

About Minds Matter

Minds Matter is a statewide project with lots of professionals that care about your health. The goal is to improve the prescribing of mental health (psychotropic) medications to youth. This toolkit was made to help kids and teenagers like you! This toolkit is for you and your parents, caregivers or guardians to help make good choices about your mental health. It can help you speak with a doctor and give you a voice in your treatment.

Minds Matter has resources for you on its website: www.ohiomindsmatter.org

How to use this toolkit

Personal Decision Guide

**Use this before, during, and after
your doctor visit to:**

■ Prepare for a doctor's visit.



■ Think through your options.



■ Make good choices and
share them with others.



Additional Information

Medication Side Effects Watch List

■ Check this list if you
take medications or if
your doctor suggests
them.



Youth Substitute Care





■ Check these pages
for helpful tips about
post-emancipation.

















Personal Decision Guide

Challenges:

It can be difficult for youths and caregivers in foster care to:










-  Get a second opinion. 
-  Request to lower the dose of medication or not take medication. 

What you can do:

-  Decide what to share and double check if it will be kept private. 
-  Keep a journal. 
-  Ask questions and do your own research. 
-  Speak up until you get the help you need. 
-  Share any concerns you have about your treatment with someone you trust. 
-  Ask about help for any trauma or stressful event that you have experienced. 
-  Check the Minds Matter website. (ohiomindsmatter.org) 



It's ok to ask:

-  The reasons for treatment and what it will do. 
-  A doctor to slow down and repeat when you don't understand. 
-  For a list of your prescriptions. 
-  The long term effects of treatment. 
- 



NOTES :

Personal Decision Guide

Your Decision Team: Makes the best choices together



School

Supports your learning and situation.



Youth and Caregiver

Shares needs and concerns.
Follows through on what they agree to do.



Other Family Members

Provide support.



Health Professional

Listens to your needs and helps make a care plan.



Judicial

Help you make choices for your best interests.



Social Services Agency

Provides approval for your care choices.



Other Important Adults

Mentor/help you.

Prepare for visit:

Be ready to describe: (take notes on back)



A typical day.



Any blood relatives with mental health problems.



Any alcohol/drug use during your mother's pregnancy.



Things you have already tried or want to try.



Anyone who is important in your life.



Sickness or disability.



Stressful or traumatic events.



What behaviors concern you or others the most?

☐

Poor attention

☐

Hyper

☐

Depressed or sad

☐

Angry

☐

Acts out

☐

Poor listening

☐

Moody

☐

Worried or stressed

☐

Other _____

What do you want to get out of your doctor's visit? _____

Personal Decision Guide

Who is in your decision team? _____

Mentors _____ **Contact Info** _____

Regular doctor _____ **Contact Info** _____

Other doctors _____ **Contact Info** _____

Teachers/school staff _____ **Contact Info** _____

Therapist/counselor _____ **Contact Info** _____

Court service officer _____ **Contact Info** _____

Others _____ **Contact Info** _____

NOTES : _____

Have you had a complete evaluation? ☐ Yes ☐ No Should you see a specialist? ☐ Yes ☐ No

Is there a diagnosis? ☐ Yes ☐ No

If yes, what is it? _____

Discuss Options

Treatment Option 1

Treatment Option 2

Treatment Option 3

Is there a big benefit?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Are the side effects/risks small?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Will it help meet your goals?

☐ Yes ☐ No

☐ Yes ☐ No


☐ Yes ☐ No

How much do you like this option?


☐ A lot ☐ Some
☐ Not much

☐ A lot ☐ Some
☐ Not much


☐ A lot ☐ Some
☐ Not much

 Check if you and the doctor have the same understanding. _____

 Other treatment options. _____

 Will the medications interact with (or affect) each other? _____

 Where can you get more information or help? _____

 Issues with getting the option you like (travel, cost, time). _____



Ohio Psychotropic Medication Quality Improvement Collaborative

During Your Visit

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Make Choices

Step 1: Think

Are you ready to make choices?

☐ **Yes**

Discuss how to begin with the doctor.



☐ **No**

That's okay.

Take some more time to think. Make a follow-up appointment today.

To ask questions or tell the doctor your choices over the phone, call:



Step 2: Choose



Treatment



Treatment



Treatment

Step 3: Set Goals

How will you know you are making progress?

How long will it take to see results?

How often will you have check-ups?

What should you do to get good results?

When should I call my doctor?

Step 4: Evaluate

Use the next page to keep track of how the treatment is working out.

Take it to your next appointment.

Date

Time



Ohio Psychotropic Medication Quality Improvement Collaborative

During or After Your Visit

[illegible][illegible][illegible]

Symptoms



How are you doing?



Describe _____

Care Plan

How is it going since your last visit?



Medication



How many doses were missed?

☐ 0-4 ☐ 5-10
☐ More than 10

Why? _____

Any side effects?

☐ Yes ☐ No

Describe _____



Counseling



How many times did you go?

☐ 0-1 ☐ 2-4
☐ More than 4

Describe _____



School



How many days have you missed?

☐ 0-1 ☐ 2-4
☐ More than 4

Describe _____



Other (like diet or exercise)



Were you able to follow the plan?

☐ Yes ☐ No
☐ Somewhat

Describe _____

Is there anything else you would like to talk about today?



What changes are you seeing? _____

When did you notice those changes?	Time	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions you have for the doctor: _____

Anything going on at home? _____

NOTES : _____

Personal Decision Guide

Who knows?

Ask your caseworker who gets information about your treatment.

Why share?

Professionals might be able to help you if they know basic information about treatment.

Who to share with?

Choose people you trust to share with.

Consider teachers, counselors, caseworkers, family members, doctors, court service officers, and others.

How to share?

1. Decide who to share with and what to share.
2. Complete this checklist and make copies.
3. The doctor or nurse can help you fill it in.



Child's Information

Name _____ Date of birth _____



Diagnosis _____

Current treatments (include frequency/dose of medications)



Treatment

Goals: _____



Treatment

Goals: _____



Treatment

Goals: _____



Needs

How my team can help me succeed:

- ☐ School _____
- ☐ Caseworker/care manager _____
- ☐ Counselor _____
- ☐ Caregivers _____
- ☐ Doctors _____
- ☐ Court service officer _____
- ☐ Others _____



Who to contact about this child.

Parent/legal guardian/authorized caregiver and/or you _____

Relationship to child _____ Best way/time to contact _____

Email _____ Cell phone _____



Personal Decision Guide

Share Your Choices

Treatment:

Needs:

[illegible]

If you are turning 18:



Keep your health insurance:

- You can still get free Medicaid. Apply at medicaid.ohio.gov/forohioans/programs/fostercare.aspx
- Know your social security number.
- Keep the phone number for your health plan.

Phone #: _____



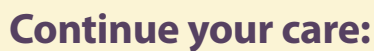
If you have to change doctors:

- Get your medical records.
- Keep a list of your past doctors and your prescriptions.
- Call your health plan to get a new doctor.
- Visit your new doctor for regular check-ups and to discuss any health issues.



Understand your care:

- Make sure you understand how to take your medications.
 - Talk to a doctor or pharmacist.
- Check the medication section of this toolkit.
-
-



Keep taking your medications and going to counseling.

If you stop without talking to a doctor, it can disrupt your school, work, personal relationships, and housing.

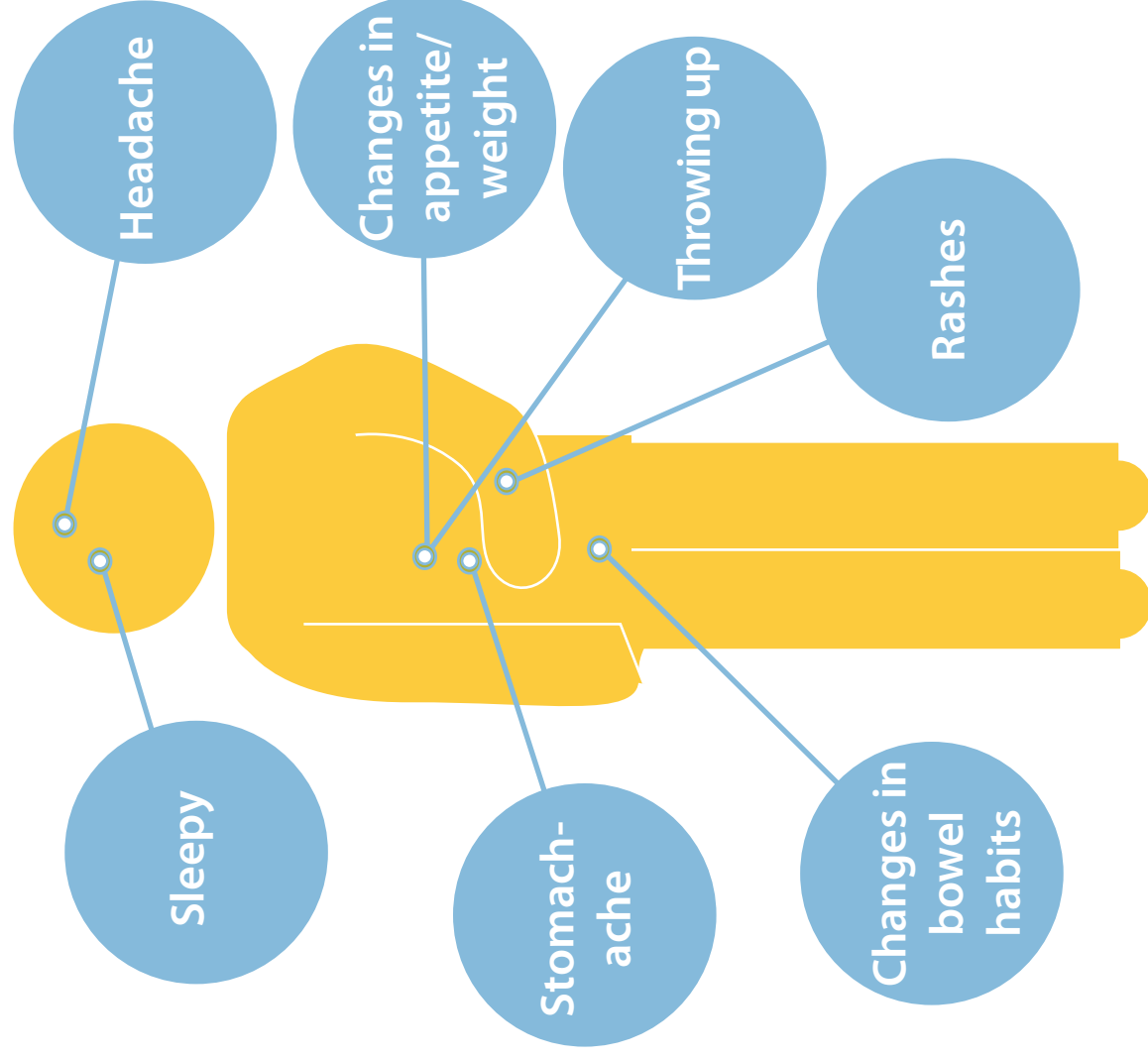
- Talk to your caseworker



- NeedyMeds (needymeds.org)
- Partnership for Prescription Assistance (pparx.org)
- Prescription Hope (prescriptionhope.org)

[illegible]

Any medications may cause common, general side effects such as:



About this watch list

Common side effects are listed, but there may be others you want to discuss with your doctor.

Tips about medications

- Medications treat the symptoms of mental conditions.
- They cannot cure the condition, but they can help you feel and function better.
- Medications work differently for different people.
- Use caution, medications can react with each other.
- There may be other uses for medications which is called "off-label."
- You should have therapy along with your medication.
- Don't take street drugs or medicines not prescribed to you.

About side effects

Some side effects go away with time. If they happen right after starting medication, they might be side effects.



Medication Side Effects Watch List

Symptoms

Potential Conditions

Medications

Common Side Effects

Rare Side Effects

Hyper
Poor attention
Poor listening
Act without thinking

Attention Deficit
Hyperactivity Disorder
(ADHD) and Attention
Deficit Disorder (ADD)

Stimulants¹
such as methylphenidate or
amphetamines
Brands: Ritalin, Adderall
Non-Stimulant: Atomoxetine,
Strattera

Loss of appetite
Difficulty falling asleep

High blood pressure and
heart rate
Strange feelings on skin or seeing/
hearing things that aren't there
Mania (super hyper or moody)

Hyper
Poor attention
Poor listening
Act without thinking

ADHD and ADD

Alpha-agonist
such as clonidine, guanfacine
Brands: Kapvay, Intuniv

Light headed
Dry mouth/eyes

Trouble with liver or kidneys
Changes in blood pressure

Depressed or sad
Moody
Worries a lot

Depression, Anxiety,
PTSD, and Obsessive-
Compulsive Disorder
(OCD)

Antidepressants
such as fluoxetine, sertraline
and escitalopram
Brands: Prozac, Zoloft,
Lexapro

Dizziness
Sweating
Sleeping problems

Depression worsens or suicidal
thoughts
Changes in heartbeat, body
temperature or muscle tone
Activation (repeated physical actions)

Crying
Cranky
Complaints about health
without a clear cause

Seizure disorders, certain
cases of severe anxiety
(like panic attacks)

Benzodiazepines^{1*}
such as alprazolam or clonazepam
Brands: Xanax, Klonopin,
Ativan
*Not usually recommended for children

Dizziness
Gets annoyed easily

Memory problems
Seizures (might happen if you
suddenly stop taking it)
Dependency (body becomes used to
medicine)

Extreme moods or
behavior changes
Racing thoughts
Changes in sleep habits

Bipolar disorder

Mood Stabilizers^{*}
such as lithium
Brands: Eskalith
such as valproic acid
Brands: Depakote
*Regular blood work is needed

Tremors
Thirsty
Urinate a lot

Nausea
Tremors
Weight gain

Trouble with kidneys
and/or thyroid
Easy to bruise/bleed
Trouble with liver and/or pancreas
Confusion



Atypical Antipsychotics

Medication Type

Potential Conditions

Common Side Effects

Rare Side Effects

Aripiprazole like Abilify®

Asenapine like Saphris®

Clozapine like Clozaril®

Iloperidone like Fanapt®

Lurasidone like Latuda®

Olanzapine like Zyprexa®

Quetiapine like Seroquel®

Risperidone like Risperdal®

Ziprasidone like Geodon®

Schizophrenia

Bipolar

Irritability with autism

Other ♦

Weight gain

Feeling sleepy

Dry mouth

Constipation

Blurred vision

Restless

Muscle stiffness

Unusual movement like jerking or twitching

Changes in blood sugar and cholesterol

Delay or changes in your period

Breast enlargement in boys or girls

Sudden high fever with confusion

♦ There may be other uses for medications which is called "off-label."

Key

 = Tell a nurse or doctor.

 = See a nurse or doctor right away
and take your medication with you.

Medication Legend

bid=twice a day

tid = three times a day

qid = four times a day

I =one

ii = two

iii = three

prn = as needed

hs = bedtime

po = by mouth