

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