

# Vermont Department of Mental Health Mental Health Minute

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## Current Topic: Psychiatric Medication Usage Among Vermont Youth

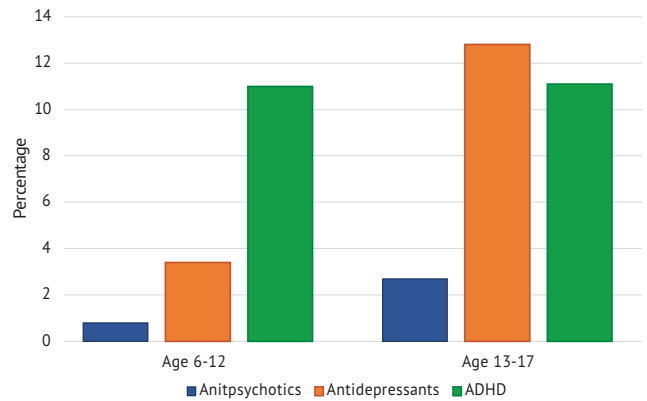
Psychiatric medications are used as a part of treatment to address a number of mental health problems that can occur commonly in children and adolescents such as depression, anxiety, attention deficit-hyperactivity disorder (ADHD), and other conditions. They are sometimes used to treat a specific diagnosis, such as ADHD, while in other instances they are used to help a problem area that can be present across a number of different diagnoses, such as physical aggression. While

there is a lot of scientific evidence that medications can be helpful, all medications carry the risk of possible side effects, some of which can be serious. Because of this risk/benefit balance, the Department of Mental Health (DMH) in collaboration with the Department of Vermont Health Access monitors psychiatric medication usage among Medicaid-insured Vermont youth (referred to simply as Vermont Youth going forward), and in particular, youth in and out of foster care.

### What percentage of Vermont youth take psychiatric medication?

Recent data from federal fiscal year 2020 (October 2019 – September 2020) reveal the percentage of Vermont youth who take a psychiatric medication. Figure 1 shows percentages within two age groups (6-12 years and 13-17 years) and by the different classes of medication (antipsychotic, antidepressant, and ADHD medications). Overall, between October 2019 and September 2020, 1.4% of Medicaid-insured youth ages 3-5, 12.7% of youth ages 6-12, and 20.9% of adolescents between the ages of 13-17 were prescribed at least one psychiatric medication. Among 6-12 year olds, ADHD medications were the most frequently prescribed (11%) and among 13-17 year olds, antidepressant medications were the most frequently prescribed (13%).

Figure 1, Medication Usage Among Medicaid-Insured Vermont Youth – Fiscal 2020

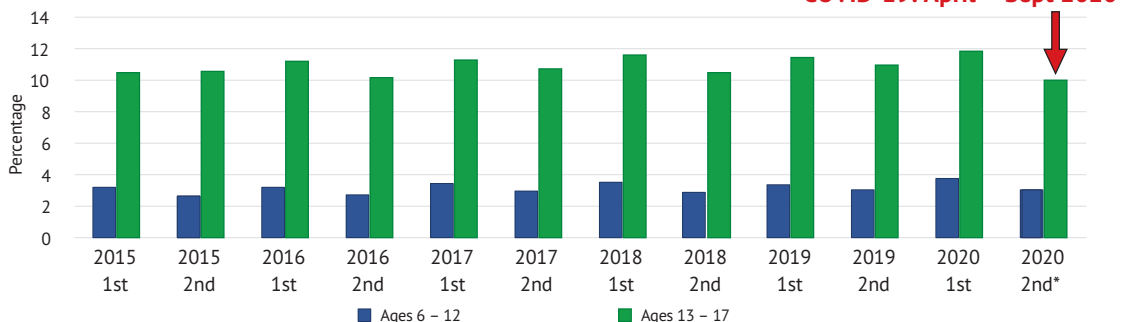


### Has the percentage of Medicaid-insured Vermont youth taking medications changed over the past five years?

There has been little change in the percentage of Vermont youth taking psychiatric medications over the past five years. Figure 2 shows the trend in six-month intervals from fiscal years 2015 - 2020 of antidepressant medication use within two age groups; similar trends over time are present for antipsychotic and ADHD medication use. Antidepressant medication use was relatively steady within both age

groups over time, varying between 3-4% among 6-12 year olds and 10-12% among 13-17 year olds. Interestingly, the percentages during the COVID-19 pandemic were on the lower end of the ranges for both age groups. Therefore, there is no indication of significant changes in psychiatric medication use during the COVID-19 pandemic compared to similar 6-month intervals over the past 5 years.

Figure 2, Antidepressant Medication Use Among Medicaid-Insured Vermont Youth from 1st and 2nd Half of Fiscal Years 2015-2020

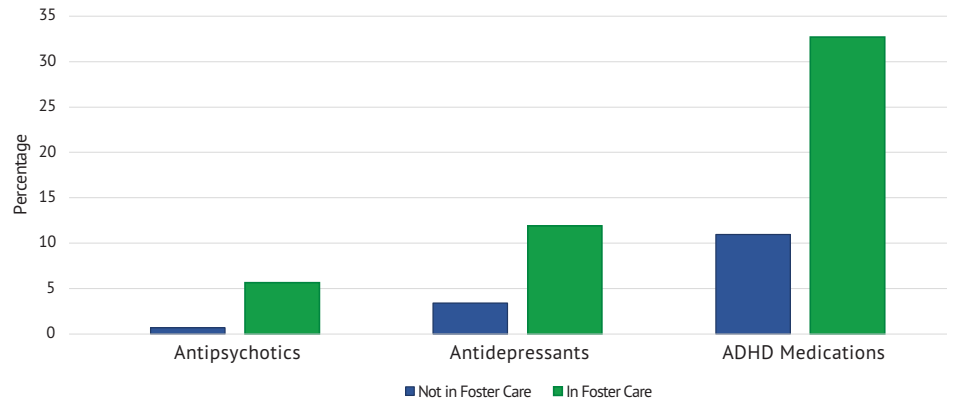


# Do children in foster care take more medications?

As shown in Figure 3, a higher percentage of youth in foster care take psychiatric medications than those not in foster care. The magnitude of this difference depends upon the age group being examined and the class of medication. For antidepressants and ADHD medications, youth in foster care are about 3–4 times more likely to be taking one of these medication classes than youth not in foster care, and for antipsychotics, youth in foster

care are about 9 times more likely than youth not in foster care to be taking a medication in this class. There are valid reasons why a higher percentage of youth in foster care would take psychiatric medications (such as a history of trauma and adversity), but it is important that non-pharmacological treatments are used as well, however, this article does not examine those trends.

**Figure 3, Comparison of Medication Usage Between Medicaid Insured Children In and Out of Foster Care, ages 6-12 – Fiscal Year 2020**



## Consideration of these numbers

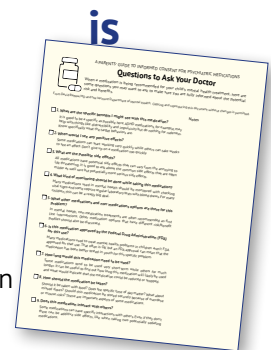
DMH supports the practice of the right youth taking the right medication at the right point in their treatment. It is difficult to make sweeping conclusions from these data without going into more depth. There also is a lack of comparison data from other states. While the percentage of psychiatric medication use in Vermont is in line with estimates of the prevalence of different psychiatric conditions, that fact alone

does not guarantee that neither overuse nor underuse of medications is present. The high percentages of psychiatric medication utilization particularly among youth in foster care encourages DMH and DCF Family Services to ensure that non-pharmacological evidence-based treatments are being used as much as possible and that youth and their caregivers are fully aware of possible risks associated with these medications.

## What to discuss when a psychiatric medication being considered for you or your child

Before a psychiatric medication is prescribed to you or to one of your children, it is important to have a good process of informed consent, which means that you are fully aware of the potential risks and benefits of these medications relative to other treatment options. It may be useful to come prepared to your visit with “*Questions to Ask Your Doctor*” related to psychiatric medications. You should not feel rushed through the informed consent process and may want to take additional time to make your

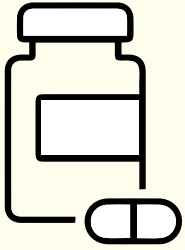
decision. While doing some of your own research can be helpful, it is important to be aware that the internet contains misleading and inaccurate information. When talking to your prescribing clinician regarding psychiatric medications for your child, you may want to discuss how to include your child in the informed consent process in a way that is developmentally appropriate.



## References & Other Resources

1. Merikangas KR, He J, Burstein M, et al. Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Survey Replication – Adolescent Supplement (NCS-A). *J Am Acad Child Adol Psychiatry* 2010;49:980-989.
2. Sultan RS, Correll CU, et al. National patterns of commonly prescribed psychotropic medications to young people. *J Child Adolesc Psychopharmacology* 2018;28:158-165

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## Questions to Ask Your Doctor

When a medication is being recommended for your child's mental health treatment, here are some questions you may want to ask to make sure you are fully informed about the potential risk and benefits.

From David Rettew, MD and the Vermont Department of Mental Health. Copying and reproducing this document without changes is permitted.

### Notes

1. **What are the specific benefits I might see with this medication?**

It is good to be as specific as possible here. ADHD medications, for example, may help with things like distractibility and impulsivity but do nothing for rudeness. Know specifically what the target behaviors are.

2. **When would I see any positive effects?**

Some medications can start working very quickly while others can take weeks to see an effect. Don't give up on a medication too quickly.

3. **What are the possible side effects?**

All medications have potential side effects that can vary from the annoying to life threatening. It is good to ask about the common side effects that are often milder as well rare but potentially more serious side effects.

4. **What kind of monitoring should be done while taking this medication?**

Many medications used in mental health should be monitored with checking vital signs and some require regular laboratory tests with blood draws. For many children, this can be a really big deal.

5. **What other medications and non-medications options are there for this problem?**

In mental health, non-medication treatments are often recommended as first line interventions. Other medication options that have different risk/benefit profiles should also be discussed.

6. **Is this medication approved by the Federal Drug Administration (FDA) for this use?**

Many medications used to treat mental health problems in children aren't FDA approved for that use. That often is OK but an FDA approval can mean that the medication has been better tested in youth for this specific problem.

7. **How long would this medication need to be used?**

Some medications tend to be used very short-term while others for much longer. It can be useful to find out how long this medication will likely be used and what would indicate that the medication could be reduced or stopped.

8. **How should the medication be taken?**

Should it be taken with food? Does the specific time of day matter? What about missed doses? Should this medication be stored securely because of overdose or misuse risks? These are important aspects of some medications.

9. **Does this medication interact with others?**

Some medications can have specific interactions with others. Even if they don't there can be additive side effects, like when taking two potentially sedating medications.