

A Reflective Checklist for Child Mental Health Professionals who Prescribe Psychotropic Medicines

Dave Traxson

THE DECP CHAIR, Brian Apter, as expressed in his 'Chair's Notes', feels an article outlining the rationale underpinning the development of this Reflective Checklist by the Medicalisation Subcommittee of the Division of Educational and Child Psychology is needed to inform our members and all psychologists of its development, to help them effectively challenge practice in cases where they have ethical and long-term health concerns about the children with whom they co-work.

The idea for this Reflective Checklist for Mental Health Practitioners is for prescribers of psychotropic medications to children in the UK to use as an aide-memoire on their desks to better safeguard the wellbeing of children they work with, and came from Atul Gawande's inspirational and practical work on checklists applied to the fields of surgery and neo-natal emergencies in the UK, which have had profoundly beneficial outcomes on client survival rates. Atul Gawande is a Professor of Surgery at Harvard Medical School, and believes that incredibly complex processes and decisions can be improved and made safer by simple prompt questions and common sense practical procedures. His seminal book was *The Checklist Manifesto* (2009), which is an international bestseller and has provoked radical approaches in many fields.

The rapidly increasing prescription rates of psychotropic drugs for children by child psychiatrists and paediatricians in the UK over the last two decades has alarmed many mental health practitioners and professional bodies alike, such as

the Division of Educational and Child Psychology, and the Association of Child and Adolescent Psychologists, as well as colleagues in America where the situation is more extreme. In some states the prescription rate for methylphenidate alone is 10 per cent of the total school population, which most professionals would avoid in the UK.

As reflective practitioners, and as 'ethically mindful' of the paramount principle of the safeguarding children's best interests, the DECP Medicalisation Subcommittee has endeavoured to produce a positive contribution in this critical area of multi-professional practice and good practice. We hope that the much celebrated above approach using simple and thought provoking prompts could significantly improve the safeguarding of vulnerable groups such as children.

The checklist went through many iterations of generating questions and collaborating with colleagues about their suitability. Questions were then further refined to improve their face validity and effectiveness at making practitioners consider the importance of mindfully making the decision to medicate a child in their often busy working day. It is still our hope that this checklist, developed by child psychiatrists and paediatricians through consideration by their professional bodies, could then be distributed widely as a desktop aide-memoire which could be situated next to their prescription book, indeed combined with it as one it would act as a significant addition to our professional mindsets.

Obviously we do not want to unnecessarily duplicate procedures, such as the excellent NICE guidelines for specific conditions for well trained and informed professionals, but we do believe that a brief pause where they take stock with a period of reflection may in the long-term benefit the client group we all serve. We hope, as many colleagues in the field have already indicated, that a few minutes well spent may enhance the decision making at the point of prescription and moderate unnecessary overprescribing to children who may well on reflection fall within the normal range of children experiencing higher levels of mental distress for whatever causal combination of environmental, social and biological factors.

The common sense and reflective nature of the questions we have posed are, we feel, both practical and ethical in nature. Sadly, despite our best efforts and success at drawing it to the attention of the appropriate professional bodies, which initially showed a lot of promise at high levels within the organisations, it seems that the inevitable committee considerations have not reached any positive conclusion at this stage. This in some way mirrors the consideration of new NICE guidelines that we have also been involved in in the intervening period. The worrying trend seems to be a tendency to protect prescribers from potential complaint rather than better safeguarding children from what the President of the Royal College of Psychiatry, Sir Simon Wessely, has referred to as 'over zealous prescribing' in a recent *Times* newspaper editorial.

We must persist with trying to influence good practice in this regard at both a personal interaction level, with the medical colleagues we work with supporting children on our caseloads, and at a professional collaboration level in setting up NICE's preferred model of multi-agency pathways for child behaviour.

Some of the many endorsements since it has received international attention in articles include:

- (i) **From the *Psychiatric Times* July 2015** – Professor Allan ex- editor in chief of DSI 'Overwhelmed teachers recommend that parents take to doctors for medicine problem may be more ir room than in the kid. Da a child and educational p and his colleagues in the come up with a terrific su help contain the epidemic medication in kids. They oped a checklist of questi should think about before psychoactive drugs to child.
- (ii) 'I saw the proposed checkl psych medications in *Psych* It seems clear, thoughtful a Thank you.' (Lloyd Sec Medical Director, New York of Mental Health; Adjunc Columbia/Mailman Schoo Health; Medical Editor 1 Health, The Huffington Pos
- (iii) 'Thanks for the check list how many children would medications after working t check list? I am a child and psychiatrist , and as the years fewer and fewer children medications, and more an so much better without the didn't really help in the firs it is not popular talk around (Lisbeth Kortegaard, Consu and Adolescent Psychiat: and Adolescent Psychiatry, Denmark).

Dave Traxson

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(Endorsed in June 2016 by the British Psychological Society's Division of Educational Psychology Committee, and by then Society President Professor Peter H. Bull (see copy of letter at the end of this article).

Pause – Reflect – Review

- Are the child's behavioural differences pervasive, occurring in a wide range of settings and observed by a range of different individuals in the community?
- Are the child's difficulties severe, enduring and significantly impairing?
- Have there been any stresses in the child's relationships, social context and recent events which might explain this pattern of behaviours?
- Does the child have presenting behaviours that closely conform to an approved indication for the particular medication being considered at this time?
- Is there research evidence on the efficacy and safety of this specific medication in children of the same age, gender and social grouping?
- Are the child's presenting behaviours significantly impairing in a range of settings? Do they acceptably balance the possible impact on the child's developing brain and body with evidence-based side effects of the specific medications being considered?
- Do the child's parents and involved professionals see the child's differences as significant enough to require this medication?
- Has a psychological intervention such as a talking therapy (CBT, etc.), a social intervention such as 'circle of friends'/'buddy system' or a physical intervention such as participation in sport been tried prior to prescribing this particular psychotropic medication being considered?
- Have there been any reported significant adverse side effects from this specific medication with children of the same age, gender and social grouping?
- Have you carefully weighed short- and long-term risks and balanced them against the benefits?
- Have you received valid consent from the parent and the child?
- And perhaps the most searching question: If a child in your immediate family or friends had the same presenting behaviours, would it still be right to prescribe the drug now?



**The British
Psychological Society**
Promoting excellence in psychology

Dave Traxson
Educational and Child Psychologist
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21 June 2016

Dear Dave

The Reflective Checklist on Prescribing Psychotropic Drugs to Children in

I would be delighted, on behalf of the British Psychological Society, to add the support and endorsement for the Reflective Checklist and all your work on th

As you point out, the Reflective Checklist has been endorsed by the Committe
Division of Educational and Child Psychology, as well as a range of significant
partners, including Kate Fallon, General Secretary of the Association for Edu
Psychologists, and I am very happy to join with them in this regard. I agree w
hope that, were the Checklist to be used by the two main groups of prescribers
dren and young people (i.e. child and adolescent psychiatrists and specifically
paediatricians), the number of prescriptions of psychotropic medication would
more reasonable over time.

As you probably know, I have represented the Society at a couple of high profi
on this issue recently – the STOMP pledge (co-signed by myself and Alistair B
Minister for Care Services) and the British Medical Association's initiative lo
over-prescription of, and consequent dependence on, psychiatric medicatio
initiatives clearly fit well with the British Psychological Society's charitable ob
and I am delighted to see us joining forces in this respect.

You mentioned that you would also be pleased to remain involved in this initia
to liaise with me and the DECP Committee where appropriate. Please let me
there's anything else we can do to support this excellent initiative.

Yours sincerely

Professor Peter Kinderman
President 2016–2017
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This is the nub of it – if there are symptoms of (so called) attention hyperactivity disorder (ADHD) and a number of inconvenient behaviours the prescribing of psycho-stimulant such as Ritalin to control those behaviours must be considered wholly and undermining of some very basic children's rights – including informed consent. And this is before we have even entered into consideration of the short- and long-term side effects of medication.

The United Nations Convention on the Rights of the Child (Unicef, 1990) states:

The child shall have the right to freedom of expression; this right shall include the right to seek, receive and impart information of all kinds, regardless of frontiers, orally, in writing or in print, in the form of art, or through any other media of the child's choice. (Article 13.1)

And:

Parties shall take all appropriate measures, including legislative, administrative and educational measures, to protect children from the illicit use of narcotic and psychotropic substances as defined in relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances. (Article 34)

Therefore, excepting where a child's rights are justifiably contravened or another person's rights are compromised by a child's behaviour, the insistence by an adult – even by a parent – on that child imbibing a psychotropic substance intended to restrict that child's free expression (autonomous behaviour significantly compromised that child's rights) is in violation of the convention.

Mostly, a drug like Ritalin (methylphenidate under its many brand names and slow-release manifestations) is given to children to manage behaviour that we find irritating rather than compromising of our human rights or dangerous.

The new NICE guidance on ADHD: Scary or what?

The Telegraph (6 September 2017) reported about the new NICE guidance on ADHD that: 'The National Institute of Health and Care Excellence said girls and women are going undiagnosed because they were less likely to have "classic" symptoms of the disorder'; and that: 'The advice also suggests the drug Ritalin should be routinely doled out to children diagnosed with ADHD- instead of saving it for a last resort when all else has failed.'

Big Pharma is beginning to win again. Since mid-2009, there has been a decrease in the productivity of the UK pharmaceutical industry and its percentage contribution to the UK GDP (Office for National Statistics, 2014). The push has successfully begun to reverse this trend (Association of the British Pharmaceutical Industry, 2016). Resistance is futile maybe?

If Aleksander Solzhenitsyn had written about children as young as four years old being given toxic psycho-stimulant medication to control their behaviour, in order to ensure their compliance with the restrictive regimes of Soviet schools in the 1950s, I am quite sure that the chattering classes in the UK would have been outraged. Anthony Burgess would probably have written a scathingly ironic dystopian novel about the blatantly unethical use of drugs for the social control