

PE1627/KK

Scottish Government submission of 4 July 2018

Please find attached below a letter and covering email (Annexe A) which was sent today from Dr John Mitchell, Scottish Government Principal Medical Officer – Psychiatric Adviser, to all health board Primary Care Leads to distribute to General Practitioners.

This is following the Minister for Mental Health's commitment to the Public Petitions Committee in a letter of 10 May 2018 to write to all GPs to raise awareness about consent and safety in prescribing medication to treat mental ill health in young people/people under the age of 18.

Dear Colleague

Consent and safety in prescribing medication to treat mental ill health in young people/people under the age of 18.

Summary

Through this communication, Scottish Government seeks to

- Encourage reflection on ensuring safe, effective and person centred treatment particularly in relation to the management of mental ill health in young people.
- Inform GPs of sources of evidence based best practice and training supports.

As you may be aware, over the past 12 months, the Public Petitions Committee in the Scottish Parliament has been carefully considering petition [PE1627 : Calling on the Scottish Parliament to urge the Scottish Government to provide for consultation with and consent from a parent or guardian before prescribing medication to treat mental ill health if the patient is under 18 years of age.](#)

The petition was submitted by the mother of a young person who tragically died from an overdose of prescribed medication. This communication is part of the Scottish Government's response to the petition and seeks to share learning from its consideration, recognising the distress for the family affected.

It is timely to focus on these issues during 2018, which is the Year of Young People, and also the year in which Scottish Government will publish of a new Suicide Prevention Action Plan. The issues raised by the petition had several elements for consideration.

1. Consent and capacity

As a result of her experience, the petitioner suggested introducing the use of written consent forms for young people who have been prescribed antidepressants. The Scottish Government believes that this would undermine the concept of capacity and confidentiality. Effective partnerships between people receiving care, their families and carers and healthcare service providers/professionals are central to this partnership. Capacity to give consent and share information with relevant others is one of the core ethical foundations on which the clinician-patient relationship is based.

GPs and other medical practitioners already have very clear duties in this regard and the capacity of all patients to consent to treatment must be considered by all prescribers in every treatment situation, not just with anti-depressants or with young people. The Scottish Government believes that requiring written consent from young people being prescribed mental health medication is potentially discriminatory

towards young people with capacity and creates a disparity in the treatment of mental and physical health.

In addition, the Scottish Government agrees with the Scottish Youth Parliament and others, that young people have the right to confidentiality when seeking medical advice, as well as the right to make informed decisions about consent to treatment for both mental and physical health conditions. To change the current system in the way proposed may deter children and young people from seeking help from doctors and other professionals, and may make them less likely to disclose the full facts of how they are feeling and their symptoms.

The General Medical Council guidance on capacity is comprehensive and is included as an appendix.

The Scottish Government's Health and Social Care Delivery Plan sets out that people should be '*regularly involved in, and responsible for, their own health and wellbeing*'. In the plan, the Scottish Government committed to reviewing the capacity and consent process for patients in Scotland with the General Medical Council and Academy of Medical Royal Colleges. That work is now underway.

There is also a growing recognition that shared decision making can lead to more effective healthcare. In her first annual report, *Realistic Medicine*, the Chief Medical Officer (CMO) Dr Catherine Calderwood set out a new approach that will support people through informed, shared decision-making to better reflect their preferences and what matters most to them.

The CMO's annual reports give examples of work already underway to support the change in culture described, including the development of decision support tools and techniques such as 'Teachback'. The Health Literacy Place (www.healthliteracyplace.org) is another online resource for practitioners that provides case studies, tools and techniques to support shared decision making.

The Chief Medical Officer has also commissioned a citizens' jury, to provide an opportunity for members of the public to consider realistic medicine in greater depth. The jury will be held in the autumn, and its conclusions will provide insight into what members of the public, with the benefit of evidence from experts, consider what should be done to foster shared decision making across Scotland.

2. Involving Third Parties

As part of her evidence to the Petitions Committee, the Petitioner said that patients have the right to have a supporter with them for their appointment, if they so wish, and suggested that GPs may not always be informing children and young people of this possibility. Scottish Government believes that all practitioners will be familiar with the benefits of involving relevant others in the care of people of all ages and with both physical and mental health conditions. Most practitioners, if not all, will be inviting some of their patients to consider and agree involvement of a family member

or other supporter in their care and treatment, as part of their day to day practice. The GMC's guidance for doctors includes discussion of situations when patients may need extra support in their care and how this might be applied.

3. Provision of Information

The petitioner suggested a printed medicine information leaflet could be given to a young person when they are prescribed medication and that if they chose, they could give this to their parent or guardian. The Scottish Government recognises that every prescribed medicine already has a patient information leaflet printed and folded inside the medication pack. Any patient can read this and share with anyone else in their family or support network should they so wish. This could be brought to a patient's attention when appropriate.

4. Evidence based treatment

A Scottish Association of Mental Health (SAMH) survey published in March 2014 found that almost three quarters of surveyed GPs said they would like more information about non-pharmaceutical treatment options for common mental health problems and almost half were not aware of, or not sure of the Scottish Intercollegiate Guidelines network (SIGN) guideline on non-pharmaceutical treatments for depression. <http://www.sign.ac.uk/sign-114-non-pharmaceutical-management-of-depression.html>

All mental health treatment has physical, psychological and social dimensions and before thinking about prescribing medication it is important to ensure that social prescribing opportunities like youth groups, exercise, school resources and community supports are optimised, as well as consideration of specific talking therapies such as counselling and cognitive behavioural therapy. Child and adolescent mental health services may be able to give advice about local options without the need for specific referral and specialist assessment. A local Information System for Scotland (ALISS) can provide a useful source of information: <https://www.aliss.org>.

1 in 3 presentations to primary care have a mental health element. Information from the Royal College of GPs shows that over 75% of the current GP trainees in Scotland have completed postgraduate psychiatry posts and over 50% have worked in paediatrics with around 30% having done both. Therefore GPs are very experienced in consideration of both paediatrics and mental health in patients and generally well equipped by their training.

Continuing Professional Activity is an opportunity for skills and knowledge to be maintained or enhanced and the Royal College of GPs has free on online e learning modules including child and adolescent mental health. The Royal College of Psychiatrists, NICE and NHS education Scotland also have resources available.

Some useful links:

<http://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/child-and-adolescent-health.aspx>

<http://elearning.rcgp.org.uk/mod/page/view.php?id=3927>

<https://www.nice.org.uk/guidance/cg28>

<https://www.guidelines.co.uk/mental-health/nice-depression-in-children-guideline/252601.article>

<http://www.sign.ac.uk/sign-114-non-pharmaceutical-management-of-depression.html>

[http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/child-and-adolescent-mental-health-services-\(camhs\)/essential-camhs-online-learning-resource/essential-camhs.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/child-and-adolescent-mental-health-services-(camhs)/essential-camhs-online-learning-resource/essential-camhs.aspx)

I hope you have found this information helpful.