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"The Financial and Societal Costs of Medicating America's Foster Children"

Mr. Chairman and Members of the Subcommittee; thank you for inviting me to participate in this important discussion regarding the use of psychotropic medications in foster children.

I am a Child Psychiatrist at Seattle Children's Hospital, a Professor at the University of Washington, and the Medical Director of Child Study and Treatment Center, the State psychiatric hospital for youth in Washington State.

The high risk practices identified by the GAO study raise significant concerns regarding the treatment of severely mentally ill and vulnerable youth. Although the focus of this study is on foster care, the concerns raised are relevant to all children and adolescents prescribed psychotropic drugs.

Children in foster care often have emotional and behavioral difficulties. The high rate of medication use in this population is not a new discovery, nor does the use of these drugs always imply bad practice. Several psychiatric medications have been studied and approved for use in children and adolescents. When prescribed correctly, these treatments can help reduce suffering and enhance the functioning of young people.

However, it is also well documented that many children in the child welfare system do not receive high quality psychiatric services. Treatment too often occurs during times of crisis, without adequate support or access to skilled clinicians and programs capable of providing effective social and behavioral interventions.

In these situations, medications become stopgaps, used to prevent the child from hurting themselves or others, or to help control disruptive behaviors that threaten the child's foster placement. The lack of effective long-term treatment exacerbates the risk for excessive and inappropriate medication use.

This problem is evident in the patterns of high-risk prescriptions identified by the GAO study. As a group, children in foster care were more likely than other children to be treated with multiple psychiatric drugs, and also were more likely to be treated with dosages that exceed recommended standards of care.

These practices impacted thousands of children. Some young people were prescribed as many as 10 different psychotropic drugs at the same time. Some children younger than 5 years of age were prescribed as many as 5 different medicines concurrently.

Unfortunately, such practices are not uncommon. At my State hospital, kids are often admitted taking four or more medications. A few years ago, one young boy admitted to Seattle Children's Hospital was taking 13 different psychotropic drugs. There is no research that justifies these practices.

The most troubling finding of the GAO study is the use of psychotropic drugs in infants. Most of the prescriptions in babies were for antihistamines, some of which may have been used to treat other types of medical problems. Regardless, there is little research supporting the use of these medicines in very young children, and the prescriptions are concerning.

Furthermore, dozens of babies were prescribed antipsychotics, antidepressants, clonidine or lithium. Some infants were prescribed more than one drug. The use of psychotropic medications in babies defies both standard of care and common sense.

The findings of the GAO study strongly suggest the need for better oversight. The Best Principals outlined by the American Academy of Child and Adolescent Psychiatry provide a useful set of monitoring guidelines.

Washington State has implemented a model system to oversee psychotropic drugs. Criteria were developed to identify prescriptions that exceed safety thresholds, based on dose, number of medications or age of the child. For prescriptions flagged by this process, a second opinion by a child psychiatrist is required before the medication is dispensed. This oversight system has reduced high-risk prescriptions, and over a two-year period, saved the State 1.2 million dollars.

The results of the GAO study also strongly call for more research. A hodgepodge of prescribing practices occurs in part because none of our current treatments work well enough. Genetics and neurobiological sciences have advanced substantially over the past decade, in large part due to the leadership of the National Institute of Mental Health. Nonetheless, given the marked complexity of brain functioning, the underlying causes of most psychiatric illnesses remain unknown. Without known causes, research on intervention inevitably struggles. We need continued investment, both fiscal and intellectual, in order to develop safer and more effective treatments, and to eventually find cures.

Thank you for listening.