

Using Ethical Guidelines to Effectively Challenge Over-prescribing Psychotropics for Children

Dave Traxson September 17, 2014 [Using Ethical Guidelines to Effectively Challenge Over-prescribing Psychotropics for Children](#) 2014-09-17T11:31:04+00:00 [Cultural Issues, Pressing Issues](#) [No Comment](#)



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In all countries there will be ethical and professional guidelines that support a psychologist or any mental health worker's ability to professionally challenge practice that they have major concerns about to better safeguard the children with whom they jointly work.

In the U.K. psychologists as members of the Health Care Professions Council have, we believe, the ' Ethical Legitimacy ' to challenge medics when there is a real concern about the mental health and wellbeing of a young person with whom we jointly work.

This security is provided by the HCPC 'Standards of Conduct' guidelines document which states, "You must not do anything, or allow someone else to do anything, that you have good reason to believe will put the health and safety of a service user in danger. This includes your own actions and those of other people. You should take appropriate action to protect the rights of children and vulnerable adults if you believe they are at risk." (Page 8 of the HCPC's 'Standards of Conduct. Performance and Ethics – your duties as a registrant.')

Check your own equivalent in other countries for a similar statement about the paramount duty of professionals to Safeguard Children.

The way that many concerned Educational and Child Psychologists are doing this in many services in the U.K. is to ring or write, after taking supervisory advice, to the medic who was

involved in issuing the original prescription, which is usually a Child Psychiatrist or Community Paediatrician (GPs can only issue repeat prescriptions in the U.K.) this may be different in other countries. They then give them some feedback about the level and nature of their concern, which may fall into one of the following:

– prescribing psychotropic drugs to under five year olds is totally against NICE guidelines and condemned by the Royal College of Psychiatry spokesperson Professor Tim Kendall (who also wrote the National Institute of health and Clinical Effectiveness guidelines on ADHD) but is still relatively commonplace in the U.K. (150+ such cases alone have been identified in the West Midlands from an informal survey of Educational Psychologists.)

– the behaviour pattern for which the child is being given these mind altering drugs is not normally evident in school to staff or to the EP(so there can be no triangulation of data as NICE recommends)

– no ‘Drug Holiday’ has been given after an extended period of time on psychotropic medication, to reduce risks of adverse side effects, addiction etc., which is another clear breach of NICE guidelines.

– severe side effects resulting from the drug regimen which are causing concern to staff in school and their EP e.g. tremors, tardive dyskinesia, over-stimulation of the heart, reported sleep difficulties, an agitated nervous system, loss of appetite or lethargy.

– there are concerns about the ‘drug cocktail’ (commonly three to four drugs) a child is on i.e. the combination of drugs may be cumulative and may be ‘life threatening.’ (Pharmacists can intervene in these cases and have in a reported number of cases) A common drug cocktail that this has happened for is high levels of Ritalin and Respiridone (a strong anti-psychotic drug) and then an SSRI anti-depressant for low mood and possibly Melatonin to promote sleep.

– there are adverse drug effects of sleep disturbance and major weight loss which are having an adverse psychological and/or physical impact. Respiridone has just been the subject of the largest class action for criminal injury in the U.S. due to it producing fully formed female breasts in pubescent boys.

– there has been a sudden collapse in school which results in hospitalisation (not as rare as might be thought – two occurred in one small area of the West Midlands in a 12 month period)

– there is concern amongst professionals that parents may be reporting behaviours to deliberately access Disabled Living Allowance at medium or high rate.(£300 or £600 per

month respectively) An Amazon best seller by a medic promotes this course of action and gives procedures to follow step by step. One family had two children on the higher level and attempted to get a third which would have led to a large monthly income. Some parents are known to add to this by selling the Ritalin on the black market at a price of at least 5 pounds per tablet.

– the child regularly displays acute anxiety which is a contra-indicator to a doctor prescribing psycho-stimulants, as we all know anxiety is very common in children who present with behavioural difficulties. Also if the psycho-stimulants do the job they are designed to do the child will have an poor night's sleep and certainly be jumpy and anxious the next day, as all parents know, which continues a vicious cycle. We believe this response is very common in the U.K.

So what do we do in these cases?

-Simply ring or write a letter to share your professional concerns and any evidence with the medical colleague who issued the original prescription. This is a basic 'duty of care' protocol to Safeguard Children from the potential harm due to toxic harm from psychotropic drugs. This is our individual and collective Paramount Duty as many Directors of Childrens' Services regularly remind their staff..

What is the result?

-The medical colleague invariably thanks you for taking the time to ring them to share your professional concerns and the information that they were often unaware of from their own formulations and they consequently review the medication very soon.

This is a simple and effective procedure which better safeguards the child from "overzealous prescribing by some psychiatrists." (Sir Simon Wesseley – President of the Royal College of Psychiatrists on BBC Radio 4)

PLEASE CIRCULATE – to teams and help continue the great progress our profession is achieving collectively, nationally and even internationally with such appropriate and effective ways of reporting concerns to a health colleague.

These guidelines were collated by Dave Traxson, Chartered Educational Psychologist and Member of the Division of Child and Educational Psychologists' (BPS) national committee.



About [Dave Traxson](#)

I am a Chartered Educational Psychologist (BPS), who has seen the questionable practice of over-diagnosis and prescription of psychotropic drugs for children, increase exponentially in my thirty year career. I am a member of the Division of Educational and Child Psychologists Committee of the British Psychological Society. Now is the time to appropriately challenge doctors in cases where psychologists have ethical concerns about the Emotional Wellbeing of the children with whom they work. This is supported by the Health Professionals Council "Duties as a Registrant." (2009) = "You must not do anything or allow someone else to do something that you may have good reason to believe will put the health or safety of a service user in danger." We all therefore have a "Duty of Care to be Aware" of these issues in the schools where we work and to discuss concerns with a linkworker there and with the prescribing doctor. The National Committees of the Association of Educational Psychologists and the Division of Educational and Child Psychology of the British Psychological Society actively support my position of raising concerns about the impact of psychotropic drugs on the Safeguarding of Children in the U.K. from the potential short and longer term physical and psychological harm. I believe this is a key issue in promoting wellbeing of children within a progressive society. I was pleased to contribute to the BPS response to the American Psychiatric Association's consultation on DSM-5 and the paper was called "The Future of Psychiatric Diagnosis," (BPS 2012.)