Youth in foster care are at higher risk for developing emotional and behavioral disturbances and mental illness than youth from comparable background.

Children in foster care experience psychological difficulties for many reasons. Placement in foster care is rarely a planned transition for children. Many children do not understand why a stranger has suddenly taken them to an unfamiliar setting. Some children may be unable or afraid to even ask where they are going, when they can go home, and where their siblings or parents are. They are often tired, hungry, dirty, and confused, and some may be in pain or distress from recent physical abuse or untreated medical conditions. Most children feel a combination of fear of the unknown, guilt in having somehow brought about separation from their family, and a sense of being punished. Removal from one’s family, even an abusive one, is generally traumatic for children.†

Youth in foster care are more likely to have a mental health diagnosis than other youth. In a study of foster youth ages 14-17, 63% met the criteria for at least one mental health diagnosis at some point in their life.²

Most common diagnoses: Oppositional Defiant Disorder/Conduct Disorder, Major Depressive Disorder/Major Depressive Episode, ADHD, and PTSD.

Of youth enrolled in Medicaid, those in foster care are significantly more likely to receive a mental health diagnosis than those not in foster care.²,³

Nearly half of youth aged 2-14 with completed child welfare investigations had clinically significant emotional or behavioral problems.⁴

Youth in foster care use mental health services at higher rates than other Medicaid-eligible youth.

- Youth in foster care are disproportionately more likely to have contact with psychiatrists and 5 times more likely to utilize outpatient mental health services.⁵
- Youth in foster care are between 5-7.5 times more likely to be hospitalized for a mental health condition.⁵,⁶
- Although they make up only three percent of the Medicaid population under age 18, children in foster care account for 12 percent of the recipients of behavioral health services in this age group.⁷

Youth in foster care are more likely to receive psychotropic medication than youth not in foster care.²,⁸,⁹

Percentage of children prescribed a psychotropic medication²

<table>
<thead>
<tr>
<th>State</th>
<th>Foster care</th>
<th>Non-foster care</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL</td>
<td>22.0%</td>
<td>19.7%</td>
</tr>
<tr>
<td>MA</td>
<td>21.8%</td>
<td>19.7%</td>
</tr>
<tr>
<td>MI</td>
<td>21.0%</td>
<td>19.7%</td>
</tr>
<tr>
<td>TX</td>
<td>19.7%</td>
<td>19.7%</td>
</tr>
<tr>
<td>OR</td>
<td>12.3%</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

† Foster care
- Non-foster care
Youth in foster care are more likely to receive multiple psychotropic medications than youth not in foster care.\textsuperscript{3,4,5}

Take Home Points

- Youth in foster care are at higher risk for developing emotional and behavioral disturbances and mental illness than youth from comparable backgrounds.
- Youth in foster care use mental health services at higher rates than other Medicaid-eligible youth.
- Youth in foster care are more likely to receive psychotropic medication than other Medicaid-eligible youth.

Psychiatric Disorders

- Disorders are grouped together based on their predominant feature.
  - For example, phobias, social anxiety, and posttraumatic stress disorder all include anxiety as the main feature of the disorder. So these disorders are categorized under the heading of Anxiety Disorders.
  - The label NOS (Not Otherwise Specified) is sometimes used when a specific diagnosis cannot be made. For example, Mood Disorder NOS, Psychotic Disorder NOS.
- The Diagnostic and Statistical Manual of Mental Disorders (the DSM) is the book that describes disorders and their symptoms.
  - The DSM is produced by the American Psychiatric Association
  - It is now on its fifth edition (DSM-5).
  - Recent changes: trauma- and stressor-related disorders, developmental disorders, disruptive mood dysregulation disorder

Who Diagnoses and Treats Psychiatric Illness?

<table>
<thead>
<tr>
<th></th>
<th>Psychiatrist</th>
<th>Psychologist</th>
<th>Licensed Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credential</td>
<td>MD</td>
<td>PhD or PsyD</td>
<td>LPC, LCSW, LMFT</td>
</tr>
<tr>
<td>Years of Training</td>
<td>Minimum 8</td>
<td>5-8 years</td>
<td>2-3 years</td>
</tr>
<tr>
<td>Does Psychotherapy?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Can Prescribe Medication?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Attention-Deficit and Disruptive Behavior Disorders

- Symptoms:
  - ADHD
  - Inattention, Hyperactivity, Impulsivity
  - Disruptive Behavior Disorders
    - Wounding or threatening themselves, other people, or pets
    - Damaging or destroying property
    - Lying or stealing
    - Not doing well in school or skipping school
    - Early smoking, drinking, or drug use
    - Early sexual activity
    - Frequent tantrums or arguments
    - Consistent hostility towards authority figures

- Example disorders:
  - ADHD, Conduct Disorder, Oppositional Defiant Disorder

Mood Disorders

- Symptoms:
  - Unipolar (Depressive Disorders)
    - Inability to feel pleasure
    - Feelings of hopelessness
    - Low self-esteem or feelings of worthlessness
    - Irritability
    - Decline in school work, social relationships
  - Bipolar
    - Severe changes in mood
      - Mania
        - Unrealistic highs in self-esteem
        - Great increase in energy and the ability to go with little or no sleep for prolonged periods
        - Increase in talking, talking too much, too fast, and changing topics quickly
        - Rapid, flighty behavior
        - Impulsivity, high risk behavior (e.g., abuse alcohol and drugs, reckless driving, or sexual promiscuity)

- Example disorders:
  - Dysthymic Disorder, Major Depressive Disorder, Bipolar Disorder

Anxiety Disorders

- Symptoms:
  - Many worries about things before they happen
  - Constant worries or concerns about family, school, friends, or activities
  - Repetitive, unwanted thoughts (obsessions) or actions (compulsions)
  - Fears of embarrassment or making mistakes
  - Low self-esteem or lack of self-confidence

- Example disorders:
  - Generalized Anxiety Disorder, Posttraumatic Stress Disorder, Obsessive Compulsive Disorder, Social Phobia, Panic Disorder

Take Home Points

- A psychiatric illness is a set of symptoms that impairs normal functioning.
- Disorders are grouped together based on their predominant feature.
- Psychiatric illness is diagnosed and treated by counselors, psychologists, and psychiatrists.

Medication Classes

- Just like disorders, psychotropic medications are grouped into classes based on the symptoms they are meant to treat.
  - For example, medications meant to treat symptoms of depression are classified as antidepressants.
Where do medications come from?

- Developed and marketed by pharmaceutical companies that hold a patent to a drug for a number of years; after patent expires, generic versions of a brand name drug can be sold.
- FDA approval process to ensure medication is safe and effective:
  - Companies submit 2 studies to FDA showing medication was more effective than a placebo at treating a particular condition in order to get indication for the desired use.
  - Submit one additional study to gain indication in children.
  - Prescribing medication for use in a way not approved by the FDA is called off-label prescribing.

Who prescribes medications?

- Only a licensed physician can prescribe psychotropic medication. Family practitioners, pediatricians, and psychiatrists are all types of physicians.
- Psychiatrists receive specialized training on diagnosing and treating psychiatric illness.
  - Child & adolescent psychiatrists receive 2 additional years of training.

ADHD Medications

- Used to treat: Attention Deficit/Hyperactivity Disorder
- Examples:
  - Atomoxetine (Strattera)
  - Lisdexamfetamine dimesylate (Vyvanse)
  - Methylphenidate (Ritalin, Concerta)
  - Amphetamine (Adderall)
  - Dextroamphetamine (Dexedrine, Dextrostat)
- Possible adverse side effects:
  - Decreased appetite
  - Tics
  - Psychosis

Antidepressants

- Used to treat: Depression, Generalized Anxiety Disorder, Posttraumatic Stress Disorder, Social Phobia
- Examples:
  - Fluoxetine (Prozac)
  - Citalopram (Celexa)
  - Sertraline (Zoloft)
  - Paroxetine (Paxil)
  - Bupropion (Wellbutrin) – unipolar depression only
- Possible adverse side effects:
  - Suicidal thoughts
  - Sleepiness or drowsiness
  - Agitation
  - Sexual dysfunction

Antipsychotics

- Used primarily to treat: Psychotic Disorders, Bipolar Disorder
- Examples:
  - Typical or First Generation
    - Chlorpromazine (Thorazine)
  - Atypical or Second Generation
    - Risperidone (Risperdal)
    - Aripiprazole (Abilify)
    - Quetiapine (Seroquel)
- Possible adverse side effects:
  - Rigidity (muscle tension)
  - Tardive dyskinesia (uncontrollable movements)
  - Diabetes
  - Increased cholesterol
  - Weight gain
  - Neuroleptic malignant syndrome (a life-threatening side effect)
Mood Stabilizers
- Used primarily to treat: Bipolar Disorder
- Examples:
  - Lithium
  - Divalproex sodium (Depakote)
  - Carbamazepine (Tegretol)
  - Lamotrigine (Lamictal)
  - Oxcarbazepine (Trileptal)
- Possible adverse side effects
  - Suicidal thoughts
  - Loss of coordination
  - Nausea/vomiting
  - Kidney, thyroid, liver, and pancreas damage
  - Polycystic ovarian syndrome
  - Weight gain

What should be cause for concern?
- Too many medications
  - More than one medication from the same class
  - Three or more psychotropic medications at the same time
- Too much medication
  - Using more than the FDA recommended dose
- Too young
  - Use of antipsychotic medication for youth under 10
  - Use of any psychotropic medication for youth under 5

Take Home Points
- Only a few medications have strong data to support their safety and efficacy in youth.
- Understand the symptoms a medication is meant to treat and the duration of treatment.
- Understand the potential side effects and ensure a youth on psychotropic medication is properly monitored for potential side effects.
- Too much, too many, too young: ask questions about medication use that seems concerning.