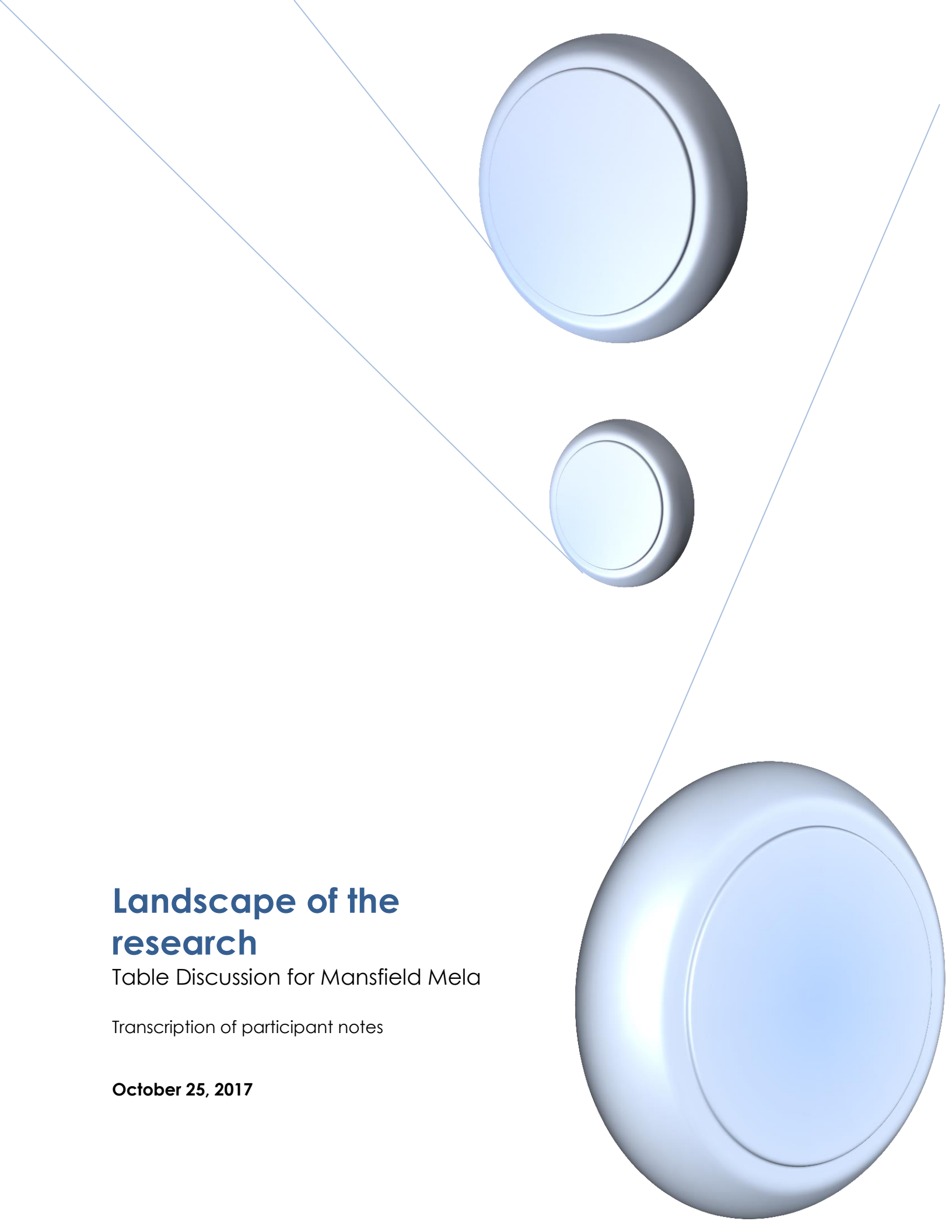

Landscape of the research

Table Discussion for Mansfield Mela

Transcription of participant notes

October 25, 2017

Fetal Alcohol Spectrum Disorder:
Landscape of the research

Dr. Mansfield Mela

October 25, 2017

Table Discussion

What types of research would you want to see being done on the topic of mental disorder and FASD?

What are your and your families' experience with medication?

What has been the value of a diagnosis of FASD?

- Experience with medication
  - Quick to try to diagnose as also having ADHD
    - Having quick reaction to diagnose for ADHD
  - Frustrating that there is no clear path for physicians to follow for medication treatment
  - Other families found success with meds

- Medication
  - Clonidine- effective for short term
  - Respiradol- effect for short term
  - Ritalin- started at age 3, increasing dosage until changed to Concerta
  - Dexedrine- saw increase in aggressive behaviour
  - Concerta- started at age 10 again with increasing dosage. Didn't last long enough
  - Biphentin*- current- started at age 14. Current dosage 50mg
  - Strattera- violent, aggressive, unmanageable behaviour
  - Intunin- current- started at age 14. Current dosage 3mg
- With current meds, age 17
  - Aggressive, destructive, anxiety
  - Lots of control issues
  - Talks to self, lots of verbal processing that is irrational and illogical

- Mental Health- how does addiction fit into the equation?
  - Do the difficulties of FASD and mental health conditions lead to addiction or does the chaos of addiction lead to mental health>
- The prevalence of PAE in addictions facilities
- What information/education are post-secondary students (going onto helping professions) receiving?
- Medication prescription standardization
  - Based on evidence of effectiveness

- Intersect of MH and FASD often excluded/disqualified
- Experience with Medication

- Clonidine
  - Aggression in kids
- Dexedrine
- Lamotrigene
  - Lifesaver

- Value of Dx
  - Mentor→not a parent!

✓ Research?
- More on similarities and differences on FASD and Autism
- More research to actual deficit
  - How it will impact the client
- Stigma
  - Preference of diagnosis of autism rather than FASD due to the stigma
- Depression and anxiety

✓ Experience with Medication
- Band-Aid approach rather than looking at the client's environment

▪ Research?
- Prevalence of non-adherence
- Barriers to medication compliance
  - From the physician perspective
  - From the patient perspective
  - From the caregiver perspective
- Agnosia and how to address this with taking or not taking medications
- Melatonin and sleep disorders with FASD
- Med interactions
- Over the counter medication use in people with FASD
- How to incorporate medical treatment within a larger holistic care approach
- Self-efficacy
- Is there a different side effect profile for individuals with FASD o higher/lower risk with certain psychiatric medications?

➢ Value of Dx?
- Financial focus
- Contract with criminal justice system
- Gives individual confidence to know why they are not normal

➢ Experience with Medication

- That are not mind altering

➢ Caregivers need
- To immediately forestall escalation
- Child care along with training opportunities
- Psy reports are too negative
  - Scathing report from professionals

- Value of Dx?
  - Tailored treatment
  - Access to services
  - Assessment can help to understand cognition
    - Informed practice
  - Can use as a tool for prevention
- Experience with medications
  - Long term effects, side effects
  - Working with population that has trouble with schedules and consistency, not taking meds
  - Effects of meds not necessarily researched for different brains
    - People with FASD have different brains
  - Compounding issues with brain function and side effects
    - Memory loss for someone who already struggles with memory
  - Research around FASD and marijuana

❖ Value of Dx?
- Funding
- Best practices in supporting the individual based on individual needs
- Can assist the individual in exploring tools that best help them
- Can help the individual understand that there is a reason for their behaviours

- Research?
  - Side effects of medication effect
  - FASD brain
  - What does diet effect
- Experience with medications
  - Side effects ↑ so do not take medication
  - Trouble taking medication
- Value of Dx?
  - Validation for person/family
  - Early diagnosis important

- ✓ Research
  - What kind of supports can we provide to support both FASD and mental health together
- ✓ Experience with medications
  - Medication is usually used to control other diagnosis than FASD
- ✓ Value of Dx
  - More supports
  - Understanding

- Research
  - Children and schizophrenia and FASD
- Experience with medications
  - Medication needs to be individualized to the patient
  - Side effects need to be monitored
- Value of Dx
  - Diagnosis most valuable as it allows for support services access

- ❖ Value of Dx
  - Strategies with coping, living skills, employment
  - PDD/ASIH funding and other services
  - Complexities of those with FASD cause family/relation breakdown, drug/alcohol, school etc.
  - Assessment can help support but often assessment takes too long
    - Issue- waitlist for assessment is several years long
  - Help agencies providing 24hr outreach care with support that are specific to individuals
- ❖ Experience with medications
  - Is it effective? Sometimes
  - Wrong meds for wrong diagnosis
  - Family Dr. not enough education on what to prescribe
  - Independent adults
    - Meds not always taken correctly
    - Sell for $$
    - Long gaps without medication on board=
      - ↓effectiveness
      - ↑behaviours
      - ↑mental health symptoms/risks

- ❖ Research

- Is an underlying anxiety and deficits I prefrontal cortex and frontal lobes actually a primary feature of FASD? Overdeveloped limbic system?
- Is it possible FASD/PAE underlies many mental health diagnoses? More comprehensive assessment of PAE may determine actual intersect…

❖ Experience with medications
- Currently on Respiradol, Clonidine and melatonin to sleep
  - All best practices implemented through day and at bedtime
- Daughter has diagnosis of ADHD, ODD and FASD
  - We feel strongly just manifestation of FASD….Drs want to treat ADHD symptoms but paradoxical effects on stimulants increased and focused rage/aggression, ↑ hyperactivity, ↑ irritability noticeable within 1/2hr of medication given
  - Clonidine good at bedtime for sleep
    - Dr. extrapolated to give in daytime= DISASTER
      - Even small dose ↑ aggression irritability, weepiness, fear, anxiety
        - Removed in daytime, immediate difference for the better
  - Physicians need to be FASD informed and understand complexities of FASD brain and response to medication
  - Mental health professionals and psychiatry need FASD training

❖ Value of Dx
- In Ontario and Nunavut, so far, no benefit of FASD diagnosis
  - 0 services, respite, understanding service providers, informed educators or early intervention practices
  - Even child in mental health (including Sick Kids) NOT FASD competent and these professionals cause harm
    - Inappropriate intentions for FASD
    - Judgement of parents who are exhausted, burnt out and constantly advocating to systems that think we are crazy and not 'professional'
      - Therefore, not welcome to contribute knowledge on our child's care
  - Vital to look to caregivers as experts if mental health professional
    - We get it

- I have a professional mental health, addiction, FASD training and service provision background and I'm a parent of FASD and still patronized and dismissed by mental health professionals

- Research
  - What is the impact of the spiritual on mental disorder and/or FASD
  - Better research on symptoms vs diagnosis
  - Use of multi-disciplinary teams for diagnosis on other mental health disorders
- Experience with medication
  - How to use multiple medications
  - Medications are the quick
  - No education
- Value of Dx
  - Increased support
  - Funding

✓ Research
  - Information on early flags
    - How to do we catch it earlier- get to mental health piece earlier
    - Work with families to identify what they are seeing
  - Effects of medication on children
✓ Experience with medication
  - Stigma attached with children who are prescribed medication
✓ Value of Dx
  - Important for early intervention
  - May answer questions that person may have

- Research
  - Ages 3-8 best strategies and best practices around FASD
  - How do you navigate the system
  - There is more than one disorder and how do you treat and clients are reluctant to take medications
    - Medication vs strategies
- Experience with medication
  - Mindset that they are good again and no longer take meds
  - Medication regulation
  - What are long term effects on medication [or might be unmedicated?]

- Value of Dx
  - To know and understand how to have individual understanding and supports
  - Supports and services
  - To know strengths and build on them to esteem our clients

- Research
  - Overmedication?
    - Many kids on multiple meds. Need to understand what works
- Value of Dx
  - Diagnosis of FASD is important for providing specific supports

- Research
  - Dual diagnosis
    - Would access improve quality of life
- Experience with medication
  - Everyone responds differently to meds
  - Some caregivers don't want their children on meds but schools push the matter
    - Parents feel pressured
  - More common to recommend medication to address the behaviour opposed to the brain
    - Need to look at both together
- Value of Dx
  - Comes with recommendation for support system and client

- Experience with medication
  - Pediatrician encourage the use
    - Was told that they will be able to use 60% of the brain instead of 30%
  - Clonodine triggering rage
  - No long term benefit to Ritalin
    - Didn't like how it took the edge off
      - Side effects of sleep disturbance
- Value of Dx
  - Huge
  - Shows strengths and barriers of the specific individual
  - Will help develop services that focus on the strengths of individual
  - Things do change as the person ages
    - A diagnosis may not reflect these changes

- With a diagnosis you can customize education and support
- Helps the individual understand why they may be feeling/acting the way they are- validating for them

- Research
  - Therapies that work for individuals with FASD
  - What tools and strategies work with FASD and modify them for mental health therapists to use
  - Train/teach mental health
- Value of Dx
  - Not at all as mental health therapists can't help
    - Not interested in helping because FASD needs 'long term care'
  - Diagnosis is too complex
    - Barrier to service

✓ Research
- Intergenerational trauma, class, race
- Develop learning strategies to accommodate FASD
- Better practices for counselling people with FASD
  - Day programs, group, one to one
    - Which is more effective

✓ Experience with medication
- Side effects
- Refusal to take meds
- Remembering to take meds
- Not allowed to mix alcohol/drugs
- No money for meds
- Need more therapeutic supports than just meds

✓ Value of Dx
- Social supports
- More funding with education
- More understanding
  - People will not just think they are bad
- More flexibility with people with FASD

- Research
  - Research on other diagnoses or misdiagnoses with FASD
  - Research on lived experiences in school
  - Long term focus on FASD and living in the world
- Experience with medication [*points seem to be research areas*]

- Experience with medication earlier an younger ages
- Medicating for quick solution and long term coping skills

- Value of Dx
  - Able to get supports
  - Different routines
  - Try to get different resources
  - Education

- Research
  - Algorithms
    - b/c trial and error with medications can be very frustrating
  - Mental health first aid→disability
  - Addictions, mental health, FASD→ which do you deal with first? Or does it matter?
    - a lot of push back/barriers
      - 'we can't assess her due to her addictions'
- Value of Dx
  - Alberta- LT- financial security
  - More women are going to diagnostic
    - b/c less stigma
    - better intervention through FASD lens
  - It sometimes helps reframe the intervention
  - NWT 0 FASD adult diagnosis yet
  - Can validate that there is a reason for their struggles
  - [triangle symbol]'s how they interact with service providers

- Research
  - Strategies for staff in mainstream services
  - Staff in all areas, not just disabilities services, have access to training
    - Homeless shelters, health care, etc.
- Experience with medication [*point seem to be research areas]*
  - What effects do psychotropic meds (Clozapine) have on FASD
  - Research on medication adjustment for people with intellectual disabilities
- Value of Dx
  - Is it helpful?
    - Could create stigma
    - If no support, does it help?
  - Yes, it's helpful
    - Talks about strengths

        - Opens doors to AISH
        - doctors→helpful for doctors
        - justice
            - FASD court
        - Basis for strategies
        - Relief for caregivers
            - explanation
        - helps frontline staff understand non-competence
- ❖ Experience with medication
    - makes things worse, should be natural ways like essential oils, exercise, CBD oil
- ❖ Value of Dx
    - court/funding
    - AISH and PDD approval
    - Provides a way for individuals to understand their strengths and take a look at their past and filling gaps

- Experience with medication
    - Dr. Waldman in Wpg is great at prescribing medication to individuals with FASD
- Value of Dx
    - Dx is helpful but knowing which domains are impacted is crucial
        - Just knowing someone has FASD doesn't help me to understand their specific challenges
    - If there is a Dx we can adjust expectations
    - Understanding, able to work with them
        - For the individual themselves, why do I keep making mistakes
    - Caregiver can educate schools
        - If caregivers educate children, children can advocate for themselves

- ✓ Research
    - Knowing what age in general population for onset for diagnosis of ADHD, ODD, anxiety, depression to prepare community plus caregivers for potential onset for FASD clients who have higher potential for mental health challenges
    - Take proactive approach to developing environment changes and extra supports to avoid crisis

- Research
    - Identify different levels of FASD and mental health
        - Sometimes there is so much comorbidity , lots of medication attached
    - Need other ways for service providers to engage with psychiatrists, doctors etc.
        - FASD individuals don't really know how to advocate, always, may not remember what yesterday was like, but often managers /staff are brushed off b/c psych/GP's listen to ind. With FASD who says they 'feel fine!'
- Value of Dx
    - Diagnosis isn't always helpful
        - Seems like a lot of psychiatrists don't understand what FASD is/does
    - Huge wait list for diagnosis w/in AB

- Research
    - Relationship between mental health and trauma and FASD
        - depression, anxiety, borderline personality
            - because of intergenerational trauma or FASD?
- Experience with medication
    - Medical marijuana
        - Brain does not shut off
            - Not sleeping leads to depression, anxiety
                - THC helps sleep, feel euphoric

- Research
    - Conclusion is that research is okay, but need more action from research
- Experience with medication
    - My experience with asthma meds and birth control – positive
    - Overmedicating for wrong problem
    - Stigma against meds from past experiences
- Value of Dx
    - Peace of mind
        - Clients know something was different with them and didn't know why
        - Once diagnosis finished clients are more eager to learn and educate themselves on FASD and how it affects them

- Research
  - Consensus
    - RE: if FASD should be 'primary' diagnosis
  - Treatment differences when FASD
  - Side effects etc. effectiveness of psychiatric meds and FASD
    - Work differently with FASD affected brain
- Experience with medication
  - Guessing game on what will work
  - Changes as they grow
  - How to even evaluate when can't remember to take consistently
    - Attitudes of individuals with FASD toward meds, how they make them feel
  - Sleeping
    - Need more info on sleep
- Value of Dx
  - Reasoning for behaviours reassures/validates caregivers
  - Case planning
  - Funding opportunities
  - Understanding of strengths, areas for growth

- Experience with medication
  - Allowing cultural piece
    - How we understand medication + traditional alternative meds
  - Lots of follow-up + doing history of client
  - A lot of our clients don't have a family doc
    - Treat what happens that day
      - End up with a bag of medications
        - Medic alerts

✓ I have been told that you have a diagnosis of FASD you cannot be seen by mental health

- Value of Dx
  - It helps us to understand what age level the individual functions at
    - So don't put higher than normal expectations on them
  - Also helps us to advocate to services like AISH, income support, housing, modified employment duties etc. on behalf of our clients
  - It helps us/the schools develop better learning strategies for students who have a diagnosis

- Experience with medication
  - One medication can lead to other meds needed
    - Ex: ADHA med causes sleep disruption so meds needed for sleep
- Value of Dx
  - Understanding of FASD and having concrete answers of behaviours
  - Validation
  - Services can't accessed without it

- Experience with medication
  - What types of medication is fiver for FASD
    - If they don't get the right meds it could be the reverse effect
  - Over medicated
  - Can cause overdose
  - Meds can only solve one issue and cover other symptoms
  - Remembering when to take meds and what is it doing
  - Depend on meds, cost associated
- Value of Dx
  - Length of time to evaluate diagnosis
  - Proper tools to diagnosis system

- Experience with medication
  - Pediatricians 'guess', experiment, trial and error
  - [can't decipher] on meds for ADHD and ASH and those anti-psychotics developed for <u>adults</u> not children
  - GP's/Drs are cautious and only want Peds/Psychiatrists to control + prescribe meds
  - GP's/family Drs lack knowledge of what the meds are for and the behaviours/moods that the meds are supposed to help

- Value of Dx
  - Value is in reaching services
  - Value is for caregivers so that they can alter their response to behaviours + develop strategies
  - If FASD is full-body disorder, diagnosis is valuable for life-long care
  - Value is for caregivers to structure environment

- Research
  - More research with adolescent populations
    - In regards to what interventions works with individuals that differ from talk therapy

- ✓ Value of Dx
  - $ can be barrier
    - Ppl attribute everything to FASD + won't see an individual or consider mental health dx
  - Can be sense of relief/understanding
  - Can be a traumatic component

- Value of Dx
  - ECD
    - Ages and stage questionnaires
      - 6mth/18mth/3yrs- helps identify development
        - Drumheller- 76 kindergarten started out needing support
          - Brain injury
            - Individual Program Plans

- ➢ Research
  - What medications are helpful?
  - Correlation between trauma and FASD?
- ➢ Experience with Medication
  - Mostly not helpful
- ➢ Value of Dx
  - Appropriate treatment services + supports
  - Greater understanding for person with FASD
  - Help families care differently

- Research
  - Medication applied to symptom as opposed to condition
    - How to decide which one to treat
- Experience with Medication
  - Can be required but is not always a good thing
    - Needs to be a long term plan with the medication
      - Recommendation to include not just medication
        - Treatment planning to include the whole person
- Value of Dx
  - Need the diagnosis with to get proper resources and funding
  - Proper intervention with a current diagnosis

- ❖ Research
  - Pattern of diagnosis and concurrent mental health diagnosis?

        - Most prevalent diagnosis?
    - Experience with Medication
        - Medications are usually a cocktail
        - Food as a medicine
            - Impact of eating poorly
                - Ie. Not feeling well b/c of poor diet = taking medication to treat not feeling well
        - Hear report of individual as well as non-affected caregiver
- Value of Dx
    - Understanding that this individual is complicated
    - Gives direction to systems, caregivers
        - Opens doors
    - Assessment is as important as diagnosis

- Experience with medication, in our home currently:

1. 17 yr old male, adopted at 11yrs old
    a. undiagnosed FASD
    b. diagnosed ADHD & 'mood disorder'
        i. Concerta 54mg
        ii. Seroquil 100mg extended release
        iii. Ativan as needed, used rarely
    c. Most disruptive behaviour, currently:
        i. extremely rigid and reactive (angry outbursts) mainly at school and with other in the community
        ii. Extremely impulsive- stealing, lying etc.
2. 13 yr old male, PGO, with us since 6yrs old
    a. Diagnosed ARND
    b. Diagnosed ADHD, anxiety, math learning disability
        i. Concerta 54mg
        ii. Prozac 40mg
        iii. Intuniv 2mg
        iv. 20mg melatonin nightly
    c. Most disruptive behaviour currently:
        i. Problems with impulse control, anxiety, defiance and emotional regulation problems (tantrums)
            1. Requires constant supervision
    d. Attends Bridges Consulting social skills group
3. 10 yr old male, PGO, with us since 5yrs old
    a. Diagnosed pFAS

   b. Diagnosed expressive/receptive language delays and processing delay
      i. 10mg melatonin nightly
   c. Most disruptive behaviours, currently:
      i. Problems understanding social cues and receptive language delays cause conflicts at times with us and peers, teachers etc.
      ii. Extreme emotional regulation problems
   d. Attends Bridges Consulting social skills group
4. 6yr old female, PGO, with us since 2yr of age
   a. Suspected FASD
   b. Most disruptive behaviours/symptoms:
      i. Processing delay
      ii. Problems with expressive and receptive language
      iii. Emotional regulation problems
      iv. Trouble reading social cues, esp with peers
   c. Early Intervention ★
5. 5yr old female, PGO, with us since 1yr of age
   a. Suspected FASD
   b. Most disruptive behaviours, currently:
      i. Moderate to severe problems with emotional regulation
   c. Early Intervention ★

- We don't know if meds have really made a difference, but in our older boys we think there has been an improvement

✓ Research
- 10% of reoffenders in correction facilities are FASD and usually for non-violent crimes
  - We would like to know what mental health services are provided and are they getting prescriptions

✓ Experience with Medication
- Individuals on medication the majority don't want to continue taking because of 'foggy' feeling or they feel it isn't working
- Also expected medication to solve all their problems and if it doesn't they want new medications

✓ Value of Dx
- Help in court system as well as having psychological report
- Helps with types of medications they end up using or staying on

- What would be like to see in interface of metal health/FASD?

- More understanding of function
- Multi-disciplinary assessments
- Cross research on ACES and FASD

▪ Value of Dx
- FADS is a medical condition
  - Not like other medical conditions
    - Requiring assessment to know what it actually looks like
  - Often misdiagnosed as ODD, CD, ADHD, anxiety etc.
    - Subsequently inapprop medicated inapprop support, misunderstood leading to much trauma and failure
  - Critical for effective strategy and targeted intervention

➢ Research
- How do we ensure when families do well that we don't decrease services?
- If good early identification of FASD/PAE, coupled with good and informed interventions, does this prevent mental health issues later on?
- Research around FASD, mental health, epigenetic- how does that interact and mean for individuals?
- How do different cultures deal with FASD in their communities and successes?
- Situations where things have gone right- how did they do it?

➢ Experience with Medications
- Kids being prescribed medications that don't make sense with diagnosis
- How does evaluation occur around meds?
- Medication as keeping kids calm but not treating anything
- Medication can't be standalone intervention
  - Unclear of other supports

• Experience with Medication
- Need to observe
- Work as a team with teachers
- Speak out to Dr. to find best recipe if not pleased with Dr. decision
  - Move on
    - You are in control as the caregiver and best advocate

❖ Research
- Increased research not of or FASD-mental health but also include the SDOH, particularly related to Aboriginal peoples in Canada

- What are the diagnostic factors but how does experience cycle with socio-political experiences

❖ Value of Dx
- Diagnosis is not always helpful
  - The process of often a diagnosis is extremely stressful, hopes are high, and results are often minimal.
- In practice with Aboriginal peoples-Dept of Indian Affairs monitors spending based of diagnosis but both the Dept staff and school personnel have the understanding
  - Dept staff even make up new diagnostic categories on the spot
    - This all serves as a gate-keeping function that typically fails Aboriginal children and families, leaves them skeptical and disillusioned
      - Above comments from Dr. Lia Ruttan

- Lack of understanding of FASD by counselling and mental health practitioners
  - Mandatory training or incentives
- Experience with Medication
  - Medication uses for treatment instead of looking at the individual's support system, natural supports, physical activity, whole body approach
    - Nutrition, sleep, connection, purpose
  - Medications constantly change
    - Grocery list of medications
      - Taxes the system financially and physically
  - Meaningful daily activity helps with many issues
- Value of Dx
  - Value is for funding purposes and understanding for self, family, community etc.
- Speak the client's language
- Stigma can be removed with understanding
- Actual research on drug combination effectiveness, medication effectiveness in FASD individuals
- Reduced diagnostic costs

✓ Research
- How they related to each other (FASD and mental health)
- Helping MH staff understand FASD and how to adapt to their needs

✓ Experience with Medication

- Lots of self medicating
- Lots of melatonin
- Parents need more education around supporting the kids differently and no medication will 'fix' their child

✓ Value of Dx
- Access to supports (FSCD, support staff)
- Understanding individual/or self better
- Schools will support child more appropriately
- Financial assistance
- Possible PDD/AISH support
- Closure and understanding for family

▪ Experience with Medication
- Not consistent/under review
- Some meds not allowed in custody (incarcerated) so meds get changes to ones allowed
- Medical complications ↑ so even if meds might work they can't take them
- Incarcerated- new Drs/Psych come in and re-diagnose, change meds etc. w/o evaluation and info about what is actually working

➢ Research
- Best MH treatment dependent on functioning
- Research on different medications being prescribed to FASD individuals
  - How is it impacting the FASD brain
- In rural areas, MH workers will not see our individuals (at all!) as they don't respond to cognitive therapies is what we've been told!!
- Medications prescribed
  - Effects on nutrition, sleep, daily functioning etc.

➢ Experience with Medication
- Poor b/c she was over-medicated
  - Lowered dose but confusion resulted
  - Doctor unresponsive, caregiver concerns
- Follow through on meds not falling through the cracks
  - Prescribe but pass on follow up to GP

• Research
- Are there any people with FASD who don't have mental health issues?
  - Trauma plays roles, not only FASD

- Experience with Medication
  - Vyvance 60mg
  - Clonodine
  - Abilify
  - Intunive
  - Bifentin
  - Trazadone
  - Melatonin (everyone)
  - Singulair
  - Prozac
  - Need Docs willing to try meds
  - Multiple meds for kids
  - Neurofeedback helps
- Value of Dx
  - Important to get funding
  - If have multiple diagnosis, can possible do without FASD diagnosis

❖ Research
  - More information on correlation between MH and FASD
  - Effective use of medication to deal with FASD or MH and how they negatively or positively affect each other
  - How to medicate if addictions issues are present
    - Psychotic breaks
      - Is it b/c of AOD use or predisposition
  - Without FASD in the picture what would MH/AOD use look like in the same individuals?
  - How does environmental and genetic factors of MH interact with FASD?
  - At what points does medication interact too much with life in the future?

❖ Experience with Medication
  - Overly prescribed
    - Need for other referrals
      - Medication in combination with other therapies (talk, music etc.)

Research
  - Connection between mental health and FASD so there is more suport for mental health

        - Support-Mental Health- need to [can't decipher] mental health support
    - Early diagnosis really helps to prevent trouble with justice system
- Value of Dx
    - If they get diagnosis can get strategies to deal with disability
        - Parents, teachers, individual themselves
- Experience with Medication
    - Pills don't work, often make things worse
        - Need mental health support
    - Medication seems to be very [can't decipher]
    - Overmedicated

✓ Somebody with FASD can present so well.
✓ Psychiatrist time is often short- sometimes just 15 minutes over a screen
✓ Psych's don't get the whole picture
    - Ex: a 55yr old male who was diagnosed with schizophrenia at 19 but whose family confirmed FASD (pre-birth exposure) and has never improved behaviour- family has disowned him- he lives in a fog of medication
        - Many meds increase anxiety…
        - With a primary diagnosis of FASD, anxiety is at the core of all his trouble
        - Also has ADHD and bipolar disorder