

PE1627/I

Petitioner's submission of 7 April 2017

Many thanks for giving me the opportunity to respond to the submissions the Committee received from a number of interested groups and organisations about my petition.

I was disappointed that the submissions were not supportive of my proposal that young people under the age of 18 should require parental consent and/or notification when being prescribed medication by a GP. The experience of myself and my family in the wake of Britney's death shows the dangers of prescribing to young people without recognition of the parents or guardians of young people coming to GPs with mental health concerns. I understand the wider impact that a blanket imposition of parental consent might have on the treatment of young people, particularly in areas such as contraception and reproductive health; however my sole focus is on treatments and prescriptions issued on the basis of a potential or current mental health issue. It is disappointing that many of the responses took a broad brush approach to the issue of prescribing rather than focus on the specific issues relating to young people's mental health.

However, I would support the views of the Children and Young People's Commissioner for Scotland when he states, "*...there is merit in exploring the guidance and training provided to medical professionals when prescribing certain health medications to young people under the age of 18, particularly where there is a risk that these medications will increase the risk of suicidal tendencies.*" The Scottish Association for Mental Health also said, "*...we think it may be necessary to remind GPs of the existing guidance on mental health treatments for children and young people to make sure that patients receive evidence-based treatment.*"

The SAMH submission also drew the Committee's attention to the NICE guidance relating to the treatment and diagnosis of depression and anxiety in children and young people, guidance that was unfortunately not followed in the case of my daughter, Britney.

The current heightened attention being given to young people's mental health is welcome, and part of this approach must be to remind GPs and all medical professionals that young people must be differentiated in their treatment as compared to that provided to adults, in particular given the specific needs that young people have with regards their mental health.

I firmly believe that these approaches provide a much better basis for GP assessment and treatment of mental health issues in young people. GPs must reconsider the attitude that the first response to young people's mental health concerns is to prescribe medication that in many cases may not be suitable for under-18s and in particular must begin with the view that treatment should begin via non-pharmacological means, such as CBT or talking therapies. I was glad to see the CYPCS support the idea that where such prescriptions are issued, the supply be limited to a maximum of one week's supply, minimising the potential misuse of such

medication and ensuring more focus on support and non-drug based treatment from local mental health services.

I would be happy to work together with the respondents – and any other relevant parties – to help create and develop the sort of guidance and support for medical professionals regarding young people’s mental health that will ensure that tragedies such as that which happened in the case of my daughter can never happen again.