Examining Effects of State Policies to Monitor Mental Health Medicines for Children in Foster Care

What was the research about?
Doctors sometimes give children medicine called antipsychotics that can affect mood and behavior. Antipsychotics can have long-term risks, like heart attack and diabetes, but they help treat serious conditions like schizophrenia. But children may also receive antipsychotics to treat other conditions, like attention deficit hyperactivity disorder. The Food and Drug Administration, or FDA, has not approved antipsychotics for these types of mental health problems. Children in foster care get these medicines more often than children not in foster care.

States are responsible for children in foster care, including what medicines they get. In this study, the research team looked at policies to improve antipsychotic use in four states:

- In some Ohio counties, doctors got prescribing guidance that included reducing the use of multiple antipsychotics at once.
- In some Wisconsin counties, a policy improved coordination of medical and mental health care.
- In Washington, the state required doctors to get approval from psychiatrists to prescribe antipsychotics.
- In Texas, doctors got guidance on prescribing antipsychotics. The guidance also suggested testing for side effects of antipsychotics.

The team looked at how the state policies and programs affected antipsychotic use for children in foster care.

What were the results?
Overall, the policies improved appropriate use of antipsychotics for children in foster care.

Ohio
- There were reductions in use of more than one antipsychotic at the same time. Children in foster care had the largest reductions

Wisconsin
- Rates of recommended blood tests improved for children in foster care

Washington
- Before the state required reviews by psychiatrists, rates of antipsychotic medicines in Washington were similar to other states. Two years after the new policy, rates declined in Washington but stayed the same in the comparison states. Rates went down more among children in foster care than children not in foster care

Texas
- Compared with adopted children, those in foster care with less severe conditions where the FDA
does not recommend antipsychotic treatment were less likely to get those prescriptions

- Treatment rates didn't change for children with more severe problems, where the FDA does recommend treatment.
- Rates of blood tests for safety monitoring increased among children in foster care and adopted children.

What did the research team do?
The team looked at states with policies that affect how children in foster care get antipsychotics. All children had Medicaid. Using health records, the team identified which medicines children in foster care got. The team also looked at whether children in Texas and Wisconsin had blood tests for antipsychotics side effects.

Young adults who were once in foster care, caregivers of children in foster care, social workers, and doctors gave input on the study.

What were the limits of the study?
The study looked at policies in four states. Results may differ for other states and policies. Findings may have differed if the research team used interviews or surveys instead of health records.

Future research could look at policies in other states, or at other kinds of information from children, like quality of life.

How can people use the results?
Policymakers can use these results when considering how to improve antipsychotic prescribing for children in foster care.

To learn more about this project, visit www.pcori.org/Crystal340.