (2000). The Changing Face of Juvenile Justice. *Psychiatric Services*, 51(4), 425-438.

National Council on Disability, *From Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves*.
www.ncd.gov/newsroom/publications/2000/privileges.htm.

% State Mental Health Budget for Children & Youth

