Child Psychiatry and Schools
Creating Partnerships
Laine Young-Walker, MD
What is Psychiatry?

- **Psychiatry** is the *medical* specialty devoted to the study, diagnosis, treatment and prevention of mental disorders.

- Medical school >>>> four years of residency training in mental health, typically at a hospital's psychiatric department.

- Child/Adolescent Psychiatry – 2 year fellowship

- Board Certification
Psychiatry versus Psychology

- **Psychologists** – 5–7 years of academic graduate study, culminating in a doctorate degree. They may hold a PhD or a PsyD.

- Licensing requirements for psychologists vary from state to state, but at least a one- or two-year internship is required to apply for a license to practice psychology.
Other Mental Health Professionals in Missouri

- The status of these professionals can vary from state to state

  - **Licensed Professional Counselors**: Masters in a mental health related field and state licensure. 3,000 hours and 24 months of supervised experience and must pass the National Counselor Examination

  - **Licensed Clinical Social Worker**: Masters in clinical social work and completion of 3,000 clinical hours under supervision
Psychiatrists

- Missouri is designated as having a shortage of psychiatrists in about 2/3 of the state (along with many other mental health positions)

- Psychiatry “extenders”
  - Primary Care Physicians
  - Advanced Practice Nurses
  - Physician Assistants

- Not a first response referral
  - Assessment of need by other MH professional
Psychiatric Assessment

- History
  - parent, child, collateral information
  - Interview, checklists etc.

- Mental Status Examination

- Screening Tools
  - Examples (Children’s Depression Rating Scale, Beck Depression Inventory, Yale–Brown Obsessive Compulsive Scale)

- Diagnostic Conceptualization>>>Treatment
Psychiatric Treatment

- **Therapy/Counseling**
  - Evidence Based therapies
    - Dialectal Behavior Therapy (DBT)
    - Cognitive Behavior Therapy (CBT)
    - Parent Management Training (PMT)
    - Parent Child Interaction Therapy (PCIT)

- **Medications**
  - FDA Approved versus ‘Off Label’
  - Limited number of FDA approved medications for children
What is FDA Approval?

- Drug company completes clinical trials
- Trials submitted to the FDA for consideration
- FDA approves drug for specific population
  - Age
  - Diagnosis/Indication
  - Dosage
  - Warnings

  - Example: Prozac for depression in children 8 and older
An existing approval in adults for the same indication(s)

One adequate and well-controlled trial in pediatric patients demonstrating efficacy

Pharmacokinetic data to support dosing recommendations

Longer-term (6 months) safety data in a sufficient number of patients to support safety labeling
FDA Approval

- Child/Adolescent population has minimal FDA approved medications
  - Prozac and Lexapro for depression
  - Zoloft, Luvox, and Prozac for obsessive compulsive disorder
  - All stimulants, Strattera, Intuniv, Kapvay for ADHD
  - Buspar, Ativan, Klonopin, Valium for anxiety
    - Benzodiazepines also used for seizures and muscle spasms
Child/Adolescent population has minimal FDA approved medications

- Abilify, Risperdal for the aggression associated with Autism
- Abilify, Risperdal, Seroquel, for Bipolar Affective Disorder and Schizophrenia
Child/Adolescent population has minimal FDA approved medications

- Lithium for Bipolar Affective Disorder
- Depakote ER recently approved for Bipolar Affective Disorder
- Tegretol and Lamictal approved for seizures but not Bipolar Affective Disorder
FDA Approval

- Child/Adolescent population has minimal FDA approved medications

- Many of the medications used in children/adolescents is ‘off label’
Medications and Impact on School Performance

- Untreated mental illness impairs children/adolescent’s ability to learn

- Medications are one part of treatment, not the totality of treatment
Medications and Impact on School Performance

- Anti-Depressants
- Stimulants
- Non-Stimulants
- Anti-anxiety
- Anti-psychotics
- Mood Stabilizers
Medications and Impact on School Performance

- **Anti-Depressants**
  - Used for depression and anxiety
  - Most commonly SSRI’s are used
    - Prozac, Paxil, Zoloft, Celexa, Lexapro, Luvox
  - Other antidepressants
    - Effexor, Wellbutrin, Cymbalta, Viibryd
Medications and Impact on School Performance

- **Anti-Depressants**
  - **Common side effects**
    - Headaches, nausea, vomiting, sleep disturbance
  - **Serious side effects**
    - **Serotonin syndrome** (pupil dilation, increased HR, headache, sweating, muscle twitching, agitation, confusion)
    - **Black Box Warning** with all SSRI’s
Stimulants
- Used for ADHD

- 3 classes include: Methylphenidate, Amphetamine and Dextroamphetamine
  - Ritalin, Ritalin SR, Metadate CD, Focalin, Focalin XR, Daytrana
  - Adderall, Adderall XR, Vyvanse
  - Dexedrine, Dexedrine SR
Medications and Impact on School Performance

- **Stimulants**
  - **Common Side Effects**
    - Decreased appetite
    - Problems sleeping at night
    - Headache
    - Stomachache
  - **Less Common**
    - Agitation
    - Hallucinations
    - Motor tics
Medications and Impact on School Performance

- Non-Stimulants
  - Used for ADHD
    - FDA Approved
      - Strattera
      - Intuniv
      - Kapvay
    - Non FDA Approved
      - Tenex
      - Clonidine
      - Wellbutrin/Wellbutrin SR
Medications and Impact on School Performance

- **Non-Stimulants**
  - Common side effects
    - STRATTERA—Stomachaches, Decreased Appetite, Dizziness, Dry Mouth
    - INTUNIV/KAPVAY/CLONIDINE/TENEX—Decreased Blood Pressure, Decreased Heart Rate, Sleepiness
    - WELLBUTRIN—Restlessness, Irritability, Trouble Sleeping
Medications and Impact on School Performance

- Anti-anxiety
  - Used to treat Anxiety Disorders
  - Medications used
    - Primary Medication—SSRI’s
    - Buspirone
    - Hydroxyzine
    - Benzodiazepines (Xanax, Ativan, Klonopin, Valium)
Medications and Impact on School Performance

- Anti-anxiety
  - Side effects
    - SSRI’s—already discussed
    - Buspirone—restlessness
    - Hydroxyzine—drowsiness and dry mouth
    - Benzodiazepines—drowsiness, dizziness, impaired concentration
      - Paradoxical effects such as aggression and behavioral disinhibition
      - Addiction
Medications and Impact on School Performance

- Anti-psychotics
  - Used to treat psychosis and aggression
    - Older
      - Thorazine, Haldol, Prolixin, Steleazine, Clozaril
    - Newer
      - Risperdal, Seroquel, Abilify, Geodon, Zyprexa, Latuda, Saphris
Medications and Impact on School Performance

- Anti-psychotics
  - Common Side Effects
    - Sleepiness, Weight Gain, Increased Cholesterol, Diabetes
  - Potential Side Effects
    - Muscle Stiffness, Facial/Mouth Movements, Masked facies, Shuffling Gait
  - Serious Side Effects
    - **NMS** (Neuroleptic Malignant Syndrome)—life threatening
      - muscle rigidity, fever, unstable vital signs (BP/P), confusion
Medications and Impact on School Performance

- Mood Stabilizers
  - Used for Bipolar Affective Disorder, Aggression, and Mood Instability
  - Lithium
  - Lamictal
  - Depakote
  - Tegretol
  - Trileptal
  - Topamax
Mood Stabilizers

- Side effects are specific to the mood stabilizer
- All but lamictal/topamax need blood levels
- Caution in use of lithium due to risk for toxicity
  - NSAID’s like ibuprofen can increase the level
  - Signs of toxicity—diarrhea, nausea, vomiting, hand tremor, dizziness, slurred speech, difficulty walking, confusion
Medications and Impact on School Performance

- Mood Stabilizers
  - Tegretol, Depakote, Lithium can cause birth defects
  - Lamictal has potential to cause Stevens–Johnson Syndrome
    - Medical Emergency/Life Threatening
    - Flu-like symptoms, followed by a painful red or purplish rash that spreads and blisters, eventually causing the top layer of your skin to die and shed
Partnership with Schools

- Observation of Impact of Treatment and Side Effects
- Coordination of Administration of Medications
Communication Issues

- HIPAA
- FERPA
- Supporting Parents
HIPAA (Health Insurance Portability and Accountability Act of 1996)
- Regulates the use and disclosure of Protected Health Information (PHI)
- Patients must sign a release of information form to provide permission for their health care information to be shared with others
- Wrongful disclosure of patient medical information is prohibited by law, and subject to fines and or imprisonment
FERPA (Family Educational Rights and Privacy Act of 1974)
- Protects the privacy of students' personally identifiable information
- Applies to all educational institutions that receive federal funds
- Parents of students under 18, or eligible students (students over 18, or those who have matriculated to an educational institution above high school) allowed to view and propose amendments to their educational records
- Schools must obtain written permission from parents or eligible students in order to release a student’s PII
Questions?