Accessing and Understanding Psychiatric Services

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Foster Children and Mental Health

• Foster children have multiple risk factors for mental illness:
  – genetic predisposition to mental illness
  – *in utero* exposure to drugs and alcohol
  – a history of abuse and neglect
  – removal from family of origin
  – disrupted attachments
  – multiple placement disruptions
Foster Children and Mental Health

- Foster children have high rates of severe emotional disturbances
  - 47.9 – 72% have significant emotional or behavioral disturbances
  - 9 - 16 times more likely to have mental illness than other Medicaid-eligible youths who live with their families of origin
Foster Children and Mental Health

• Foster children utilize mental health services at a disproportionate rate:
  – 56% of youth in foster care have utilized mental health services
Foster Children and Mental Health

• Foster children utilize mental health services at a disproportionate rate:
  – youth in foster care - 4% of Medicaid population
  – utilize 40 - 50% of Medicaid mental health dollars
Foster Children and Mental Health

- Foster children utilize mental health services at a disproportionate rate:
  - Medicaid eligible youth receiving mental health services
    - foster care - 62%
    - SSI - 29%
    - AFDC - 4% of youths receiving other types of aid
Does My Child Need Mental Health Services

• Signs of emotional/behavioral disturbance:
  – frequent sadness, tearfulness, crying
  – hopelessness
  – decreased enjoyment
  – suicidal or self-destructive thoughts or behavior
  – low energy
Does My Child Need Mental Health Services

• Signs of emotional/behavioral disturbance:
  – social isolation
  – low self esteem and guilt
  – extreme sensitivity to rejection or failure
  – frequent somatic complaints
  – change in eating and/or sleeping patterns
Does My Child Need Mental Health Services

• Signs of emotional/behavioral disturbance:
  – decreased school performance
  – irritability
  – restlessness, fidgeting and trouble concentrating
  – excessive disobedience or aggression
  – overuse of alcohol and other drugs
Does My Child Need Mental Health Services

• Indicators for need:
  – duration of a behavior or symptom
  – intensity of a behavior or symptom
  – age of the child
  – impact on functioning
Does My Child Need Mental Health Services

Self-injurious behavior, threats of suicidal or violent behavior, or severe withdrawal resulting in your foster child’s inability function normally must be treated as a psychiatric emergency.
How Can I Help My Foster Child

• Getting help
  – non-emergent - call your child’s caseworker
  – emergent – call CARES (800) 345-9049
How Can I Help My Foster Child

• Foster care resources
  – DCFS Placement Stabilization Program
    • severe behavior threatening placement disruption
    • 24/7 availability
    • (800) 345-9049
How Can I Help My Foster Child

• Foster care resources
  – System of Care
    • 24/7
    • intensive, short-term care
    • respite
    • mentoring
    • counseling
    • accessed by calling CARES Line (800) 345-9049
How Can I Help My Foster Child

• Foster care resources
  – Screening, Assessment and Support Services (SASS)
    • accessed by calling CARES Line (800) 345-9049
    • children at imminent risk of harming self or others
    • acute crisis intervention
    • case management to link child with ongoing care to assure continuity of services
How Can I Help My Foster Child

- Foster care resources
  - Screening, Assessment and Support Services (SASS)
    - pre-screening for inpatient psychiatric hospitalization
      - deflection services to prevent unnecessary hospitalization
    - hospitalization monitoring
      - facilitate discharge and post-hospitalization services
How Can I Help My Foster Child

- Preparing for the visit
  - explain the purpose
    - address guilt feelings, not a punishment
    - tell your child what
  - gather information for the doctor
    - list of symptoms
    - history of your child's previous illnesses and medical conditions
    - list of current medications
    - family history of illnesses (if known)
How Can I Help My Foster Child

- Partnering in care
  - be organized and focused when giving the history
  - keep a log of your child’s treatments and how he or she responded
  - keep copies of diagnostic and lab tests
  - keep your child’s physician informed
  - connect all the doctors to your child’s primary care physician
How Can I Help My Foster Child

• Partnering in care
  – stay on top of appointments
  – follow through on giving the medication as prescribed
  – be an informed consumer
  – ask questions
  – feel free to request a second opinion
How Can I Help My Foster Child

• Partnering in care
  – ask questions about the diagnosis and proposed treatment
  – encourage your child to ask questions
  – ask about goals and objectives
  – ask about “wrap around” or other individualized services
  – help your child learn about their condition
Foster Parent Rights

- Foster parent’s rights include:
  - right to be treated with dignity and respect as a professional on the child welfare team
  - right to pre-service training
  - right to be notified of scheduled meetings and staffings to participate in case planning
Foster Parent Responsibilities

- Foster parent’s responsibilities:
  - communicate openly and share information with other members of the treatment team
  - respect the confidentiality of information
  - advocate for children
  - develop and implement strategies to prevent placement disruption
Anatomy of a Outpatient Psychiatric Care

• Initial evaluation (“Psychological”)
  – history of presenting problem
  – medical and psychiatric history
  – family history
  – social history
  – mental status examination
  – diagnosis
  – treatment plan
Anatomy of a Outpatient Psychiatric Care

• Additional evaluation services
  – psychoeducational testing
  – functional assessment
    • Vineland Adaptive Behavior Scales
    • Adaptive Behavior Scales - School
    • Bayley Scales of Infant Development
Anatomy of a Outpatient Psychiatric Care

- Additional evaluation services
  - Psychological testing
    - IQ
    - Symptom severity scales
    - Personality tests
  - Neuropsychological testing
  - Psychoeducational testing
  - Functional assessment
Anatomy of a Outpatient Psychiatric Care

• Treatment
  – psychotherapy
    • play therapy
    • psychodynamic therapy
    • cognitive behavioral therapy
Anatomy of a Outpatient Psychiatric Care

• Treatment
  – family work
    • parent guidance
    • family therapy
    • multi-family groups
    • support groups
Anatomy of a Outpatient Psychiatric Care

- Treatment
  - medication management
    - DCFS consent required (Rule 325)
    - only one component of a comprehensive treatment plan
Anatomy of a Outpatient Psychiatric Care

• Treatment
  – community-based
    • school
      – IEP
      – 504 plan
    • leisure activities
      – clubs
      – hobbies
      – sports
    • job
    • mentor, Big Brothers, Big Sisters
Anatomy of a Outpatient Psychiatric Care

- Treatment
  - other
    - behavioral therapy
    - occupational therapy
    - intensive case management services
    - advocacy
Anatomy of a Outpatient Psychiatric Care

- Additional evaluation services
  - psychological testing
    - IQ
    - symptom severity scales
    - personality tests
  - neuropsychological testing
  - psychoeducational testing
  - functional assessment
Anatomy of a Hospitalization

• Indication for inpatient care
  – disturbance of mood, thinking, behavior
    • depression
    • psychosis
  – dangerous to himself or others
    • suicidal behavior
    • homicidal behavior/aggression
  – inability to function at home, in school or in the community
Anatomy of a Hospitalization

• Goals of inpatient hospitalization
  – crisis stabilization
  – crisis intervention
  – diagnostic assessment
  – treatment planning
  – discharge planning
Anatomy of a Hospitalization

• Admission
  – SASS assessment
    • approval for admission
    • deflection
  – consent
Anatomy of a Hospitalization

- Assessment
  - psychiatric evaluation
  - physical examination
  - social history
  - other
    - OT
    - educational
    - psychological
Anatomy of a Hospitalization

- 72-hour staffing
  - occurs within 3 working days of admission
  - multidisciplinary
    - MD
    - RN
    - SW
    - OT
    - patient
    - foster parents
    - caseworker
Anatomy of a Hospitalization

- 72-hour staffing
  - function
    - review of history and history gathering
    - discussion of initial observations on unit
    - assess available resources
    - initial treatment planning
      - crisis intervention
      - crisis stabilization
    - establish preliminary diagnosis
Anatomy of a Hospitalization

- Weekly staffing
  - weekly update
  - multidisciplinary reports
  - clarification of diagnostic issues
  - design of continuity plan
    - recommend services to stabilize placement
    - recommend community resources
    - placement recommendation
Anatomy of a Hospitalization

- Treatment
  - medication management
  - parent guidance
  - family therapy
  - therapeutic passes
    - transition planning
    - discharge planning
  - discharge planning
Anatomy of a Hospitalization

• Discharge
  – arrangements for follow-up care
    • medication
    • medical
    • psychiatric
    • psychotherapeutic
  – advocacy
    • school
    • placement stabilization services