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 teens, parents and caregivers to help make good choices about mental health care. It is to help you speak with a doctor and have a voice in 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.
# Challenges:

It can be difficult for youth in foster care and their caregivers 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.
- Ask a doctor to slow down and repeat when you don’t understand.
- Get a list of your prescriptions and ask if it is ok to take them together.
- Find out the long-term effects of treatment.
- Voice a different opinion than your caregiver and ask to speak to the doctor alone.
- Ask the pharmacist how your pill(s) should look.
- Learn how to take and store your medication. (Your social worker might be able to help you practice.)
- Ask if you are taking the lowest dose of medication possible. And if not, ask why.
NOTES:
Your Decision Team: Makes the best choices together

School
Supports your learning and situation.

Other Family Members
Provide support.

Health Professional
Listens to your needs and helps make a care plan.

Youth and Caregiver
Share needs and concerns. Follow through on what they agree to do.

Judicial
Helps you make choices for your best interests.

Other Important Adults
Mentor/help you.

Social Services Agency
Provides approval for your care choices.
Medical Decision Process

Think about physical health...
1. Your arm hurts
2. You go to the doctor and get an exam
3. The doctor prescribes a cast and you get better

Think about mental health...
1. Something is bothering you
2. You go to the doctor and get an exam
3. The doctor prescribes treatment, you follow through and improve

Why counseling is important
Medications treat the symptoms of mental conditions, but they cannot cure the condition. That is why you should have therapy along with your medication. Medications can help you feel and function better.

Questions to ask about counseling
- What should I look for in a therapist?
- What do I need to do to make therapy successful?
- Are there support groups I can go to?
- Will my conversations be kept secret?
### Prepare for visit:

#### Be ready to describe your life: (take notes on back)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A typical day.</td>
<td>Things you have already tried or want to try.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any blood relatives with mental health problems.</td>
<td>Anyone who is important in your life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any alcohol/drug use during your mother’s pregnancy.</td>
<td>Sickness or disability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent changes in your life.</td>
<td>Stressful or traumatic events.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### What behaviors concern you or others the most?

- Poor attention
- Hyper
- Depressed or sad
- Angry
- Acts out
- Poor listening
- Moody
- Worried or stressed
- Other

#### How often do you feel like this or have these problems?

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#### What do you want to get out of your doctor’s visit?

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#### Be ready to describe your current wishes: (take notes on back)

- Do you want to talk on an emotional level with the doctor to get at deeper issues before trying medication?
- Are there other things you want to try before getting a higher dose of medication?
- Do you want to learn about holistic treatments like vitamins or yoga?
- Are you willing to commit to things like changes in your diet and exercise?
  - Ask your doctor if you can try something like this before medication.
- Did you now is always an important part of mental health treatment?
  - Talk to your doctor about why!
NOTES:

Who is on your decision team?
### Personal Decision Guide

**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? _______________________

<table>
<thead>
<tr>
<th>Discuss Options</th>
<th>Treatment Option 1</th>
<th>Treatment Option 2</th>
<th>Treatment Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a big benefit?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Are the side effects/risks small?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Will it help meet your goals?</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td><strong>How much do you like this option?</strong></td>
<td>□ A lot □ Some □ Not much</td>
<td>□ A lot □ Some □ Not much</td>
<td>□ A lot □ Some □ Not much</td>
</tr>
</tbody>
</table>

- ✨ 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). ____________________________
- 🚗 Are there concerns about addiction with the medication? ____________________________
Step 1: Think
Are you ready to make choices?

☐ Yes
Discuss how to begin with the doctor.

☐ No
That’s ok.
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

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?

Step 4: Evaluate
During or After Your Visit

Make Choices

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

Take it to your next appointment.

Date ____________

Time ____________

What should you do to get good results?

How should I call in-between check-ups if I have questions or concerns? ____________
NOTES :

Treatment:

Goals:
# Personal Decision Guide

**How is it going since your last visit?**

<table>
<thead>
<tr>
<th>Medication</th>
<th>How many doses were missed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ☻ ☻ ☻ ☻ ☻</td>
<td>□ 0–4 □ 5–10 □ More than 10</td>
</tr>
<tr>
<td>Why?</td>
<td>Any side effects?</td>
</tr>
<tr>
<td>Describe</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counseling</th>
<th>How many times did you go?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ☻ ☻ ☻ ☻</td>
<td>□ 0–1 □ 2–4 □ More than 4</td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>How many days have you missed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ☻ ☻ ☻ ☻ ☻</td>
<td>□ 0–1 □ 2–4 □ More than 4</td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (like diet or exercise)</th>
<th>Were you able to follow the plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ☻ ☻ ☻ ☻ ☻</td>
<td>□ Yes □ No □ Somewhat</td>
</tr>
<tr>
<td>Describe</td>
<td></td>
</tr>
</tbody>
</table>
NOTES:

What changes are you seeing?

Questions you have for the doctor:

Anything going on at home?
## 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**: 

### 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**: 

NOTES:

Treatment:

Needs:
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 and continue your care:

- Make sure you understand how to take your medications. ○ Talk to a doctor or pharmacist.
- Check the medication section of this toolkit.
- Talk to your caseworker. Phone #: __________________ Email: __________________
- Programs to pay for medications
  ○ NeedyMeds (needymeds.org)
  ○ Partnership for Prescription Assistance (pparx.org)
  ○ Prescription Hope (prescriptionhope.org)
- Free health clinics.

DANGER

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

- Rash
- Headache
- Stomachache
- Changes in appetite/weight
- Changes in bowel habits
- Tiredness/sleeping problems
- Rashes
- Headaches
- Changes in bowel habits
- Stomachache
- Sleepy
- Throwing up

Tips about medications:

- Medications treat the symptoms of mental conditions.
- They cannot cure the condition, but they can help you feel 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."
- 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.
- Medications treat the symptoms of mental conditions.

About this watch list:

- Common side effects are listed, but there may be other uses for medications which is called "off-label."
- About side effects:
  - Some side effects go away with time. If they happen right after starting medication, they might be side effects.

LEGEND

= Common Side Effect

= Severe Side Effect

Medication: Stimulants*

Brands: Ritalin, Adderall, Methylphenidate, Amphetamines

Symptom:

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

Common and Severe Side Effects

- Loss of Appearance/Weight Loss
- High Blood Pressure
- Difficulty Falling Asleep
- Irritability and/or Moodiness
- "Tics" or Involuntary Movements
- Mania (Super Hyper/Irritable)
- Headache

Medication: Antidepressants

Brands: Prozac, Lexapro, Zoloft, Fluoxetine, Sertraline, Escitalopram

Symptom:

Depression, Obsessive-Compulsive Disorder and Anxiety Disorders

Common and Severe Side Effects

- Throwing Up/Diarrhea
- Depression Worsens/Suicidal Appe/g415te/Changes
- Sexual Problems
- Ac/g415va/g415on (Repeated Ac/g415ons)
- Dizziness
- Headache
- Sweating

LEGEND

= Common Side Effect

= Severe Side Effect

Tips about medications:

- Medications treat the symptoms of mental conditions.
- They cannot cure the condition, but they can help you feel better.
- Medications work differently for different people.
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- 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.

Common Side Effects

- Dizziness
- Headache
- Sweating
- Tiredness/Sleeping Problems
- Stomachache
- Rashes
- Changes in bowel habits
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Potential Conditions</th>
<th>Medications</th>
<th>Common Side Effects</th>
<th>Rare Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyper</td>
<td>Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD)</td>
<td><strong>Stimulants</strong>&lt;sup&gt;1&lt;/sup&gt; such as methylphenidate or amphetamines</td>
<td>Loss of appetite</td>
<td>High blood pressure and heart rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Brands:</strong> Ritalin, Adderall</td>
<td>Difficulty falling asleep</td>
<td>Strange feelings on skin or seeing/hearing things that aren’t there</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Non-Stimulant:</strong> Atomoxetine, Strattera</td>
<td></td>
<td>Mania (super hyper or moody)</td>
</tr>
<tr>
<td>Hyper</td>
<td>ADHD and ADD</td>
<td><strong>Alpha-agonist</strong> such as clonidine, guanfacine</td>
<td>Light-headed</td>
<td>Trouble with liver or kidneys</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Brands:</strong> Kapvay, Intuniv</td>
<td>Dry mouth/eyes</td>
<td>Changes in blood pressure</td>
</tr>
<tr>
<td>Depressed or sad</td>
<td>Depression, Anxiety, PTSD, and Obsessive-Compulsive Disorder (OCD)</td>
<td><strong>Antidepressants</strong> such as fluoxetine, sertraline and escitalopram</td>
<td>Dizziness</td>
<td>Depression worsens or suicidal thoughts</td>
</tr>
<tr>
<td>Moody</td>
<td></td>
<td><strong>Brands:</strong> Prozac, Zoloft, Lexapro</td>
<td>Sweating</td>
<td>Changes in heartbeat, body temperature or muscle tone</td>
</tr>
<tr>
<td>Worries a lot</td>
<td></td>
<td></td>
<td>Sleeping problems</td>
<td>Activation (repeated physical actions)</td>
</tr>
<tr>
<td>Crying</td>
<td>Seizure disorders, certain cases of severe anxiety (like panic attacks)</td>
<td><strong>Benzodiazepines</strong>&lt;sup&gt;*&lt;/sup&gt; such as alprazolam or clonazepam</td>
<td>Dizziness</td>
<td>Memory problems</td>
</tr>
<tr>
<td>Cranky</td>
<td></td>
<td><strong>Brands:</strong> Xanax, Klonopin, Ativan</td>
<td>Gets annoyed easily</td>
<td>Seizures (might happen if you suddenly stop taking it)</td>
</tr>
<tr>
<td>Complaints about health without a clear cause</td>
<td></td>
<td><strong>Not usually recommended for children</strong></td>
<td></td>
<td>Dependency (body becomes used to medicine)</td>
</tr>
<tr>
<td>Extreme moods or behavior changes</td>
<td>Bipolar disorder</td>
<td><strong>Mood Stabilizers</strong>&lt;sup&gt;*&lt;/sup&gt; such as lithium</td>
<td>Tremors</td>
<td>Trouble with kidneys and/or thyroid</td>
</tr>
<tr>
<td>Racing thoughts</td>
<td></td>
<td><strong>Brands:</strong> Eskalith</td>
<td>Thirsty</td>
<td>Easy to bruise/bleed</td>
</tr>
<tr>
<td>Changes in sleep habits</td>
<td></td>
<td><strong>such as valproic acid</strong></td>
<td>Urinate a lot</td>
<td>Trouble with liver and/or pancreas</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Brands:</strong> Depakote</td>
<td>Nausea</td>
<td>Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tremors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Weight gain</td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> High abuse potential
### Atypical Antipsychotics

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Potential Conditions</th>
<th>Common Side Effects</th>
<th>Rare Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole like Abilify®</td>
<td>Schizophrenia, Bipolar, Irritability with autism, Other ✦</td>
<td>Weight gain, Feeling sleepy, Dry mouth, Constipation, Blurred vision, Restless</td>
<td>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</td>
</tr>
<tr>
<td>Asenapine like Saphris®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clozapine like Clozaril®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iloperidone like Fanapt®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lurasidone like Latuda®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olanzapine like Zyprexa®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quetiapine like Seroquel®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risperidone like Risperdal®</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ziprasidone like Geodon®</td>
<td></td>
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</tr>
</tbody>
</table>

✦ There may be other uses for medications which is called “off-label.”

### Key

- **Blue** = Tell a nurse or doctor.
- **Red** = 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
- **l** = one
- **ii** = two
- **iii** = three
- **prn** = as needed
- **hs** = bedtime
- **po** = by mouth