One of the most controversial areas in children’s mental health includes the use of psychotropic medications in children and youth. Currently, more than six percent of American children and youth are estimated to take some kind of psychiatric medication, and the usage rates continue to rise. With the exception of ADHD drugs, many of those medications are not yet approved by the FDA for use with children, but prescribed by medical practitioners based on their judgment and experience. In recent years, the Food and Drug Administration (FDA) issued a "black box" warning--its strongest safety alert--linking antidepressants to increased suicidal thoughts and behavior in children and youth.

While scientists and practitioners continue to struggle with the question of how to best treat kids who require psychotropic medication, many parents and caregivers raising children with emotional, behavioral and mental health disabilities continue to struggle with access to appropriate care and treatment, the benefits of medication, and alternative options.

In August 2014, NJPC began an ongoing survey to New Jersey parents, caregivers and family members raising children with emotional, behavioral and mental health disabilities, ages 0-21. Participants included biological parents, adoptive parents, foster parents, kinship providers, family members and family friends. In the following data brief, New Jersey children and youth are examined by child demographics, mental health diagnosis, prescribed medications, insurance type, medication prescriber and system involvement. Specific psychotropic drug types addressed in this study include antidepressants; medications for attention deficit hyperactive disorder (ADHD); antimanics; antipsychotics and antianxiety/anxiolytics. The survey was created by the New Jersey Parents’ Caucus, Inc. (NJPC) and is available in English and Spanish at www.newjerseyparentscaucus.org.

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1 2003 Archives of Pediatrics and Adolescent Medicine study (Vol. 157, No. 1)
More than 56% of children and youth reported the use of one psychotropic medication in the past year

Figure 1. Percentage of NJ children and youth aged 0-21 taking psychotropic medications overall and by drug class

- A total of 56.82% of children and youth reported the use of one type of psychotropic medication in the past year. A total of 30.68% children and youth reported the use of two psychotropic medications, and 12.5% taking more than two psychotropic medications (Figure 1).
- ADHD medications (44.86%) and antidepressants (26.47%) were the most frequent psychotropic drugs used among children and youth. 11.76% reported the use of antipsychotic medications.
Caucasian children and youth were more likely to report the use of psychotropic medications

Figure 2. Psychotropic medication use among NJ children and youth by race and Hispanic origin

- Caucasian children and youth (33%) were more likely than African-American (20%), Hispanic (8%) and Asian-American (3%) children and youth to report the use of antidepressants.
- Caucasian children and youth (51%) were more likely than African-American (41%), Hispanic (41%) and Asian-American (3%) children and youth to report the use of medications for ADHD.
- Caucasian (11%) and African-American (10%) children and youth were relatively equal in reporting the use of antipsychotic medication.
- African-American and Hispanic children and youth collectively showed higher rates of ADHD medication use (82%).
Children ages 9-13 are more likely to report the use of ADHD medications (61%).

- Approximately 16% of children ages 4-8, across all races, reported the use of antipsychotic medications.
- Approximately 39% of children ages 14-17, across all races, reported the use of antidepressants.
- Approximately 17% of children ages 14-17, across all races, reported the use of antimaniacs.
- Approximately 15% of children ages 18-21, across all races, reported the use of antianxiety medications.
Use of antipsychotic drugs in children and youth with mental health disorders

Figure 4. Antipsychotic drugs being prescribed for children and youth by mental health disorder

Use of Antipsychotic Drugs by Mental Health Disorders

- Approximately 47% of children diagnosed with ASD are prescribed antipsychotic medication.
- Approximately 7% of children diagnosed with Schizophrenia/Schizoaffective Disorder are prescribed antipsychotic medication.
- Approximately 33% of children diagnosed with Major Depressive Disorders/Other Depressions are prescribed antipsychotic medication.
- Approximately 27% of children diagnosed with Opposition Defiant Disorder are prescribed antipsychotic medication.
- Approximately 20% of children diagnosed with Intellectual Disabilities are prescribed antipsychotic medication.
Psychiatrists are more likely to initially prescribe psychotropic medication for children and youth (40%)

Figure 5. Initial prescriber of psychotropic medication for children and youth

- Psychiatrist were more likely to initially prescribe psychiatric medication for NJ children and youth (40%).
- Primary Care Physicians were least likely to initially prescribe psychiatric medication for NJ children and youth (1%).
Children and youth mental health disorders across the survey

Figure 6. ADHD was the most reported mental health disorders

- ADHD was the most reported mental health disorder (36.3%).

- Disorders include Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD), Dyslexia, Intellectual Disabilities, Learning Disorder, Oppositional Defiant Disorder (ODD), Intermittent Explosive Disorder (IED), Major Depressive Disorder/Other Depressions (MDD), Generalized Anxiety Disorder (GAD), Social Anxiety Disorder (SAD), Schizophrenia, Conduct Disorder (CD), Post-Traumatic Stress Disorder (PTSD), Bipolar I & 2, Communication Disorder, and Substance Use Disorder.
Only 34% of NJ children and youth prescribed psychotropic medications are involved in the Mental Health System

Figure 7. NJ children and youth system involvement

- 34% of NJ children and youth prescribed psychotropic medications are involved in the Mental Health System (private 12%, public 22%).
- 14% of NJ children and youth prescribed psychotropic medications are involved in the Special Education System.
- 6% of NJ children and youth prescribed psychotropic medications are involved in the DCP&P System.
- 2% of NJ children and youth prescribed psychotropic medications are involved in the Juvenile Justice System.
- 8% of NJ children and youth prescribed psychotropic medications are involved in Perform Care – the Administrative Service Organization (ASO) for the State of New Jersey's Division of Children's System of Care (CSOC).
- Please note that some children and youth are involved in multiple systems.
Approximately 2.3% of NJ children and youth who are prescribed psychotropic medications are Uninsured

Figure 8. Percentage of respondents’ insurance type, overall

- Approximately 2.3% of NJ children and youth prescribed psychotropic medications are uninsured.
- Approximately 36% of NJ children and youth prescribed psychotropic medications are receiving Medicaid.
Approximately 19% of respondents were NJ children and youth residing in Union County

Figure 9. NJ children and youth geographical locations

- Approximately 16% of NJ children and youth surveyed reside in Union County.
- Approximately 12% of NJ children and youth surveyed reside in Sussex County.
- Approximately 9% of NJ children and youth surveyed reside in Middlesex County.
- Approximately 8% of NJ children and youth surveyed reside in Morris County.
- Approximately 8% of NJ children and youth surveyed reside in Essex County.
Approximately 74% of respondents were the biological parents of NJ children and youth prescribed psychotropic medications.

Approximately 9% of respondents were the adoptive parents of NJ children and youth prescribed psychotropic medications.
Summary
The total number of respondents was N=146. Eighty nine percent (89%) of participants were raising a child with a mental health disability while only 17% were accessing mental health treatment, with 6% accessing services through NJ Children’s System of Care and 11% through a private mental health provider. It is interesting to note that approximately 36% are receiving Medicaid.

Of the 146 respondents, a total of 56.82% of children and youth reported the use of one type of psychotropic medication in the past year, 30.68% reported two and 12.5% reported taking more than two. ADHD medications (44.86%) and antidepressants (26.47%) were the most frequent psychotropic drugs used among children and 11.76% reported the use of antipsychotic medications. Caucasian children (33%) were more likely than African-American (20%), Hispanic (8%) and Asian-American (3%) children to report the use of antidepressants. Caucasian children and youth (51%) were more likely than African-American (41%), Hispanic (41%) and Asian-American (3%) children to report the use of medications for ADHD. Approximately 16% of children ages 4-8, across all races, reported the use of antipsychotic medications. Children ages 9-13 are more likely to report the use of ADHD medications (61%). Caucasian (11%) and African-American (10%) children were relatively equal in reporting the use of antipsychotic medication. Psychiatrists were more likely to initially prescribe psychiatric medication for NJ children (40%). 34% of NJ children prescribed psychotropic medications are involved in the Mental Health System (private-12%, public 22%), 14% are involved in the Special Education System, 6% are involved in the DCP&P System and 8% are involved in Perform Care/State of New Jersey's Division of Children's System of Care (CSOC). Approximately 19% of respondents were NJ children and youth residing in Union County.

Data source and methods
NJPC medication survey is a descriptive, continuous cross-sectional survey. This study examines the percentage of prescription psychotropic medication use among New Jersey children and youth 0-21 years of age. For the entire sample, parents, caregivers and/or family members raising children with emotional, behavioral and mental health disabilities answered the questions in person or via NJPC’s website. The estimates are likely conservative because they exclude higher-risk populations such as the homeless and those in correctional facilities and inpatient treatment facilities. Updated quarterly.

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