COMMITTEE ON CHILDREN AND YOUNG PEOPLE

INQUIRY INTO THE USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS IN CHILDREN AND YOUNG PEOPLE

ISSUES PAPER No. 5

THE USE OF PRESCRIPTION DRUGS AS A MENTAL HEALTH STRATEGY FOR CHILDREN AND YOUNG PEOPLE

Submissions and Further Information

The Committee on Children and Young People invites written comment from interested organisations, groups and individuals regarding any of the matters raised in this Issues Paper. Ideally, comments should be forwarded to the Committee on Children and Young People, Parliament House, Macquarie Street, SYDNEY NSW 2000 by Monday 29 July 2002, although the Committee will continue to accept and consider comments after that date. Submissions may also be forwarded by fax on (02) 9230 2928, or email: children@parliament.nsw.gov.au. Further information on the Inquiry or on how to make a submission can be obtained from Mr Ian Faulks, Manager of the Committee, on (02) 9230 2161. Further information about the Committee on Children and Young People can be viewed on the Committee's web site at: www.parliament.nsw.gov.au/gi/commits/children.

ISBN 0 7313 5177 0
ISSN 1445-808X

Report 12/52
May 2002

INTRODUCTION

This Issues Paper examines the use of prescription drugs as a mental health strategy for children and young people.

Children and young people, like adults, can suffer a range of mental health problems and prescription drugs are routinely used as a treatment strategy for many of them. This paper focus on Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, Depression and Psychosis. Note that the use of prescription drugs in the treatment of Tourette Syndrome is also included in this paper, although the Committee recognises at the outset that Tourette Syndrome is not a mental illness.

The terms of reference for the inquiry identified the use of prescription drugs in the treatment of *challenging behaviour* as a particular issue of interest to the Committee. A great many submissions to the inquiry therefore highlighted the use of stimulant medication and in particular the use of 'Ritalin', for the treatment of Attention Deficit Hyperactivity Disorder, as a major area of interest and concern. This issue is explored in some detail in this paper.

Issues examined in this paper

- Overview of the mental health of children and young people in New South Wales
- Overview of the use of prescription drugs as a strategy
- The use of prescription drugs for challenging behaviour
  (a) The Ritalin debate
  (b) Regulations and guidelines
  (c) Current use
  (d) Monitoring of the prescription of Ritalin
- The use of prescription drugs for depression
- The use of prescription drugs for Tourette Syndrome
- Services to prevent, manage and treat mental health problems in children and young people
- Related issues:
  (a) The use of complementary and alternative medicines as a mental health strategy
  (b) Selling and swapping drugs

Issues Paper No. 1 provides information about the inquiry, the Committee for Children and Young People, and how to make further submissions. That paper also contains background and contextual information about the subject matter of the Inquiry .

THE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN NEW SOUTH WALES

In this paper, the terms 'mental health problems' is used in a general sense to describe alterations in thinking, mood or behaviour that are associated with distress or impaired functioning.

The range of mental health problems suffered by children and young people is as diverse as it is in adults, and includes: challenging behaviours; body image and eating disorders; depression; grief and loss; fears and anxiety; post traumatic stress disorder; psychosis; and suicide. Those problems for which prescription drugs and medication are used as a therapy strategy are the focus of this paper.

According to NSW Health data, mental health problems in children and young people are common. NSW Health estimates that about one in five children and adolescents will experience a mental health problem or disorder.[1] Depressive disorders occur in 3.7% of children and young people in New South Wales, conduct disorders occur in 3%; and ADHD occurs in 11.2%.

The level of mental health problems and disorders in children and young people in Australia is becoming increasingly recognised by the medical profession.

The national survey data shows that 11.2% of people up to 17 years of age may show symptoms of ADHD, however the figure is of symptoms and not of the existence of disorder. A disorder means that there needs to be a functional impairment and this is not measured in the data.

There is lack of data available in New South Wales and nationally to show the length of period over which children are placed on a specific medication. There is also inadequate research to show the effects of drugs used for behavioural and mental health conditions in young children on the development of the brain. The Commission for Children and Young People has suggested the following recommendation:

Possible recommendation

That the New South Wales and Commonwealth Governments support evidence-based approaches to early identification and intervention for mental health problems and disorders in children and young people.

For example, the NSW Health framework, "Getting in Early: A framework for early intervention and prevention in mental health for young people in NSW (2000) should be implemented in the primary care sector as well as in Child and Adolescent Mental Health Services.[2]

Mental health research

There is increasing contribution to the field of mental health research internationally. For example, in 1999, the United States Surgeon General issued a report on mental health for the first time and identified the need for further research and better recognition and services for mental health problems amongst children and young people.

Childhood to adulthood

Recent research into the mental health problems of children and young people provides evidence that establishes a continuity between childhood disorders and disorders in adult life.

> The Committee would be interested to learn of other mental health problems suffered by children and young people that involve prescription drugs and medication as a form of treatment and any related concerns

Stigma of taking medication for mental health problem

The focus groups conducted by the Commission for Children and Young People showed that there is a stigma attached to children and young people who take prescription drugs for mental health problems:

> "If you take an anti-depressant, everyone thinks that you're and idiot and they tease you."

and

> "I had a friend who was ADHD and had to take medication and kids used to call him names and be mean to him"

OVERVIEW OF PRESCRIPTION DRUGS USED TO TREAT MENTAL ILLNESS IN CHILDREN AND YOUNG PEOPLE

There are several types of mental illnesses suffered by children and young people for which prescription drugs are used as a treatment strategy. There are also at other forms of mental health problems do not require prescription drugs or medication as a strategy.

Therapeutic medicine used for mental health problems are wide ranging and are collectively referred to as 'psychotropic' medications. Anti-psychotic medication is prescribed to young people to treat psychotic illnesses such as schizophrenia and bipolar disorder. Psychotropic drugs are also prescribed for the treatment of attention deficit disorder (ADD) and attention deficit and hyperactivity disorder (ADHD).

The drugs most commonly prescribed for ADD/ADHD are Ritalin and dexamphetamine

The development of successful mental health strategies demands a comprehensive and long-term research and understanding of the biological environmental and social influence on the health and development of children and young people.

> Psychiatrists generally talk about a Bio-Psycho-Social-Cultural approach. So biological treatments like drugs are effective in some aspects of treatment but you have to also consider the psychological realm which is often very important, or biological treatments such as drugs and psychological interventions can often go together, and social cultural manipulation – understanding where the young person is from or the environment from which they originate and working in that milieu as well. Those three things have to go hand-in-hand. It is very rare for just one aspect of treatment to be solely satisfactory…[3]

Drugs developed for adults

Some prescription drugs and medication that are used in the treatment of children and young people with mental health problems were developed for use by adults. This issue is examined in detail in **Issues Paper No 4**.

CHALLENGING BEHAVIOUR AND THE USE OF PRESCRIPTION DRUGS

Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder

Very young children have short attention spans and act impulsively but this usually improves with age. If these are severe or persistent, it may be due to ADD/ADHD. Children affected by ADD/ADHD have difficulty paying attention to instructions, finishing tasks, relating to others and staying settled.

What is ADD/ADHD caused by? ADD/ADHD becomes apparent in children when they are at school age–associated factors may be: stresses of social, behavioural and physical factors in the developmental cycle; requirements for discipline and control in schools; a general parental and social culture that requires that children be managed and well behaved.

Dexamphetamine and Methylphenidate ('Ritalin')

Dexamphetamine and methylphenidate ('Ritalin') are central nervous system stimulants. The prescribing of stimulants is an established clinical option for the management of children and young people with ADD/ADHD and, in New South Wales is subject to strict regulation (see below).

Current usage of dexamphetamine and Ritalin: on the rise

Evidence collected by the Committee suggests that there has been an increase in the prescription of all psychotropic medications and polypharmacy for children and young people.[4] For example, NSW Health surveys and data from 1990 to 2000 show

that there was a marked increase in the rate of children treated with stimulant medication for ADD/ADHD over the 1990's. The increase in the overall rate from 1990 to 2000 was in the order of 9 times. This increase may be due to a number of factors, including:

- changes in diagnostic criteria and expansion of the disorder;
- greater knowledge of the disorder; greater acceptance of the disorder;
- increase in the availability of services and suitably qualified and experienced doctors; media influences;
- pharmaceutical promotion;
- increase in long-term use of medication; and
- increased treatment of adults.

Data also shows that although there is an increase in the use of stimulant medication, the number of children using this medication is fairly small relative to the population: 50 children aged less than 5 years in New South Wales were started on stimulant medication for ADD/ADHD in 1990 and 420 in 1999.

Gender: The data also shows that since 1990 there has been a slight decline in the proportion of male children commenced on stimulant medication for the first time

Age: Published research shows that there has been some increase in the prescribing of psychotropic drugs in preschoolers, and the increase in children younger than 4 years who are started on stimulant medication is due to an increase in the number of 3 year olds starting the treatment for the first time, and not younger children.

Regional differences: The Committee found a wide disparity between health regions in New South Wales in the rate of prescription and use of psychotropic drugs and medications in children and young people: in the far west of New South Wales it is 11 lower than the State average, while in other parts of New South Wales the rate of prescription is 1.6 times higher than the average. Possible reasons for this disparity are: difference in availability of specialist (psychiatric) services; the provision of different sorts of programs to manage mental health conditions, etc..

Problems with the data

The Committee found that there is lack of consistent gathering and processing of data to establish the rate and age of users of all forms of prescription medication. One reason for this lack of comprehensive recording is that there is no one central data-collection and processing body established at state or national level that has the powers the procedures to collect data from relevant public and rivate sector agencies and departments. Currently, data in relation to trends of use and drugs and treatments may be collected in the Health Insurance Commission (HIC) database, the Pharmaceutical Benefits Scheme database, and the databases of research institutes, etc. but there is no formal mechanism for liaison and sharing of information and research between these bodies.

The Committee is of the view that there are reasons for concern that the use of stimulant medication in general is on the increase, the disparity in use of stimulant medication according to socio-economic and geographical areas. However, the Committee notes that these trends are not reflective of the increase in use of stimulants in the United States, as has been reported in the media.

Combination of therapies

Most Australian prescribers also use a range of therapies in combination with medication to treat children with emotional-behavioural conditions. The use of complimentary and alternative medicines in this context is examined below.

Regulation of the prescription of dexamphetamine and Ritalin in New South Wales

Legislation

Dexamphetamine and methylphenidate ('Ritalin') are central nervous system stimulants listed in Schedule 8 of the *Poisons List* and subject to the requirements of the *Poisons and Therapeutic Goods Act 1996* (NSW). The Act and Regulations are administered by the Pharmaceutical Services Branch of NSW Health. Under the Act, diagnosis and prescribing is restricted by the terms of the published criteria.

Criteria for the diagnosis and management of ADD/ADHD in children and adolescents[5]

The criteria apply to prescribing for persons aged 4 to 17 years. They deal with clinical issues relating to the diagnosis and management of ADD/ADHD such as criteria for diagnosis, assessment, multi-modal management and the role and adverse effects of stimulant medication in the management of ADD/ADHD. It also deal with legal policy and procedural issues relating tot eh prescribing of Ritalin, including age, dosage criteria and exclusionary factors.

In accordance with the criteria, stimulant medication can be prescribed to children and young people diagnosed with ADD/ADHD, in three general situations:

1. 'Approved' prescribers - consultant paediatricians and child psychiatrists - may apply for a general authority to prescribe dexamphetamine and/or methylphenidate without the need for a prior individual patient authority provided that the prescribing is within the criteria, all prescriptions must be endorsed with the practitioner's authority number to prescribe issued by the Department and a summary of the previous month's prescribing for all patients is provided to the Pharmaceutical Services Branch for statistical analysis;

2. Prescribing by 'approved' prescribers which falls outside the criteria can be done on an individual patient

basis, provided that written authority of NSW Health on the recommendation of the Subcommittee is obtained; and

3. Medical practitioners other than child psychiatrists and paediatricians can prescribe Ritalin as an 'Other Designated Prescriber' (ODP). Generally, ODP's are adult psychiatrists, advance trainees in community paediatrics or child psychiatry, general practitioners with paediatric training working in rural and remote areas, or general practitioners who work mainly in paediatric practice. Approval of ODP's is based on the recommendation of the Stimulants Subcommittee (see below). ODPs apply to the Pharmaceutical Services Branch to prescribe stimulants for each individual patient and can only prescribe within the criteria.

Individual patient authorities are issued for up to twelve months, after which a progress report is required for a renewal of authority. All cases that fall outside the criteria (e.g., diagnostic criteria, dosage, age and other exclusionary factors such as significant side effects or contraindications), a written application accompanied by appropriate clinical/parent/teacher report is required. Authorities to prescribe stimulants for these patients are based on the Stimulants Subcommittee recommendation and are subject to regular review.

NSW Health – Stimulants Subcommittee

NSW Health is advised on the development and revision of the stimulant prescribing criteria, policy issues relating to ADD/ADHD and clinical issues impacting on the prescribing of stimulants and other psychotropic drugs for individual patients by the Stimulants Subcommittee of the Medical Committee, a statutory committee established under the Act. The Stimulants subcommittee comprises experts in the diagnosis and management of ADD/ADHD in children and young people.

Guidelines

The regulation of prescription of psychotropic drugs in children and young people in New South Wales and Australia is done according to a number of different guidelines and according to appropriate assessment and comprehensive diagnosis provided for children and young people who present with mental health problems.

The guidelines for prescription are issued by a number of professional organisations and Government departments, such as outlined below.

The National Health and Medical Research Council (NHMRC) has developed guidelines for the treatment of ADD/ADHD (see http://www.health.gov.au/nhmrc/publications/adhd/contents.htm). The Commission for Children and Young People has suggested the following recommendation:

Possible recommendation

That NSW Health continue to encourage general practitioners to adhere to the NHMRC Guidelines for the Treatment of ADHD (1996)[6]

There are also national guidelines for early psychosis programs, that prescribe a detailed assessment process for young people before the prescription of anti-psychotic medication.

The Pharmaceutical Services Branch of NSW Health also has guidelines for prescription of drugs and medication.

The Commission for Children and Young People has noted that a range of therapies might be recommended.

Possible recommendation

The paediatrician'and other relevant groups or organisations ensure that children and young people have adequate family and environmental assessments before being prescribed psycho-stimulant medication, and that supportive therapies such as parenting skills programs should also be offered.[7]

Monitoring of the prescription of psychotropic drugs

The Pharmaceutical Services Branch of NSW Health monitors the prescription of drugs and medication in children and young people in New South Wales. The monitoring strategy requires doctors to report all prescriptions they make. On the basis of this strategy, it is possible to conduct audits of prescribing by areas or by specialist practices.

The Commission for Children and Young People has suggested the following recommendation:

Possible recommendation

That the prescription of antidepressants and other psychotropic medications in children and young people be monitored as stringently as stimulants.[8]

Concerns about the use of psychotropic drugs for challenging behaviour

Community understanding and concerns about ADD/ADHD: A great many submissions to the inquiry expressed concern about the increasing use of psychotropic drugs in children with ADD/ADHD[9], especially the long term effects.[10] While recognising that Ritalin and dexamphetamine are effective in some children, concern was expressed that it was being prescribed to people who do not need it. [11]

The Commission for Children and Young People has suggested the following recommendation.

Possible recommendation

That NSW Health and other health education bodies encourage a broader community understanding of ADHD and its social and psychological as well as biological context.[12]

Side effects and withdrawal: The Committee notes the deficiency in reliable and long term research to

show the possible side-effects of the use of psychotropic medication. Further research in this area is needed and should be encouraged through active government-sponsored policies and strategies.

Several submissions to the inquiry drew the Committee's attention to the connection between the side effects and withdrawal symptom of the use of Ritalin in children and an increased tendency to suicide.[13]

Link between the use of psychotropics and use of illegal drugs: There is anecdotal evidence that shows links between ineffective use of psychotropic drugs and the use of alcohol, tobacco and illegal drug. Experimental data suggests that children who have ADD/ADHD who are untreated have a much greater rate of uptake of illicit substance abuse than those who are treated with stimulants.[14]

DEPRESSION

Medical research indicates that depression is associated with specific changes in the chemical message systems of the brain (serotonin, noradrenaline, dopamine). Most forms of depression involve both physical and psychological symptoms including sadness, irritability, lethargy, restlessness and feelings of worthlessness. These feelings can sometimes lead to impulsive, self-destructive acts. Depression also increases other mental health problems such as hazardous use of alcohol and other drugs and suicide.

Depressive conditions in children and young people, although relatively common is often not recognised or treated. It is estimated that 3.7% of children and young people in New South Wales suffer from a depressive disorder. The Committee found, that, as in other areas of this inquiry, there is a lack of research and data in this ares specifically concerning people below the age of 18.

Treatment

Different types of depression require different treatments. While some patients only need psychological treatments, others (eg. those with melancholic or psychotic depression) respond best to drug treatments.

The most common forms of treatment for children and young people with depression are counselling and therapies such as cognitive behavioural therapy and social interventions. Medications are used less often to treat depression in young people but are sometimes needed for severe depression.

> *"Parents don't know much about depression in children, so they don't take their depressed children to the doctor. Anti-depressants would really help a lot of these children and young people. If they don't get them they will use alcohol or pot to feel better"*
> **Children's focus group**

Severe depression appears to be associated with a reduction in the chemicals of the brain. Antidepressant medication is designed to correct the imbalance of chemical messages between nerve cells (neurones) in the brain. Antidepressant medication can quickly relieve poor sleep, anxiety, tiredness, poor appetite, poor concentration and agitation. Antidepressants are usually prescribed for a period of time after the symptoms have stopped (6 to 12 months) to prevent relapse of the depressive illness.[15]

Until very recently, children and young people with depression were treated with medication that was developed for, and was useful in adult conditions, but was not trialled for children (see **Issues Paper No 4** for further discussion of this issue). Most recent studies have shown that those antidepressants were not effective in children and had considerable side-effects and risks. The Committee has received evidence of more recent trials of anti-depressant medication that is tested in children and young people.

The Commission for Children and Young People has suggested the following recommendation:

Possible recommendation
The Royal Australian College of General Practitioners offer continuing medical education programs on the skills and experience needed for the accurate diagnosis of depression and appropriate treatment programs.[16]

Concerns

Some submissions to the Inquiry expressed concern about the use of anti-depressants by young people.[17] The Commission for Children and Young People informed the inquiry that many young people involved in its focus groups commented that they were concerned about anti-depressants being prescribed with little exploration and assessment of the problems being experienced by the young person.

> *"Some doctors dispense anti-depressants without investigating the source of the problem thoroughly. Anti-depressants may not always be the solution."*
> ***Children's focus groups***

Guidelines

The NHMRC has developed guidelines, with the assistance of psychiatrists from New South Wales and other Australian States and Territories, for the prevention and management of depression in young people (*Clinical Practice Guidelines for Depression in Young People)*. The Guidelines are widely supported and followed in Australia by medical practitioners and organisations such as the NSW Centre for Mental Health.[18] The NHRMC recommends that treatment for depression is multi-systemic and should comprises of family support and intervention, behavioural programs as well as medication. The

guidelines recommend that cognitive behavioural therapy is the treatment of choice for depression in young people and outlines indications for the use of psychotropic medication in young people with more severe or persistent depression.

Possible recommendation

That NSW Health encourage general practitioners to adhere to the NHMRC guidelines for the management of depression for children and young people.[19]

Initiatives

In New South Wales and other parts of the country there are many depression related initiatives and some of those specifically targeting children and young people.

New South Wales Government depression prevention initiatives: The New South Wales Government has provided $1.4 million of recurrent funding for depression prevention initiatives for young people across New South Wales. Effective programs are being set up to improve the well being of young people and reduce the risk of mental health problems continuing into adulthood.[20] For example, the *Resourceful Adolescent Program* has been piloted in schools in Western Sydney to reduce depression and increase life skills in adolescents. The *Dumping Depression Campaign*, is an initiative of the Central Coast Area Health Service Division of Mental Health in partnership with the Youth Health Service, and the Health Promotion Unit. The aim is to enhance resilience to depression in 15-18 year olds, a particularly vulnerable group.[21] NSW Health and the Department of Education and Training will collaborate to implement school-based depression prevention programs throughout New South Wales.

New South Wales Suicide Prevention Strategy: Young people with depression are at increased risk for suicide. For every young person that dies, many more attempt suicide. The New South Wales Suicide Prevention Strategy has a specific youth focus and includes initiatives to involve whole of government and communities in working together to prevent suicide. The New South Wales Government has committed $15 million in recurrent funding for suicide prevention initiatives. Rural and Regional Youth Suicide Prevention Project Officers have been appointed in country areas across New South Wales to work with local communities to develop suicide prevention programs.[22]

beyondblue: In 2000, the Commonwealth and Victorian Government's established *beyondblue - A National Depression Initiative*.[23] In acknowledging that many good things were already being done in Australia for the prevention, treatment and care of those with depression, *beyondblue* was established to create a national focus for such work and, by doing so, add considerable value to that work.

PSYCHOSIS

Psychosis refers to a group of disorders which impair a person's sense of reality and may lead to changes in their mood. A persons perceptions can be affected by hallucinations. This may be a form of mental illness such as schizophrenia or bipolar disorder (manic depression). Symptoms of psychosis can also at times be caused by brain injury or infection or alcohol and drug misuse.

Anti-psychotic medication may be prescribed to young people to treat psychotic illnesses such as schizophrenia and bipolar disorder. Medication is often a part of the treatment of psychosis to assist recovery and prevent further episodes. A psychiatrist can determine if medication is needed. There are several different types of medication that may be recommended and young people usually start on very low doses.

The Australian Clinical Guidelines for Early Psychosis (1997) were developed through the National Early Psychosis project under the National Mental Health Strategy. NSW Health was involved in the National project and the guidelines are supported by the Centre for Mental Health.[24]

These guidelines outline the issues to be considered in using medication as a component of treatment in conjunction with psychological treatment and psychoeducational interventions and support for young people and families.

The Committee received a submission critical of the practice of attempting to prevent psychosis that has been detected early by the use of prophylactic treatment with atypical neuroleptic medication.[25]

OBSESSIVE COMPULSIVE DISORDER

Obsessive-Compulsive Disorder (**'OCD'**) usually begins in childhood or adolescence. The main features are recurrent obsessions and/or compulsions. Obsessions are repeated unwanted thought that cause marked anxiety. Compulsions are repetitive behaviours (like hand washing) or mental acts such as counting or silently repeating words. They are often intense enough to cause discomfort and interfere with a child's normal routine, schooling and social activities.

For example, young children may fear harm will occur to them or a family member. Older children or adolescents may fear germs or illness. They may fear bad things will happen if their stop these repetitive behaviours or thoughts. Children and adolescents are often ashamed or embarrassed about their obsessive compulsive disorder. They may fear they are going crazy and try to keep what they are experiencing a secret.

Medications, in addition to other therapies, may be helpful for this condition.

TOURETTE SYNDROME

Tourette Syndrome (**'TS'**) is a neurological disorder which usually begins between the ages of 2 and 21 years. The Tourette Syndrome Association of Australia estimates that 1 in 200 people have TS.[26] The cause of TS has not been definitely established, however, the Association advises that: 'current research presents considerable evidence that the disorder stems from the abnormal metabolism of at least one brain chemical (neurotransmitter) called dopamine. Undoubtedly other neurotransmitters are also involved.' [27]

TS is characterised by rapid, repetitive and involuntary muscle movements and vocalisations called 'tics'. There are a wide variety of tics. An example of a simple motor tic is blinking and complex motor tics include jumping or touching other people. A person with TS may also have associated conditions including obsessive compulsive disorder, ADD/ADHD, and learning difficulties such as dyslexia, arithmetic disorders, perceptual difficulties.

The Tourette Syndrome Association of Australia stressed to the Committee the particular difficulties faced by children and adolescents with TS. TS and its associated conditions can leave young people in turmoil, depressed and exhibiting psychological effects that will eventually lead to the use of strong medication to control. Early intervention with information and support for a sufferer of TS and his or her family would assist in stemming the emotional disorders that result from having such a disability. [28]

Possible recommendation

That strategies concerned with addressing the problems of mental health in children/teenagers take into account the condition of Tourette Syndrome

Prescription drugs as a strategy

There is no cure for TS, but medication can play an important role in controlling some of the symptoms. Unless symptoms substantially interfere with a persons life, medication may not be necessary. But, for some people who have TS, without the use of drugs life would not be endurable. The Tourette Syndrome Association of Australia estimates that more than 60% of affected individuals present with mild TS and do not require medication.[29]

There are a variety of drugs ranging from anti-depressants to anti-psychotics which can reduce the symptoms of TS for many people, including haloperidol (Haldol), sertraline HCL (Zoloft) and cholrpromazine (Thorazine). None of the medications used in the treatment of TS is specifically designed for TS, rather they are designed for other conditions in adults. The efficacy of their use in the treatment of TS have been an incidental. The Tourette Syndrome Association of Australia informed the Committee that this is due to a lack of funds and research to create medications specifically for TS.[30] The Association stated that:

> The use of medication in TS is always a matter of trial under a doctors care, starting with a very low dose and increasing it until maximum benefit and minimum side effect is reached. In children very low doses can be trialed effectively. This medication makes the difference between a productive and normal life and one that is completely in thrall with symptoms and tics.[31]

Normally, these medications would be administered so that the dosages could be taken at home, as many of them are quite strong and have significant side effects. Generally children do not self-administer these sorts of drugs.[32]

The Tourette Syndrome Association of Australia advises that alternatives to medicating children with TS would consist of better education of professionals, particularly teachers, to recognise and work with the symptoms of TS. Alternative therapies sometimes have the desired results of reducing stress which is known aggravator of TS symptoms. Classroom strategies which assist children with TS can also lead to a decrease in the amount and potency of medication required for some children.[33]

The Committee is interested in receiving further information about the use of prescription drugs as a treatment strategy for the symptoms of TS and any related issues and concerns

SERVICES TO PREVENT, MANAGE AND TREAT MENTAL HEALTH CONDITIONS IN CHILDREN AND YOUNG PEOPLE

The work of Professor David Fergusson and others have shown that most mental health disorders are of longitudinal nature and there is a need for early intervention in childhood and early adolescence (see the Committee's 2001 report into the development of wellbeing in children Report 3/52). There is a need for provision of effective and efficient prevention and treatment programs in childhood and adolescence as well as effective parental and family support programs (including perinatal services, treatments of postnatal depression).

The Committee notes that the majority of medical professionals believe that a multi-disciplinary approach that combines medication and other treatments is needed in the treatment of mental health problems in children and young people.

> …there is a wealth of evidence internationally that at the individual level we should be trying a range of interventions, and that includes behavioural techniques. I would not refer to it simply as behavioural modification. There are a range of strategies which includes cognitive strategies. …. my training would

> indicate that there are a range of behavioural approaches that can be used in concert with medication. … the skilled prescribing is what we require. But in addition we need a more multidisciplinary diagnosis.[34]

According to NSW Health evidence, the mental health needs of children and young people can be effectively addressed through a combination of strategies and programs, comprising of behavioural intervention programs, parenting programs etc.

The NSW Child and Adolescent Mental Health Policy addresses the need for a wide range of programs that covers children from different ages and their families and stresses the need for a thorough assessment. Programs are provided in every health service area in New South Wales, through the coordinator of child and adolescent mental health.

Programs are also provided through schools, family doctors and paediatricians, where mental health problems can be reported or manifested. The School Link Program is a partnership between schools and NSW Health, that looks at identifying and addressing mental health issues in children of school age. This program is currently focusing on children with depression and there is a need for expansion.

There is a partnership program with general practitioners that looks at supporting and facilitating general practitioners' work with patients of all ages who have mental health problems.

Other programs include: a family help kit, which provides guidance to families (available in 16 community languages). The NSW Child and Adolescent Mental Health Policy 'Making Mental Health Better For Children And Adolescents' also addresses the full range of mental health problems and disorders in children and adolescents, including information on prevention and early intervention programs.

There is a need for a coordinated, multi-organisational approach to the health care system used by children and young people, and particularly children with special needs (children with disabilities and children in care).

Children with disabilities and children in care

There are difficulties in identifying the long-term use of drugs and medications in children with disabilities or children in care, as there is no one authority that keeps all their medical records

RELATED ISSUES

Selling/swapping/sharing psychotropic drugs

The issue of students selling/ swapping and sharing their prescription drugs, including psychotropic drugs, is examined in **Issues Paper No 3**.

> *"Stuff like Ritalin – everyone takes it!. There's so many people selling it"*
> **Children's focus group**

Alternatives to using prescription drugs and medication

Alternatives to the use of prescription drugs and medication, for the treatment of children and young people with mental health problems such as ADD/ADHD, is touched on in **Issues Paper No. 6.**

---

1 NSW Health, Family Help Kit
2 Submission 50, NSW Commission for Children and Young People, para 11.5(iv).
3 Evidence from Dr Victor Storm, Faculty of Child and Adolescent Psychiatry, Royal Australian and New Zealand College of Psychiatrists, 18 June 2001, p. 42.
4 Efron et.al. 2000
5 The criteria document is available on the NSW Health web site at www.health.nsw.gov.au/public-health/psb/adhd
6 Submission 50, NSW Commission for Children and Young People, para 11.5(i).
7 Submission 50, NSW Commission for Children and Young People, para 11.3(i).
8 Submission 50, NSW Commission for Children and Young People, para 11.5 (iii).
9 Submission 2, Ms R Barnes; Submission 11, Mr Philip Barton; Submission 12, Mr Graham Turner; Submission 15, Ms Sue Border; Submission 20, Mr Henry Bartnik; Submission 30, Ms Helen Dickenson.
10 Submission 2, Ms R Barnes,
11 Submission 2, Ms R Barnes; Submission 15, Ms Sue Border,
12 Submission 50, NSW Commission for Children and Young People, para 11.3(ii).
13 Submission 15, Ms Sue Border; Submission 16, Ms Anne Babb; Submission 36, Ms Joan Mort.
14 (Dr Storm evidence)
15 www.beyondblue.org.au/site/
16 Submission 50, NSW Commission for Children and Young People, para 11.5(ii).
17 For example, Submission 30, Ms Helen Dickenson.
18 Submission 79, the Hon Craig Knowles MP, Minister for Health.
19 Submission 50, NSW Commission for Children and Young People, para 11.5(i).
20 www.health.nsw.gov.au/health-public-affairs/publications/mentalstrategy/mentstrategyp2.html
21 www.health.nsw.gov.au/areas/ccahs/ddepression.html
22 www.health.nsw.gov.au/health-public-affairs/publications/mentalstrategy/mentstrategyp2.html
23 For more information about the initiative see the Beyondblue we site at: www.beyondblue.org.au/site/

[24] Submission 79, the Hon Craig Knowles MP, Minister for Health.

[25] Submission 48, Mr Richard Godsen, PHD.

[26] The Associations web site address is: www.tourette.org.au/

[27] The Associations web site address is: www.tourette.org.au/

[28] Submission 24, Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia Inc.

[29] Evidence from Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia, 3 July 2001, p 40.

[30] Submission 24, Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia.

[31] Evidence from Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia, 3 July 2001, p 40, p 39.

[32] Submission 24, Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia.

[33] Submission 24, Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia.

[34] Evidence from Professor Trevor Parmenter, Director, Centre for Developmental Disability Studies, Royal Rehabilitation Centre, Sydney, 18 June 2001 p. 32