



SECTION III

MENTAL HEALTH

www.kdhe.state.ks.us/c-f/special_needs_part2.html



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Psychiatric Disorders / Psychopharmacology

I. Definition

With the advent of managed care and mental health reform, the influx of children and adolescents with serious emotional disturbance/behavior disorders into the public schools has reached proportions previously un-imagined. The use of psychopharmacologic interventions in the schools for the treatment of students with serious psychiatric symptoms is increasing in frequency. Factors contributing to this increasing use include the closing of many long term student and adolescent treatment facilities, greater availability of an enlarging range of medications, increasing numbers of seriously disturbed children and adolescents, and demands for cost reduction leading to ever-shortening hospital stays that, by definition, preclude satisfactory treatment.

This set of circumstances places a special burden on the school nurse to acquire as much knowledge, skill, and wisdom as possible in order to meet the special health care needs of these students in a safe and therapeutically useful manner.

It is very clear that the responsible use of psychotropic medications in students and adolescents is a complex undertaking, and requires intensive collaborative multidisciplinary team planning in the school setting. It is never enough just to "administer medications" as school nurse involvement in formulating both IEP's and health care plans for these students is essential. It is imperative that the nurse work collaboratively with other school professionals and community resources in follow up on care of these students to ensure access to therapy and appropriate laboratory testing, and monitoring student response to psychopharmacotherapy.

II. Causes of Psychiatric Disorders

The causes of the many and varied psychiatric disorders have been attributed to genetic, biochemical, environmental, neurobiological, and drug-induced factors. Current research lends credence to a theory of genetic predisposition, though the evidence is far from conclusive. The exact causes of a psychiatric disorder in a specific student usually cannot be pinpointed, and the nurse may very well not be privy to such information in any case unless he/she is an active part of a collaborative treatment team in the school setting. It is certainly in everyone's best interest for the student with a psychiatric disorder to have as much therapeutic support as possible in the school setting, and for the school nurse to facilitate that collaboration on an ongoing basis.

III. Treatment

The treatment of students with psychiatric disorders in public schools should consist of a partnership including the student, lawful custodian, a qualified mental health professional, the

school nurse, a psychiatric provider, and a medical provider. Successful treatment includes the fostering of normal development as well as specific interventions directed at reducing problematic behaviors, diagnosing and treating associated conditions/disorders, and frequently includes appropriate medications in appropriate doses at appropriate times. Fostering normal development includes educating the family, the student, teachers, and peers about mental illness and psychiatric disorders. It also must include the integration of all care-givers into a seamless stream of service readily available at school. Psychiatric disorders frequently result in an anticipated (mental) health crisis, and must be planned accordingly.

IV. Psychopharmacological Therapy

The psychiatric disorders in children and adolescents that have been found to be responsive to psychotropic medications and which school personnel are likely to encounter include attention-deficit hyperactivity disorder (ADHD), bipolar disorder, obsessive-compulsive disorders (OCD), panic disorder, separation anxiety disorder, Tourette's syndrome (TS), schizophrenia, major depressive disorder (MDD) and some pervasive developmental disorders (PDD). In many cases, children will have more than one diagnosis and many serious symptoms, such as aggressive behavior or poor impulse control, which may prompt multiple pharmacologic interventions. There are numerous other psychiatric disorders for which psychotropic medications will be prescribed in the school setting, even though there may be very little proof of efficacy, and the school nurse must then assume responsibility for monitoring and evaluating their effectiveness and communicating with the appropriate providers.

New drugs are approved almost monthly for the treatment of various disorders, so the school nurse must develop access to pharmacies and formularies for current information. A set of algorithms is included for ADHD, Psychotic Disorders, Severe Behavioral Disorders, and Mood Disorders. The purpose of the algorithms is to visually tract the decision-making process for pharmacological intervention and treatment of these disorders. As students arrive with various medications and very little else in terms of agency/provider input, the algorithms may be useful in determining both the probable medication history, the course of treatment (past and future), and the prognosis.

Clinical Decision Making in Psychopharmacology

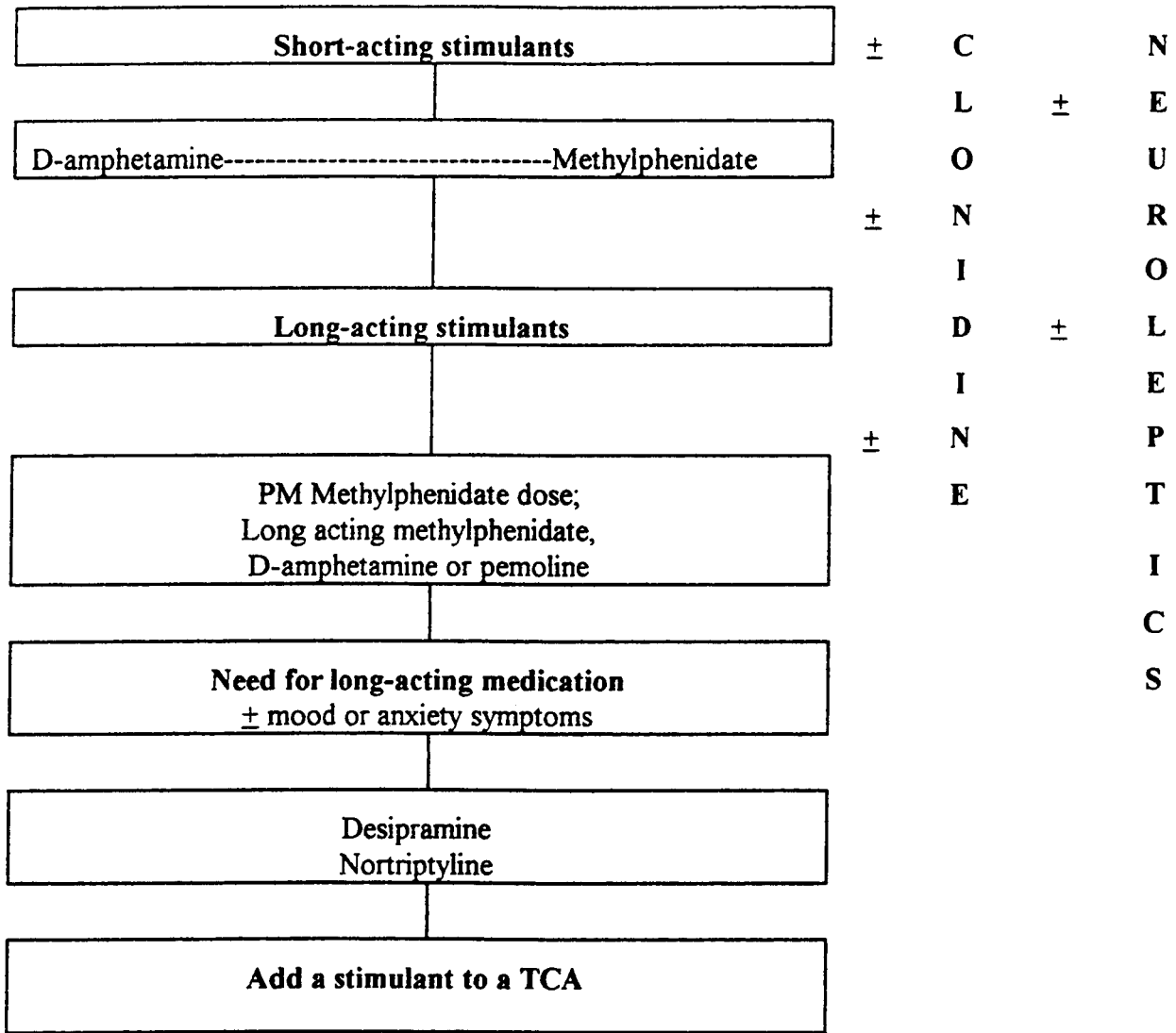


Figure 1. Algorithm for attention-deficit hyperactivity disorder.

Clinical Decision Making in Psychopharmacology

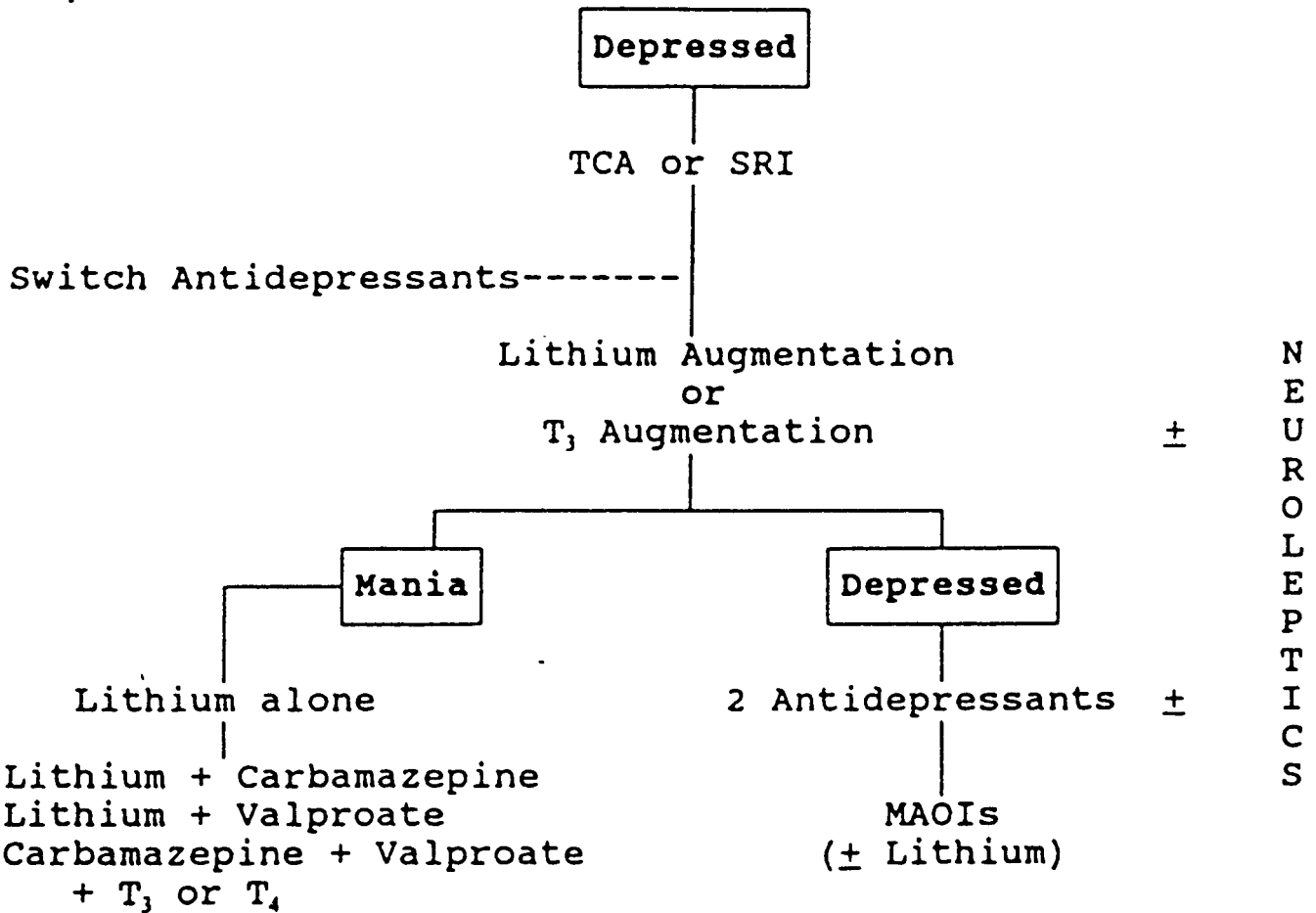


Figure 2. Algorithm for mood disorder.

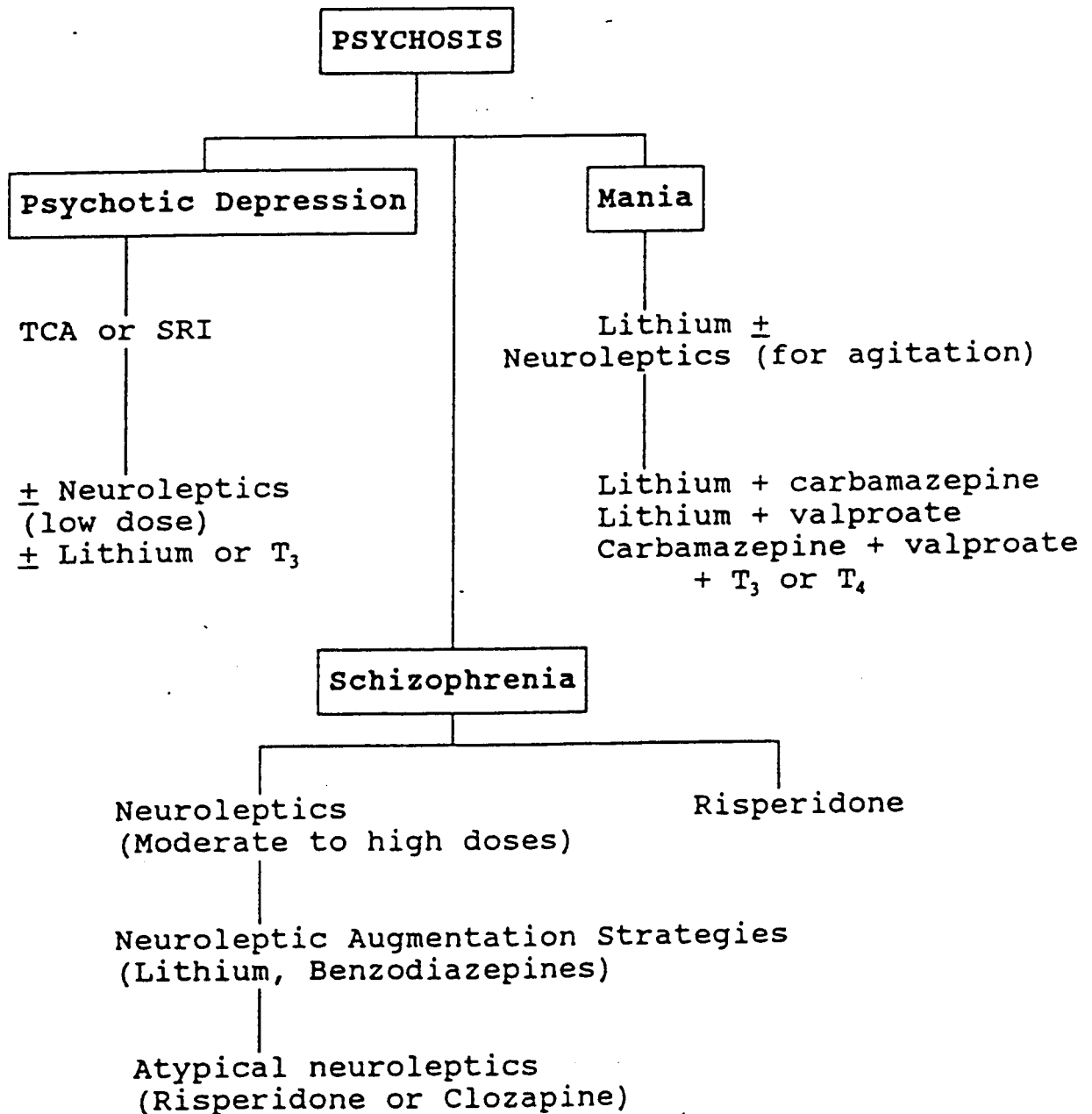


Figure 3. Algorithm for psychotic disorders.

Clinical Decision Making in Psychopharmacology

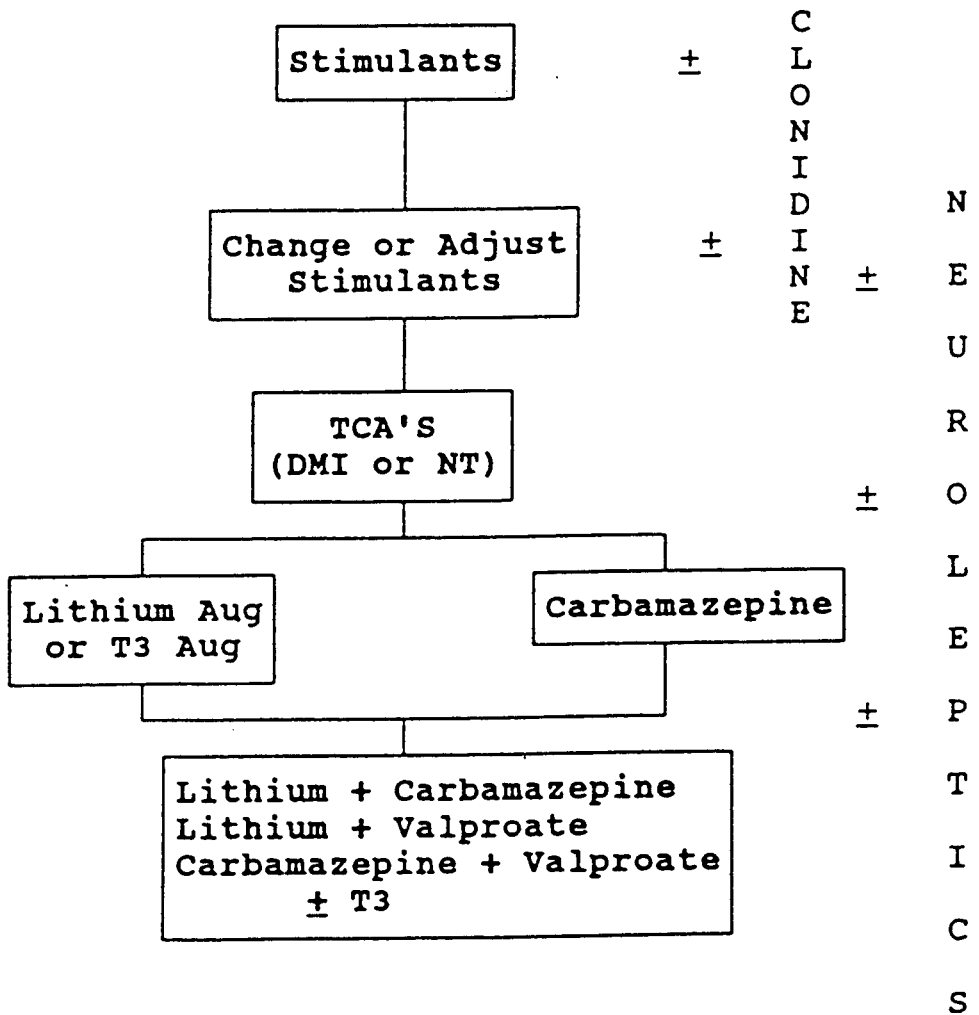


Figure 5. Algorithm for severe behavioral disorders.

NOTES

1. Information in this section from:

Mark Riddle, M.D. (January, 1995). *Child and Adolescent Psychiatry: Clinics of North America: Pediatric Psychopharmacology I*. (Vol. 4, Number 1).. Philadelphia: W.B. Saunders Company. (pp. 30, 31, 34, 37)

2. Ibid. (pp. 100-106).