Psychotropic Medications: Help, Harm or Hype

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Objectives

1. Assist participants to identify student behaviors and needs in relationship to psychiatric medications.

2. Learn about clinical effects and side effects of commonly used psychiatric medications.

3. Explore challenges and solutions when utilizing psychiatric medication in school aged children.
Disclaimers

- We are registered nurses that specialize in school nursing, not pharmacists.

- We are not for or against medication and believe each student’s situation is unique.

- We believe no student should take psychiatric medication without a thorough evaluation by a medical provider.
School Nurses and Mental Health Care

- National Association of School Nurses (NASN): mental health is as critical to academic success as physical well-being

- The top five health conditions of children in the United States are mental health problems, school nurses spend 32% of their time providing mental health services.

- As members of interdisciplinary teams, school nurses collaborate with school personnel, community health care professionals, students and families, in the assessment, identification, intervention, referral, and follow-up of children in need of mental health services.

What is a psychotropic medication?

Medication taken for the purpose of improving the emotional and behavioral health of a child or adolescent diagnosed with a mental health condition.

Exercise an effect on the central nervous system to influence and modify behavior, cognition or affective state.

The term includes the following categories: stimulants, antidepressants, antipsychotics or neuroleptics, anti anxiety agents, sedatives or sleep producing agents.
Scope of the issue:

March 11, 2016 CDC’s Morbidity and Mortality Weekly Report: More than 1 in 7 American children have a mental, behavioral or developmental disorder

The use of psychotropic drugs has increased sharply in children, with two-thirds of the prescriptions written for stimulants and antidepressants (Center for Health and Health Care in Schools, 2012).
Scope (continued)

SAMHSA (2012) indicates that 40% of children receive treatment for their mental health issues, and of those that received help, nearly two-thirds received treatment only at school (National Association of School Psychologists, n.d.).

Children with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and long-term placements in the child welfare system than their peers (Stagman & Cooper, 2010).

Impact to academic achievement

Children with mental health disorders may miss 18-22 days of school per year. School absences are associated with increased dropout rates that lead to economic and social repercussions for individuals, families and communities (NASN, 2012).
Medication Prescribed for Emotional or Behavioral Concerns Aged 6-17

**Figure 1.** Percentage of children aged 6–17 years prescribed medication during the past 6 months for emotional or behavioral difficulties, by sex and age group, and race and Hispanic origin: United States, 2011–2012
Key Findings: Data from the National Health Interview Survey, 2011-12

- Seven and one-half percent of children aged 6–17 years used prescribed medication during the past 6 months for emotional or behavioral difficulties.

- A higher percentage of children insured by Medicaid or the Children's Health Insurance Program used prescribed medication for emotional or behavioral difficulties than children with private health insurance or no health insurance.

- A higher percentage of children in families having income below 100% of the poverty level used prescribed medication for emotional or behavioral difficulties than children in families at 100% to less than 200% of the poverty level.

- More than one-half of children who used prescribed medication for emotional or behavioral difficulties had a parent report that this medication helped the child "a lot."
Children age 2-3 - Medicated for ADHD

New York Times listed the number of toddlers (<4 years of age) on medication for ADHD as more than 10,000 American toddlers.

American Academy of Pediatrics do not address this diagnosis in children age 3 and under. There are no guidelines for use of stimulant medications for this age group, no safety & effectiveness studies have been conducted.

Only Adderall has been approved by the FDA for children under age 6.

www.nyti.ms/1jnBG77
Idaho Statistics

- Ranks 51\textsuperscript{st} among US states per capita for number of active pediatricians
- Average age of pediatricians is 49.6 years

- Ranks 51\textsuperscript{st} for active psychiatrists
- Average age is 56
Hope for Idaho: The Jeff D. case

June 2015 settlement could provide as many as 9,000 Idaho children with improved access to community-based mental health services.

- Creating a statewide process, across all child-serving systems, to identify and screen youths for unmet mental health needs;
- Providing a comprehensive array of community-based services and supports to children when medically necessary;
- Delivering services using a consistent approach that engages families, youths, and their support systems; and
- Monitoring and reporting on service quality and outcomes for youths.
Medication Overview:
What they are and how they work

• Stimulants, Strattera & Alpha agonists
• Selective Serotonin Reuptake Inhibitors (SSRI’s) & other Antidepressants
• Anti-anxiety agents
• Atypical Anti-psychotics
• Sleep Medicines
The Bottom Line

• Psychiatric Medicine
  – Some benefit
  – Some risk
  – Just one tool in the tool box
What do medications and bullying have in common?

• Students on medications may be either the victim or the perpetrator

• Keep the school use of medications confidential
What else in our tool box?

- Partnering with community and local medical providers
- Partnering with parents
- Psychosocial treatments
- Healthy habits:
  - Structured environment
  - Sleep
  - Nutrition
  - Physical activity
  - Parent education, healthy parent/child relationships
  - Both parents being on the same page
What’s the team to do?

• Never recquire the use of psychotropic medications for any student
• Encourage the student be evaluated by an appropriate medical practitioner
• Understand medications – you’re here, you did!
• Help to collect data to monitor medication (and other interventions) efficacy
• Ensure appropriate accommodations are provided: health alerts, 504, IEP
One parent’s perspective:

• https://www.youtube.com/watch?v=EkL6Qx07aiU
ADHD medication and behavior therapy among children with ADHD (ages 4-17) with special health care needs (CDC, 3/30/2015)
The Ten Commandments of Medicine
(from Your Child in the Balance)

Have your child appropriately evaluated by a trusted professional.

Before jumping to medicine as the answer, ask whether changing your child’s environment would be helpful.

Never use (or avoid) a medicine based simply on your neighbor’s response to that medicine.

A diagnosis is not an excuse…A child is responsible for his/her behavior.

Know what you’re treating…a disorder or a symptom.
Give medicine time to work.

Medicine must be monitored.

Avoid the medicine rut...using medicine year after year without re-examining the decision.

Parents should present a unified stance about medicine.

Know when to quit the search for the medicine solution. Medicine is not the solution for every problem.
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Kids on Meds:
Up-to-Date Information About the Most Commonly Prescribed Psychiatric Medications &
Your Child in the Balance:
Solving the Psychiatric Medicine Dilemma