

Psychotropic medication and youth in foster care report

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The Tufts Clinical and Translational Science Institute (CTSI) today issued a landmark report from a multi-state study on psychotropic medication oversight in foster care. Led by Laurel K. Leslie, MD, MPH at Tufts CTSI, Christopher Bellonci, MD at Tufts Medical Center and Justeen Hyde, PhD at Cambridge Health Alliance, the study examined state policies and practices in 47 states, including Massachusetts, and the District of Columbia regarding the use of medication for treating behavioral and mental health problems in foster care children and adolescents ages 2 to 21 years.

Over the past decade, psychotropic medication use in the general youth population has more than doubled. Estimated rates of psychotropic medication use in foster care youth, however, are much higher (ranging from 13-52%) than those in the general youth population (4%).

In 2008, President Bush signed into law the Fostering Connections to Success and Increasing Adoptions Act, which requires state child welfare agencies and Medicaid to provide ongoing oversight and coordination of medical and mental health services, including psychotropic medications, for youth in foster care. Since then, state child welfare agencies have been working to develop sound policies and practices for this population of kids.

The Tufts CTSI multi-state study, begun in 2009, concluded that while oversight of psychotropic medication is a high priority of the state child welfare agencies, there is also great variability among the state policies

and practices governing such oversight. The Study Report calls for a national approach and resources for medication oversight for youth in foster care. A more detailed national look at which state policies and practices are the most effective for improving the mental health of these youth is also needed. Without a national approach, crossing a state border could mean the difference between a youth in foster care being appropriately treated with medications or not. The report also stresses the need for youth-serving organizations and state agencies to work together, and for more informed decision-making and appropriate medication monitoring for youth in foster care.

The majority of states in the multi-state study reported an increasing trend in the use of psychotropic medications among youth in [foster care](#), specifically regarding: Increased use of antipsychotics, antidepressants, and attention-deficit hyperactivity disorder (ADHD) medications;

Increased polypharmacy (the use of more than one psychotropic medication at the same time); Increased medication use among young children; and Increased reliance on giving medications "as needed" and "blanket authorizations" for such drug use in residential facilities.

Officials in some states felt that this increase partially reflected demand by foster parents, schools, and other stakeholders. Others felt that reimbursement and time pressures in the healthcare system encouraged medication use. A few states, however, indicated a decrease in medication use in their states and thought that these changes reflected policy and practices implemented over the last several years.

Many child welfare officials understood that medication plays an important role in addressing [mental health problems](#). However, officials were concerned that medications were being used to manage problems that might respond as well, or better, to psychosocial treatments.

Funded by the Charles H. Hood Foundation and the National Institute of Mental Health-funded Child and Adolescent Services Research Center in San Diego, the study involved interviews with state child welfare agency key staff as well as a review of existing policies and guidelines available on state public websites or provided by staff. The Study Report and specific tools developed by states are available online at [www.tuftsctsi.org/About-Us/CTSI Components/Community-Engagement.aspx](http://www.tuftsctsi.org/About-Us/CTSI%20Components/Community-Engagement.aspx). The Study Report was funded by the William T. Grant Foundation and Tufts CTSI.

States that participated in the study include: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, D.C., Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

Provided by Tufts University

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