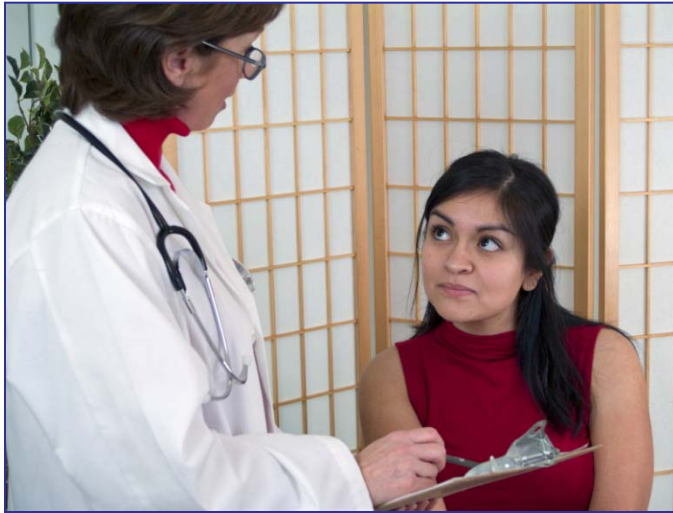




Medication Module



On the Path to Recovery: Medication, Mental Health Treatment, and the Transition to Adulthood

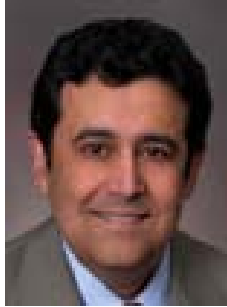
November 4, 2011



Webinar presented by
Ajit Jetmalani, Tally Moses, and Martin Rafferty.



Presenters:



Ajit Jetmalani, Director,
Division of Child and Adolescent Psychiatry,
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Tally Moses, Associate Professor,
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Martin Rafferty, Director,
Youth M.O.V.E. Oregon



Medication Webinar Objectives

Participants will be able to:

- Articulate the role of medication as a wellness tool for young people.
- Discuss evidence-based use of medication and potential side effects.
- Collaborate with young adults in the decision-making process.
- Understand the impact of stigma on medication use.
- Consider the cultural meanings of medication.
- Access resources that support wellness.



Moderator: Eileen Brennan, Pathways RTC



The Path to Wellness

- The **biopsychosocial** approach by service providers collaborating with young people involves:
 - Biological factors—genetics, development, health conditions
 - Psychological factors—capacities, skills, and abilities
 - Social factors—family, school, community, and cultural supports and challenges that led to their current mental health difficulties and that hold the keys to their wellness (Jetmalani, 2010; Williams, 2009).



Presenter: Ajit Jetmalani, OHSU



Medication and Wellness

- Medication may be part of a comprehensive plan suggested by a service provider (Walkup et al, 2009).
- Strong working relationships with clear communication are pivotal for positive outcomes (Charach et al., 2008).
- The Food and Drug Administration Amendments Act of 2007 required that medications go through a process of development, testing, and FDA approval to build the evidence base with pediatric populations.



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Evidence-based Use of Medicine

- Some Psychotropic medications have evidence of effectiveness for some common mental health challenges (often in combination with therapy):
 - Depression (Treatment of Adolescents with Depression Study “TADS”; March & Vitiello, 2009)
 - Attention Deficit Hyperactivity Disorder (Multimodal Treatment Study “MTA”; Swanson et al., 2008 a & b)
 - Anxiety (Child-Adolescent Anxiety Multimodal Study “CAAMS”; Walkup et al., 2008)
 - Obsessive Compulsive Disorder (Pediatric OCD Treatment Study “POTS”; March et al., 2004)



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Evidence-based Use of Medicine



Some newer psychotropics have mixed evidence of effectiveness for some mental health challenges when compared to older medications:

- Adolescent Psychosis: Treatment of Early Onset Schizophrenia Spectrum Disorders Study (“TEOSS”; Sikich et al., 2008).



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Evidence-based Use of Medication

- Some drugs have not been tested for use with young people (Correll, 2008).
- Some medications are prescribed for “off-label” rather than “on-label” use (Zito et al., 2008).
- The quality of consumer information sources on medication varies dramatically. (Carmichael & Kutcher, n.d.; Gowen, 2011)



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Informed Consent

- The decision to take a medicine must include a *conversation* about the potential benefits, risks, monitoring and outcomes expected.
 - *Benefits: decrease in symptoms that are preventing a satisfactory quality of life and functioning*
 - *Risks: potential physical or mental health side effects and emotional meaning of taking a medication*
 - *Monitoring: how often and what should occur to evaluate safety and effectiveness*
 - *Outcomes: what are the benefits expected and how will they be measured.*



Presenter: Ajit Jetmalani, OHSU



Informed Consent

- INFORMED CONSENT:
 - A person can only give *Informed Consent* if they are of legal age to give consent (varies by state) and are involved in a discussion of these potential risks, benefits and alternatives and have time to process and ask questions.
 - A person who is too young to legally give consent can *Assent* to treatment through the same process.



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Legal and Policy Issues



- The age of consent varies across states.
- The guardian who is capable of giving consent for young people under state custody varies state by state.
- Young people can experience overt or subtle coercion to accept medication treatment.



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Trends in Medication Use

- **Polypharmacy** (simultaneous prescription and use of multiple medication) has increased without data to support the practice (Mojtabai & Olfson, 2010; Texas Department of Health Services, 2010).
- **Complementary Medicine:** there are increasing attempts to measure the effectiveness of strategies that are non pharmaceutical: herbal and nutritional supplements, exercise, yoga, acupuncture etc... Some strategies are proven beneficial, others have no evidence and some have significant adverse risks. The same risk benefit decisions apply as in traditional medical treatments.



Presenter: Ajit Jetmalani, OHSU



Access

- **Barriers to access for transition age adults**
 - Insurance barriers / funding silos
 - Substance use: young people addicted to alcohol, marijuana and other substances, may not have underlying mental health challenges addressed simultaneously (medically or otherwise)
 - Structure of health care settings
 - Developmentally and culturally appropriate?



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Relationships

- Working within trusting and respectful relationships
 - Young people need service providers' and family members' support as they decide on their use of prescribed medication.
 - Patient centered and collaborative decision making practices are key.
 - Peer advocates can assist adolescents and young adults as they work through issues.



Presenter: Martin Rafferty



Medication Questions for Discussion

1. What will this medicine do to my body?
2. What are alternatives to this medicine, and why are you suggesting this one?
3. How likely is this medication to benefit me?
4. What are the risks and potential side effects?
5. Will this medication interact with my other medicines?
6. When can I see results?
7. How long will I have to take this medication?
(From Carmichael & Kutcher, n.d., p. 1)



Presenter: Martin Rafferty



Become an Active Consumer



- Find out if my provider of psychiatric care is a good match for me.
- Get reliable information about medication and care.
- Fully participate in the informed consent process
- Be an active participant in the decision making process.
- Seek assistance from family members, peers, and other adult allies. (See Youth MOVE national website, Youth MOVE Oregon Facebook, Building Bridges tip sheet)



Presenter: Martin Rafferty



Anti-medication Voices

- The cultural meanings of medication
 - Social significance of taking psychotropic medication (“fitting in”)
 - Medication and culturally diverse groups
- Anti-medication movement
 - Political and economic ramifications of medication
 - System abuse impact on older adult consumers
 - “Natural Alternatives” *risk and benefit*



Presenter: Martin Rafferty



Resources for Young Adults

- Carmichael, M., & Kutcher, S. (n. d.) *What is evidence-based medicine (EBM) 4 youth*. Retrieved from: <http://teenmentalhealth.org/index.php/resources/entries/evidence-based-medicine-for-youth/>
- Children's Hospital of Eastern Ontario. (CHEO, n. d.). Focus on the facts: Information for youth about psychotropic medications. Retrieved from: <http://teenmentalhealth.org/index.php/resources/entries/understanding-my-medications/>



Presenter: Martin Rafferty



Resources for Young Adults (cont.)

- Gowen, K. (2011). *Evaluating whether or not to trust mental health information on the internet*. Retrieved from: <http://www.pathwaysrtc.pdx.edu/pdf/proj6-ehealthABCs.pdf>
- National Institute of Mental Health. (2008). *Mental health medications*. Retrieved October 9, 2011 from: <http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml>



Presenter: Martin Rafferty



Experiences of Young People

- Young people typically report mixed reactions to medication: “It helps, but I don’t like it.”
- Perceived helpful aspects
- Disliked aspects
- Experiences linked to medication commitment



Presenter: Tally Moses



Commitment to Take Medication

- Medication commitment: “a stated inclination to continue taking prescribed medication in the absence of outside influence or pressure.” (Moses, 2011).
- In a recent study of adolescents receiving wraparound mental health services 52% said they would discontinue taking medications in the absence of external pressures (Moses, 2011).



Presenter: Tally Moses



Factors Related to More Medication Commitment Among Youth

- More committed youth reported:
 - Perceived choice in treatment
 - Perceived helpfulness of medication
 - Lack of concerns about side effects or long-term effects
 - Felt need for medication
 - Establishing medication as part of their routine
- Other related factors:
 - Family support
 - Type of medication (antipsychotic medication)



Presenter: Tally Moses



Factors Related To Less Medication Commitment Among Youth



- Less committed youth reported:
- Perceived coercion to take medication.
 - Concerns about long-term or short-term side effects.
 - Viewing medication as bothersome, unnecessary, unhelpful.
 - Mistrust of medication or prescribers.
- Perceived stigma attached to taking medication.



Presenter: Tally Moses



Factors Unrelated to Youths' Medication Commitment

- **Most demographic characteristics** (age, gender, race; *parent education associated with youth commitment to medication*)
- **Most clinical and treatment factors** (diagnosis, age at problem id or treatment initiation, delinquency status, CAFAS , hospitalization; *AODA related diagnosis and antipsychotic meds are exceptions*)
- **Peer support (general) or reported proportion of friends receiving MH treatment**



Presenter: Tally Moses



Practice Suggestions

- Expect and prepare for fluctuations in young people's acceptance of medication.
- Incorporate family support through fostering and sustaining ongoing communication and alliances between family members and young people.
- Sustain an open dialog with young people regarding their experiences with medication.
- Encourage young people's full participation in medication decision-making.
- Closely monitor medication gains and adverse effects, and share these data with young people.



Presenter: Tally Moses

Question and Answer Session

Q & A

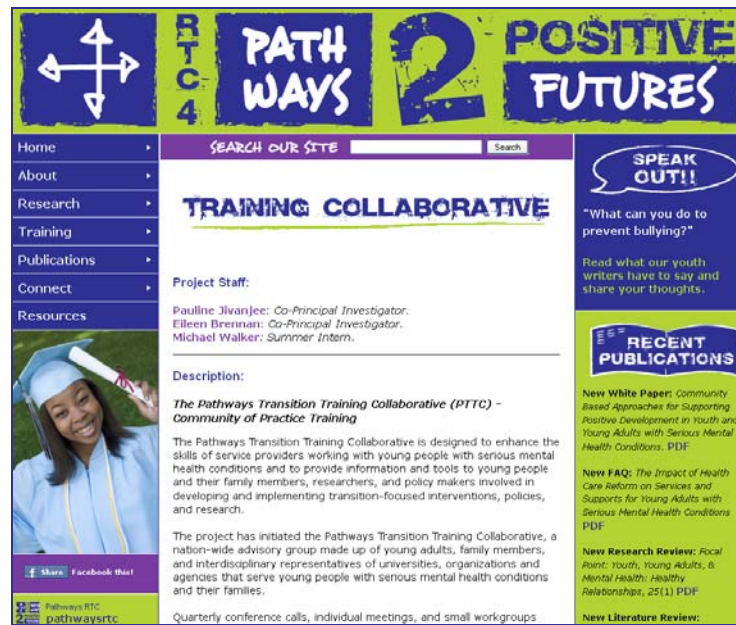


Moderator: Eileen Brennan



Slides and References

Today's slides and references are available at:



[www.pathwaysrtc.pdx.edu/
proj-trainingcollaborative.shtml](http://www.pathwaysrtc.pdx.edu/proj-trainingcollaborative.shtml)



Additional Questions

**If you have additional questions
or feedback, please contact us**

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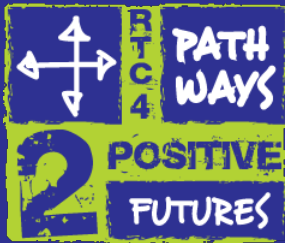
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Our project website

www.pathwaysrtc.pdx.edu/proj-trainingcollaborative.shtml



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