

# PSYCHOTROPIC MEDICATION USE AND ATTITUDES AMONG TRANSITION-AGE YOUTH

KEUNHYE PARK • MARK E. COURTNEY • ANTHONY GÓMEZ | SEPT. 2022

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## SIGNIFICANCE

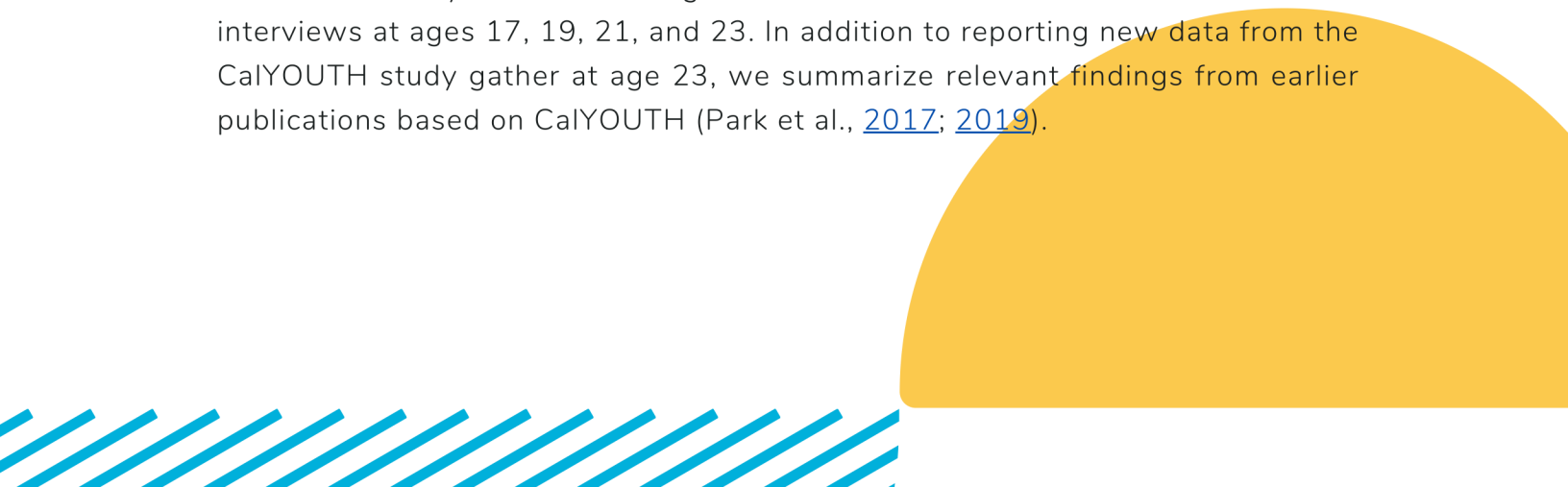
Psychotropic medication use among transition-age youth (TAY) in foster care is a topic of notable debate. In some cases, psychotropic medication can help TAY manage emotional and behavioral health symptoms that are common among youth who have experienced maltreatment. In others, psychotropic medication may be used to quell symptoms without addressing the root causes of emotional distress. Furthermore, TAY exiting foster care may experience disruptions in psychotropic medication access without service connections associated with the child welfare system. Given the simultaneous possibilities for medication over-use and inaccessibility, it is critical for practitioners, policymakers, and advocates to understand the prevalence of and attitudes towards psychotropic medication use among TAY.

## STUDY METHODS

Using a representative sample of TAY derived from the CalYOUTH Study (see [Courtney et al., 2014](#) for more information), the current brief answers the following questions:

- What proportion of TAY take psychotropic medication at ages 17, 19, 21, and 23?
- What are TAY's attitudes related to psychotropic medication use?

The CalYOUTH study is a longitudinal investigation of the effects of California's extended foster care program. CalYOUTH followed 727 young people over the course of seven years as they transitioned into early adulthood from foster care. Information on youth functioning and life outcomes were collected over four interviews at ages 17, 19, 21, and 23. In addition to reporting new data from the CalYOUTH study gather at age 23, we summarize relevant findings from earlier publications based on CalYOUTH (Park et al., [2017](#); [2019](#)).



# FINDINGS

## Psychotropic medication use declined at the age of majority.

As shown in Figure 1, the proportion of TAY taking psychotropic medication dropped as youth reached the age of majority. This decline is paralleled by a drop in the proportion of youth that reported a current psychiatric diagnosis.

## Psychotropic medication use did not differ by extended foster care status.

Psychotropic medication use did not differ between youth who were in extended foster care and those who were not. After controlling for the presence of a mental health disorder, we found no relationship between the gender, race/ethnicity, or sexual minority status of youth and psychotropic medication use. However, **youth who reported a behavioral health disorder were significantly more likely than those who did not to take psychotropic medication across both time points (age 17 OR= 2.82, age 19 OR= 1.87).**

## Attitudes about psychotropic medication remained consistent over time.

Among youth that took psychotropic medication, upwards of 70% reported a positive or neutral view of the relative advantages and disadvantages of using medication. Nonetheless, more than a quarter of youth taking psychotropic medication did not feel the positive aspects of medication use outweighed the drawbacks.

Figure 1. Trends in Psychiatric Diagnoses and Psychotropic Medication Use Over Time

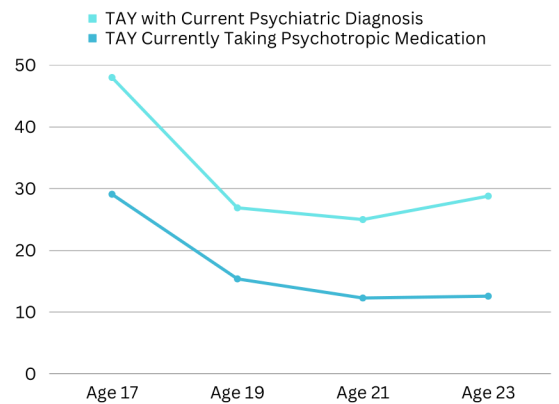
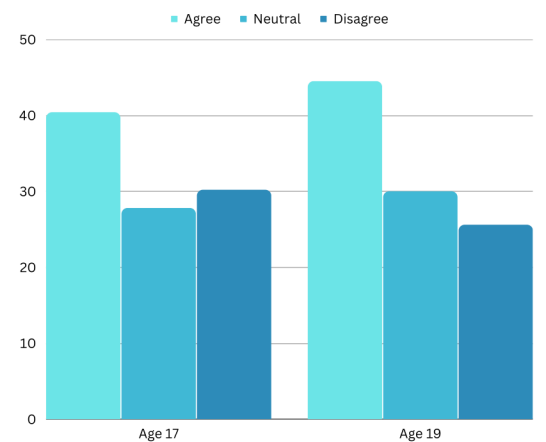


Figure 2. Youths' response to "the good things about medication outweigh the bad"



# IMPLICATIONS

## Care teams should seek TAY input when making medication decisions.



Although most youth taking psychotropic medication had positive or neutral opinions of their medication, more than a quarter of TAY at ages 17 and 19 felt the drawbacks of medication outweighed the benefits. Given negative perceptions may impede medication compliance, care teams should work collaboratively with TAY to create palatable treatment plans.

## Research is needed to examine the reasons for declining psychotropic medication use.



The decline in psychotropic medication use may be emblematic of several factors, including the decreasing prevalence of psychiatric disorders in this population as youth become older, youths' increasing desire and capacity to seek nonpharmacological approaches to psychiatric care, and barriers to accessing mental health care. Qualitative research may be particularly well-suited to exploring factors that impede and promote TAY's access to psychotropic medications and other forms of mental health care.