Mental Health, Behavioral and Developmental Issues for Youth in Foster Care

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Youth in foster care represent a unique population with complex mental and behavioral health, social-emotional, and developmental needs. For this population with special healthcare needs, the risk for adverse long-term outcomes great if needs go unaddressed or inadequately addressed while in placement. Although outcomes are malleable and effective interventions exist, there are barriers to optimal healthcare delivery. The general pediatrician as advocate is paramount to improve long-term outcomes.

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Introduction

Youth in the foster care system experience a disproportionate risk of mental and behavioral health problems and developmental disorders compared to peers.[1] Nearly two-thirds of children in foster placement have mental and behavioral health problems,[2] and estimates of developmental disorders range from 20% to 60%.[3–6] While this article focuses specifically on children in foster care, emerging research demonstrates that mental, behavioral, and developmental issues faced by these children look similar to all children served by the child welfare system.[7]

These profound health care needs are best understood within a framework of the neurobiologic stress response. Both nature, genetic loading associated with parental impairment, and nurture (abandonment, parental rejection, early adversity, and resultant trauma) contribute to the high prevalence of mental health and developmental diagnoses in this population.[8] Issues that exist pre-placement, before entry into foster care, directly affect child development, particularly during formative infancy, toddler, and preschool years.[9] The effects of chronic neurobiologic stress predispose children entering foster care to serious behavioral and developmental issues, rendering early intervention imperative.[9,10] Evidence-based behavioral and developmental interventions, along with coordinated healthcare service delivery, have the potential to more effectively ameliorate early adversity and improve long-term outcomes, particularly for younger children.[11]

This article examines the unique mental health, behavioral, and developmental needs of children in placement, reviews challenges associated with service delivery, and illustrates opportunities for intervention by the general pediatrician to improve downstream outcomes for children and adolescents in foster care.

Mental and Behavioral Health Issues Affecting Children in Foster Placement

Mental and behavioral health challenges are a significant health concern for most children in foster care,[2] and understanding the true prevalence of psychological and emotional issues is challenging. Current challenges for care therefore surround accurate diagnosis, labeling of clinical symptoms, and use of appropriate treatment plans and approaches.

The most common mental health diagnoses for the foster care population include attention deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, anxiety, and depression. Anxiety symptoms

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(stemming from social phobia, generalized anxiety disorder, and separation anxiety disorders), disordered eating (anorexia and bulimia), enuresis, encopresis, mood disorders (major depression and mania), and disruptive behavioral symptoms[8] are also common.

Prevalence of mental and behavioral issues increase with age[12] and often continue into adulthood.[2,13,14] In one study, adolescents involved in foster care were about four times more likely to have attempted suicide and 5 times more likely to receive a drug dependence diagnosis in the preceding 12 months.[8] Nearly 25% of adolescents in foster care are diagnosed with posttraumatic stress disorder, twice the rate experienced by returning veterans, and more than 6 times the rate in the general public.[2,13,14]

Developmental Issues Among Children in Foster Care

Developmental and cognitive differences exist among children who have experienced early adversity. For the foster care population in general, language disorders, poor social-adaptive skills, and delayed fine motor skills predominate among younger children, whereas older children have higher rates of educational disorders, learning disabilities, behavioral disorders, and limited cognitive ability.[6] Recognition and prompt identification is important, as these issues can significantly impact a child's placement stability and ultimate long-term outcomes.[15]

Infancy and childhood represent a critical interaction period among physical, psychological, social and environmental factors, during which brain growth, and development is most active[16] and particularly vulnerable to trauma. Neurotransmitter networks formed during these critical years, influenced by negative environmental conditions like poor maternal nutrition, poor quality housing, and child maltreatment[16,17] have the potential to directly impair brain and physical development,[11,17] predisposing children to a constellation of developmental delays and impairment.

Cognitive Impairment

Altered brain development negatively affects a child's ability to learn, engage with peers, and ultimately perform academically. Complex trauma experiences can limit overall neurocognitive development and contribute to a lower IQ.[18] Exposure to early adversity results in lower cortisol levels, memory deficits,[19] and amplified difficulties with problem-solving. Cognitive scores are lower for children in foster care than non-adopted peers, often remaining lower through adolescence and adulthood.[20] Multiple variables including placement instability, resultant school disruptions, behavioral issues, and truancy also impede successful school performance, in part contributing to issues of grade retention, suboptimal education outcomes, and lower graduation rates among youth in foster care.[21] Early identification of these cognitive differences and awareness of the implications for learning in the school environment would support more appropriate classroom placement and effective accommodations to learning.

Social-Emotional Issues: Impaired Interactions and Emotional Regulation

Trauma and neglect, commonly experienced by children involved with child welfare, impairs emotional regulation, and manifests as symptoms of hypervigilance, hyperactivity, impulsiveness, apathy, and sleep disorders.[16] The prevalence of social-emotional problems among children in foster care increases with age.[22] Both inhibitory control and self-regulation are affected, resulting in altered cortisol production[19] and sensory processing differences. More than 40% of school-age children in foster placement require special education for severe attention difficulties, poor impulse control, and aggressive behavior that preclude placement and participation in a regular classroom.[6] Failure to establish solid attachment to a caretaker can have direct implications on placement stability. Emotional dysregulation can manifest as stronger behavioral responses[23] increasing degree of difficulty for parenting. Children may also demonstrate inhibitory control deficits,[24] which can manifest with behaviors such as hiding food, self-stimulation, and indiscrimination towards adults.

Lack of recognition of important emotional and behavioral problems can have a significant impact on children's placement stability and ultimate long-term outcomes.[15]

Language and Social Communication Impairments

Impaired language and social communication negatively affects social interactions and adversely affects emotional