Children and Youth Mental Health

Considerations for Youth in Foster Care presented with Dr. Timothy Cooper, DCS Executive Director of Child Health

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Tapping into the Potential Children and Youth in Care

Children and youth in care are often adaptable, courageous, resilient and wise– but they may demonstrate challenges.

Session Objective: Building awareness of challenges and best practices for youth advocates in Tennessee child welfare.

Agenda:

1. Mental Health Conditions and their Prevalence in TN Child Welfare
2. Evidenced Based Practices
3. Psychotropic Medication and Tennessee Policy and Practice
4. Advocacy Strategies for GALs and Court Staff and Volunteers

Why?

Factors contributing to the mental and behavioral health of children and youth in foster care includes:

- History of complex trauma,
- Frequent separations: changing situations and transitions,
- Inconsistent and inadequate access to mental health services before and sometimes during care,
- Over-prescription of psychotropic medications.

National Conference of State Legislatures

Children and Youth in Care

- Children in foster care are more likely to experience mental health disorders than their peers.
- Conditions more common among children in care include attention deficit hyperactivity disorder (ADHD), depression, anxiety, oppositional defiant disorder (ODD), conduct disorder, post-traumatic stress disorder (PTSD), reactive attachment disorder (Greiner & Beal, 2017; Havlicek et al., 2013; Lohr & Jones, 2016; McMillen et al., 2005; Tarren-Sweeney, 2008).
- Youth in foster care transitioning to adulthood are up to four times more likely to have a mental health disorder than youth not in foster care (Havlicek et al., 2013; Lohr & Jones, 2016). Compared to children not in foster care in similar socioeconomic situations, children in care are 3–4 times more likely to be diagnosed with a mental health disorder (Greiner & Beal, 2017).

Mental Health Condition Prevalence Among Foster Youth

Table 1. Prevalence of Mental Health Diagnoses (MHD) and Developmental Disorders (DD) among Children in and not in Foster Care

Children in Foster Care					
Age group	MHD #	%	DD #	%	Total #
1-<5	105	3.4	462	14.8	3,130
5-<10	392	16.0	559	22.9	2,445
10-<15	666	35.7	385	20.7	1,864
15-18	496	39.1	165	13.0	1,267
Total	1,659	19.1	1571	18.0	8,706
Children Not in Foster Care					
Age group	MHD #	%	DD #	%	Total #
1-<5	1,288	6.0	2,440	11.3	21,630
5-<10	8,109	8.5	11,167	11.7	95,275
10-<15	9,059	11.5	6,908	8.8	78,847
15-18	5,584	14.9	1,838	4.9	37,526
Total	24,040	10.3	22,353	9.6	233,278

A Comparison Study of Mental Health Diagnoses of Foster and Non-Foster Children on Medicaid
Rachael J. Keefe, MD, MPH, FAAP;
Angela Cummings, DrPH;
Bethanie Van Horne, DrPH;
Christopher Greeley, MD, MS, FAAP
Pediatrics (2021) 147 (3_MeetingAbstract): 83–84.
https://doi.org/10.1542/peds.147.3MA1.83

Tennessee CANS Data: Actionable Mental Health

CANS Data from the Vanderbilt Center of Excellence

FY 21-23	SCORE	FY 21	FY 22	FY 23
Impulsivity/Hyperactivity	2	2412 (24.8%)	2009 (28.2%)	1152 (32.1%)
	3	182 (1.9%)	195 (2.7%)	108 (3.0%)
Depression	2	2280 (23.4%)	1829 (25.7%)	973 (27.1%)
	3	83 (0.9%)	78 (1.1%)	48 (1.3%)
Anxiety	2	1827 (18.8%)	1479 (20.8%)	810 (22.6%)
	3	46 (0.5%)	37 (0.5%)	23 (0.6%)
Oppositional	2	2046 (21.0%)	1817 (25.5%)	1148 (32.0%)
	3	269 (2.8%)	310 (4.4%)	205 (5.7%)

CANS Data from the Vanderbilt Center of Excellence

Conduct	2	917 (9.4%)	888 (12.5%)	551 (15.4%)
	3	73 (0.8%)	89 (1.3%)	58 (1.6%)
Psychosis	2	191 (2.0%)	160 (2.2%)	85 (2.4%)
	3	39 (0.4%)	16 (0.2%)	15 (0.4%)
Trauma	2	2255 (23.3%)	1624 (23.0%)	929 (26.1%)
	3	165 (1.7%)	131 (1.9%)	81 (2.3%)
Attachment	2	636 (6.5%)	468 (6.6%)	276 (7.7%)
	3	82 (0.8%)	72 (1.0%)	24 (0.7%)
Suicide Risk	2	439 (4.5%)	373 (5.2%)	281 (7.8%)
	3	48 (0.5%)	56 (0.8%)	51 (1.4%)

Common Mental Health Conditions (DSM V) and Recommended Treatment (APA)

Attention Deficit Disorder (ADD/ ADHD)

Attention Deficit Disorder is identified through symptoms that demonstrate difficulty with attention and focus. Many youth with ADHD are inattention to details, are easily distracted, and/or hyperactive.

ADHD includes the added symptomology of hyperactivity is a state of restlessness and movement or incessant talking.

ADHD: Treatment Options

- Non-medication treatments include cognitive-behavioral therapy (CBT), social skills training, parent education, and education modifications. Therapies can help a child learn how control aggression, modulate social behavior, and be more productive. Can be used alone or with medications.
- Cognitive therapy can help a child feel better about himself, improving confidence and negative thoughts. Can also help improve problem-solving skills.

Depression

Depression is characterized by a depressed mood, and can include:

- Markedly diminished interest or pleasure in most or all activities
- Significant weight loss (or poor appetite) or weight gain
- Insomnia or hypersomnia
- Psychomotor retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death (not just fear of dying), or suicidal ideation, plan, or attempt

Recommended Treatment: Depression

There is a lot of scientific support showing the effectiveness of psychosocial treatments for youth with depression, especially milder depression. Cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), and attachment based family therapy are several examples. These can offer long term growth.

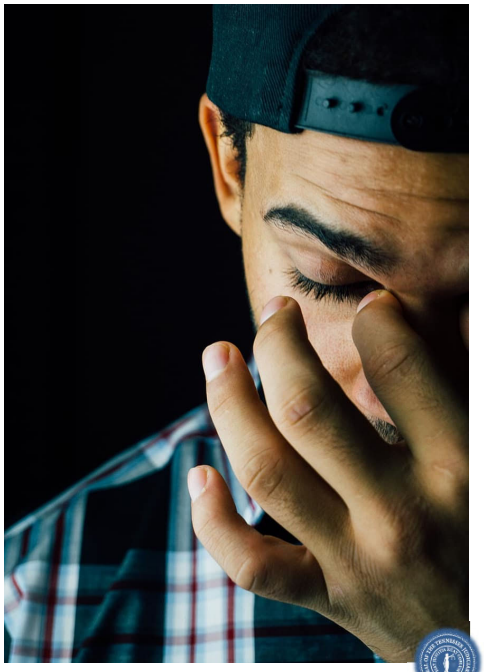
Anxiety

Characterized by excessive anxiety and worry over a period of time, and is associated with three of more of the following symptoms:

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).

Recommended Treatment: Anxiety

For anxiety disorders, cognitive-behavioral therapy, antidepressant medications and anti-anxiety medications have all been shown to be helpful.
Research generally shows that psychotherapy is more effective than medications, and that adding medications does not significantly improve outcomes from psychotherapy alone.



Posttraumatic Stress Disorder (PTSD)

Symptoms include episodes of reexperiencing the traumatic event or reexperiencing the emotions attached to the event; nightmares, exaggerated startle responses; and social, interpersonal, and psychological withdrawal. Chronic symptoms may include anxiety and depression. PTSD is categorized as an anxiety disorder.

Recommended Treatment: PTSD

Treatment: Trauma Focused Cognitive Behavioral Therapy. This approach incorporates relaxation and affects management with cognitive coping and trauma processing.

Affect Regulation and Competency. Developed to address complex trauma through strengthening the caregiver system, regulating emotions and increasing resilience.

Oppositional Defiance Disorder (ODD)

A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting over a period of time and associated with at least four symptoms:

- Angry/Irritable Mood
- Often loses temper
- Is often touchy or easily annoyed
- Is often angry and resentful
- Argumentative/Defiant Behavior
- Often argues with authority figures or, for children and adolescents, with adults, actively defies or refuses to comply with requests from authority figures or with rules, purposely annoys, etc.

Recommended Treatment: ODD

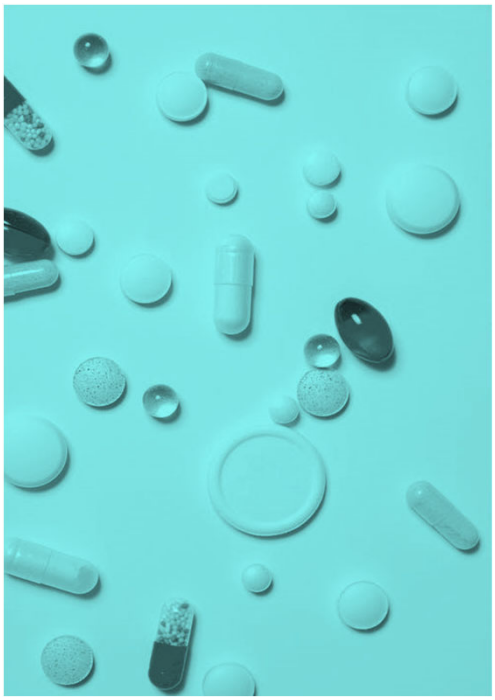
ODD Treatment usually consists of a combination of:

- Parent-Management Training
- Cognitive Problem-Solving Skills Training to reduce inappropriate behaviors by teaching the child positive ways of responding to stressful situations.
- Social-Skills Programs and School-Based Programs to teach children and adolescents how to relate more positively to peers and ways to improve their school work.
- Medication may be necessary to help control some of the more distressing symptoms of ODD as well as the symptoms of coexisting conditions, such as ADHD, anxiety, and mood disorders. However, medication alone is not a treatment for ODD.

Let's Talk

In the Chat, answer the following question: Have you ever had a question about psychotropic medications related to a child in care that you were volunteering with or supporting? What did you want or need to know?

If you are distance learning, or on a phone and not able to access the chat, you will see this question on the post training survey. Think about the question for a minute and let us know your thoughts in the survey!



Psychotropic Medication Tennessee

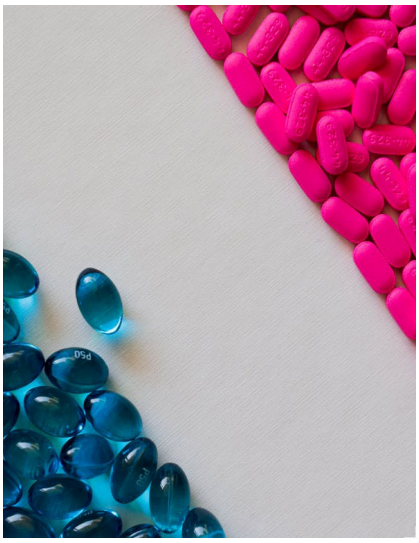
- What is it?
- "Medication that exercises a direct effect upon the central nervous system and which is capable of influencing and modifying behavior and mental activity. Psychotropic medications include, but are not limited to anti-psychotics; antidepressants; agents for control of mania and depression; anti-anxiety agents; psychomotor stimulants and hypnotics." Tenn. Code § 49-2-124 (2)

Psychotropic Medications: Indications for Use

Examples:*

- **ADHD:** Dexedrine, Adderall, Vyvanse, Concerta, Daytrana, Ritalin, Focalin, Strattera, Tenex, Intuniv;
- **Antidepressant and Anti-Anxiety:** Prozac, Zoloft, Paxil, Lexapro, Effexor, Cymbalta, Wellbutrin;
- **Anti-Anxiety Medications:** (Rarely used in children): Xanax, Ativan, Valium, Klonopin, BuSpar;
- **Antipsychotic Medications:** Thorazine, Mellaril, Prolixin, Haldol, Abilify, Risperdal;
- **Mood Stabilizers and Anticonvulsant Medications:** Lithium, Tegretol, Valproic Acid (Depakote, Depakene);
- **Sleep Medications:** Desyrel, Ambien, Sonata, Lunesta, and Benadryl.

*AACAP (2017) Psychiatric Medication For Children And Adolescents: Part II - Types Of Medications



Attention Deficit Hyperactive Disorder (ADHD) & ADHD Medication

Research demonstrates that medication can help improve attention and focus.

- Prescribers commonly prescribe stimulants (various methylphenidate and amphetamine preparations, i.e.: Ritalin and Adderol) and the non-stimulant atomoxetine (Straterra).

Possible Side Effects

Common side effects from stimulant medication:

- Reduced appetite, weight loss, trouble sleeping, headaches, stomachaches/ pain, and irritability. These side effects usually get better within the first couple of months of treatment.

Non-stimulant:

- Can cause nausea, low appetite, and weight loss.
- Some children complain of sleepiness or irritability. These side effects usually go away after the first month of treatment.

Side effects *usually* are not dangerous, but they should all be reported to the child's doctor, who can adjust dose, time of administration, etc.

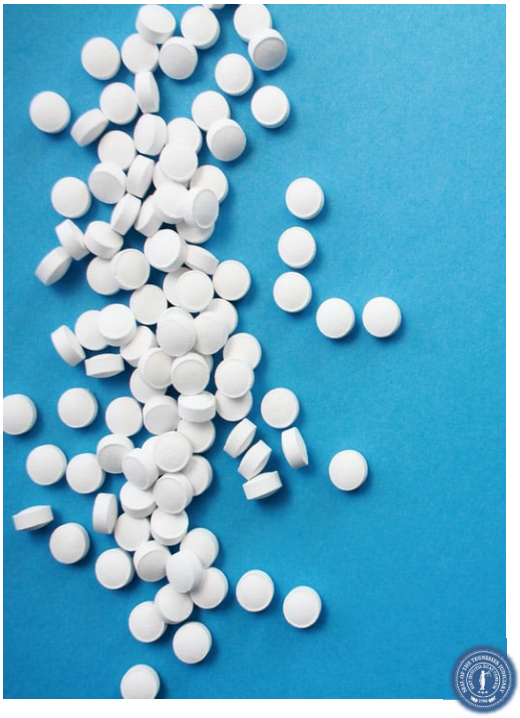
Antidepressant Medications

- Antidepressant medications can be effective in relieving the symptoms of depression in children and adolescents.
- Medications called SSRIs (Selective serotonin reuptake inhibitors) are usually the first medication prescribers use to treat childhood depression. SSRIs work by increasing the levels of serotonin in the brain. Serotonin is a neurotransmitter that sends signals between brain cells.
- Possible Adverse Effects: Nausea, stomachaches, headaches, sleep problems, irritability.

Antipsychotic Medications

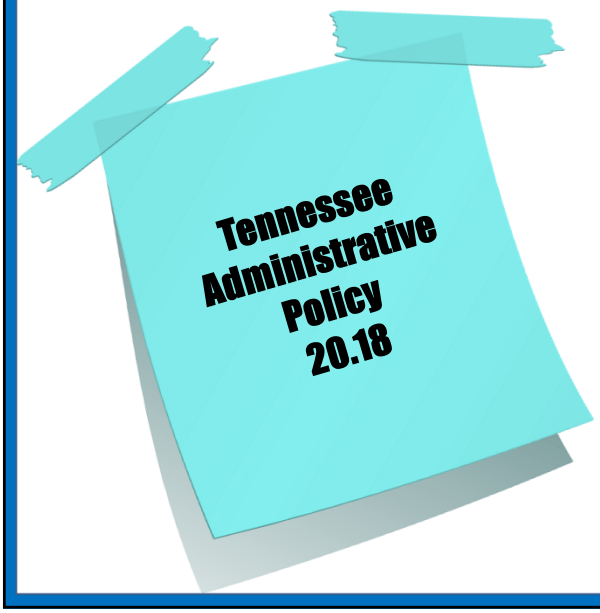
- Antipsychotic medications can help to control symptoms of psychosis (i.e.: delusions, hallucinations). They are also used to treat irritability in autism, and may treat severe anxiety and very aggressive behavior.
- While antipsychotic medications may be effective, they also can also have serious side effects, such as metabolic and physical complications.

Careful assessment prior to prescription and careful, frequent child health monitoring are necessary to support child safety.



Psychotropic Medication Concerns

Tennessee Prescription Parameters



- Only a licensed physician or nurse practitioner is qualified to prescribe psychotropic medications.
- Consultation with a board-certified child and adolescent psychiatrist should be sought in complex cases.
- A thorough examination should precede initial prescription.
- Prescription must be accompanied "by an explanation that includes the need related to the child's mental health diagnosis, potential side effects."

Psychotropic Medication Utilization Parameters

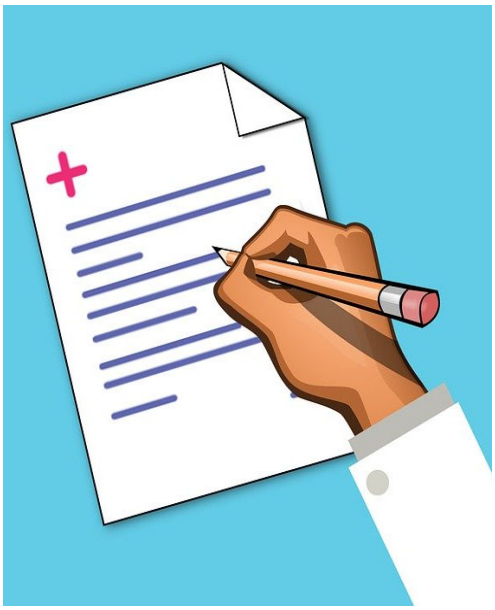
- Provides guidelines and rationale for policy as well as additional protections for the children in state's custody.
- Policy 20.18 indicates that cases that fall outside of the guidelines in the Parameters are assessed by the Regional Nurse and the DCS Chief Medical Officer or the Officer's designee.

Policy 20.18 Clinical Review

- **No DSM-IV diagnosis in the child's medical record**
- **4 or more psychotropic medications prescribed together**
- **2 or more of the same type of med prescribed together**
- **Off-label use or dose**
- **2 meds prescribed for a given disorder before 1 is tried first**
- **Child is under 5**
- **Some primary care (PCP) doctor prescriptions***

*Concern is that some PCPs may not have expert knowledge related to some psychotr
medications, and review is requi

Tennessee Psychotropic Medication Monitoring



- DCS tracks psychotropic medication prescription to children in state's custody through a Regional Nurse or Youth Development Center nursing staff.
- DCS also keeps an electronic record with prescription data and informed consent data (TFACTS).

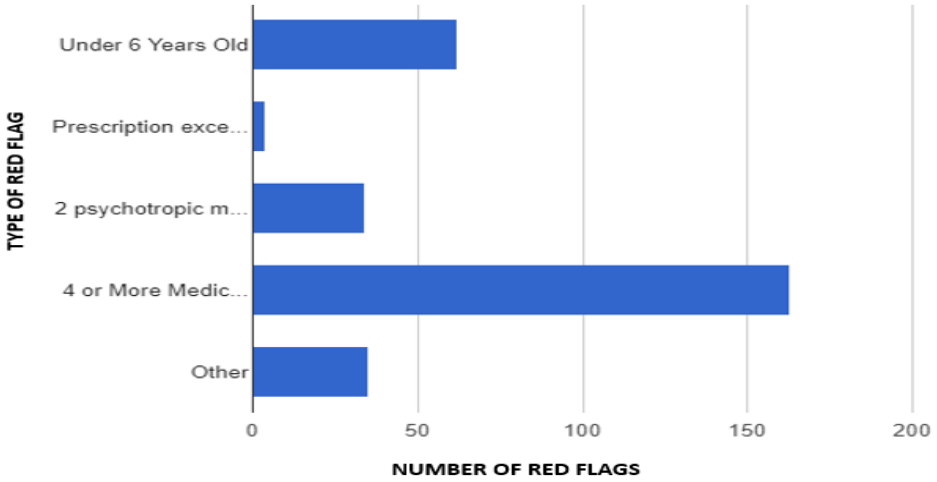
Psychotropic Medication Policy

DCS has partnered with the Vanderbilt Center of Excellence for Children in State Custody (COE) to provide support and consultation around psychotropic prescribing practices for youth involved in the child welfare system.

The COE Psychopharmacology Oversight Initiative has two arms;
1. Red flag consultation, education and support
2. Risk review of prescribing practices

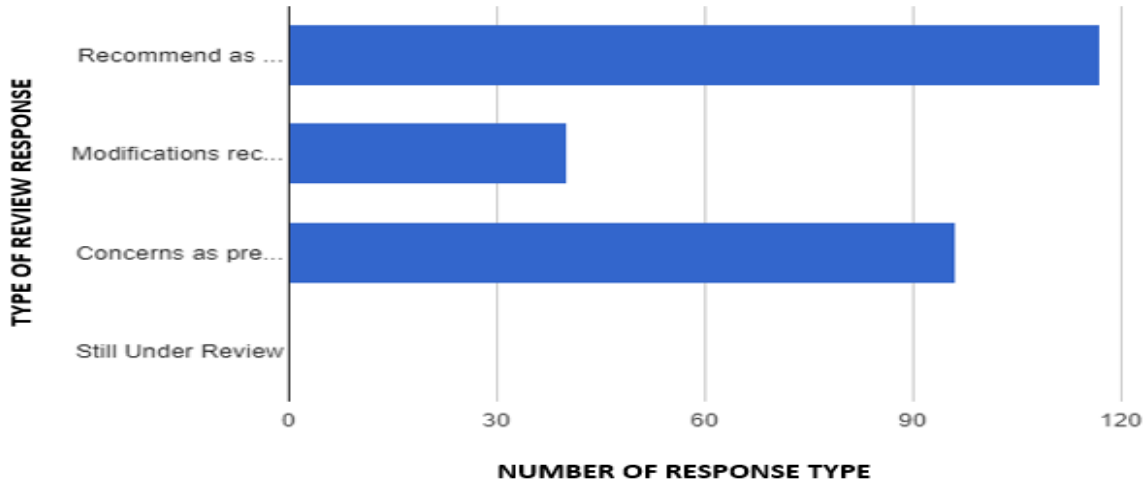
Psychotropic Medication Policy

Red Flag Consultation, Education and Support
The first arm of this project engages "red flag" prescribing at the child level and is aimed at supporting DCS Regional Nurses through consultation and education. Vanderbilt COE child and adolescent psychiatrists and psychiatric nurse practitioners serve as consultants and provide guidance to DCS Regional Nurses regarding potential risks and benefits of psychotropic medications and potential alternative treatments.



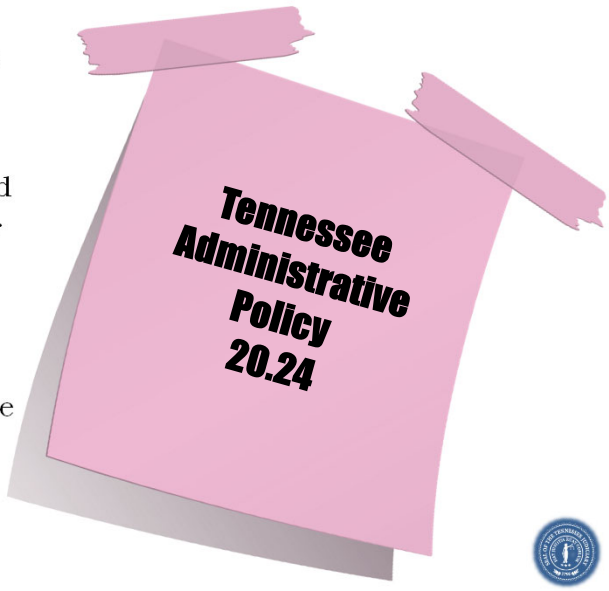
Psychotropic Medication Practice

Based on review of information provided, COE Psychiatry Consultants provide feedback to DCS Regional Nurses that allow them to make decision related to consent for medications. Feedback can include a recommendation to proceed as prescribed, to consider modifications to the current plan or can express concerns related to the prescribing plan. Regional Nurses can than consider this feedback and consult with the youth's psychiatry provider around any questions or concerns related to the youth's medications. The table below indicates the breakdown of these feedback for the 2022-2023 year:

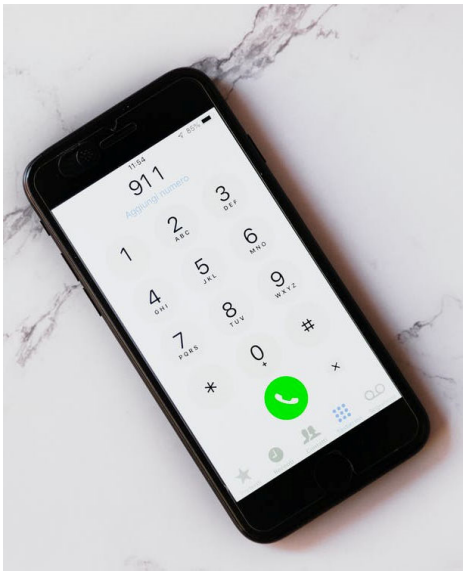


Tennessee Informed Consent

- Parent(s) are part of medical decision making, unless rights have been terminated, or youth is 16 or older.
- Youth 16 and up decide whether their parents will be involved in psychiatric appointments and psychotropic medication decisions. This is their right.
- Consent documented in DCS Form CS-0627, Informed Consent for Psychotropic Medication.
- Refusal: Individuals refusing treatment are to be counseled and asked to sign DCS Form CS-0093- Release from Medical Responsibility.



Tennessee Informed Consent: Policy 20.24



- Exception to Consent- Emergencies
  - Emergency dose of psychotropic medication can be given without consent, but must be authorized by a licensed provider or a physician's order, and is only allowable for a child that is hospitalized or placed in a Psychiatric Residential Treatment Facility (PRTF).
  - Emergency psychotropic medication can only be authorized for a one-time dose.
  - Emergency monitoring, documentation and notification is required.

Engaging, Interviewing, and Counseling Child Clients

Tennessee Rules of Professional Conduct

Rule 1.4: Communication

(a) A lawyer shall:

1) promptly inform the client of any decision or circumstance with respect to which the client's informed consent, as defined in RPC 1.0(e), is required by these Rules;

2) reasonably consult with the client about the means by which the client's objectives are to be accomplished;

3) keep the client reasonably informed about the status of the matter;

4) promptly comply with reasonable requests for information; and

5) consult with the client about any relevant limitation on the lawyer's conduct when the lawyer knows that the client expects assistance not permitted by the Rules of Professional Conduct or other law.

(b) A lawyer shall explain a matter to the extent reasonably necessary to permit the client to make informed decisions regarding the representation.

Comment

6) Ordinarily, the information to be provided is that appropriate for a client who is a comprehending and responsible adult. However, fully informing the client according to this standard may be impracticable, for example, where the client is a child or has diminished capacity. See RPC 1.14.

Tennessee Rules of Professional Conduct

Rule 1.14: Client with Diminished Capacity

(a) When a client's capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment, or for some other reason, the lawyer shall, as far as reasonably possible, maintain a normal client-lawyer relationship with the client.

Comment

(1) The normal client-lawyer relationship is based on the assumption that the client, when properly advised and assisted, is capable of making decisions about important matters. When the client is a minor or has a diminished mental capacity, however, maintaining the ordinary client-lawyer relationship may not be possible in all respects.... Nevertheless, a client with diminished capacity often has the ability to understand, deliberate upon, and reach conclusions about matters affecting the client's own well being. For example, children as young as five or six years of age, and certainly those of ten or twelve, are regarded as having opinions that are entitled to weight in legal proceedings concerning their custody.

Supporting Youth Mental Health: Advocacy Tips

A Guardian ad Litem is "[A] lawyer appointed by the court to advocate for the best interests of a child and to ensure that the child's concerns and preferences are effectively advocated."

A GAL should advocate the position that serves the best interest of the child by…
(ix) Monitoring compliance with the orders of the court and filing motions and other pleadings and taking other actions to ensure services are being provided;
(x) Attending all staffings, reviews and hearings, including permanency plan staffings, foster care review board hearings, judicial reviews and the permanency hearing;
(xi) Attending treatment, school and placement meetings regarding the child as deemed necessary.
Tennessee Supreme Court Rule 40

Supporting Youth Mental Health: Advocacy Tips

Foster Care Review Board:
Pursuant to Rule 402(b) and Rule 403, the FCRB should make recommendations on the following:

(1) The continued appropriateness of the permanency goals , and if a concurrent goal is needed;
(2) Whether the child's placement is safe and appropriate;
(3) Whether the child's well-being is being appropriately addressed through health, education, and independent living skills if applicable;
(4) Whether the visitation schedule continues to be sufficient to maintain the bond between the child and parent, and the child and siblings, who are not residing in the same placement;
(5) The reasonableness of the Department of Children's Services' efforts to identify or locate the parent or child whose identity or whereabouts are unknown;
(6) The reasonableness of the Department's efforts based on the prioritization of the outcomes and corresponding action steps in the statement of responsibilities; and
(7) The compliance of the parents or child with the statement of responsibilities in the plan.

Supporting Youth Mental Health: Advocacy Tips

Foster Care Review Board:

- Ensure that all referable conditions have been addressed, that parties are compliant and that DCS is exercising reasonable efforts.

CASA:

- Advocating for appropriate services and for youth voice

Questions?