

PE1627/D

Scottish Association for Mental Health (SAMH) letter of 17 February 2017

Introduction

We thank the Committee for contacting SAMH about this petition. We offer our sincere sympathies to Annette McKenzie and her family. We have great respect for their efforts to ensure lessons are learned following their daughter's death.

The SPICE briefing on this petition comprehensively sets out the current situation in terms of the law and the incidence of prescriptions to people aged under 18.¹ It appears to us that there are two separate issues to consider:

- Whether existing legislation and guidance is sufficient to protect children and young people; and
- Whether existing legislation and guidance was applied in Britney's case.

Existing legislation and guidance

As the law stands, people aged 16 and under may be deemed capable of making decisions regarding treatment for mental health problems. However, the Scottish Government's guidance on working with children and adults who may be at risk of self-harm makes clear that where a child is at risk of self-harm, there is a duty to notify authorities and that although young people have a right to confidentiality, the duty to protect them comes first in terms of notifying parents of concerns.²

Unfortunately, not every young person has the kind of relationship with their parents that would allow them to confidently discuss their mental health. That's why we share the view of the General Medical Council that without assurances about confidentiality, children and young people may be reluctant to get medical attention or to give doctors the information they need to provide good care.³ However the GMC's guidance makes clear that confidentiality can be breached if it is in the public interest: this would include the interest of protecting the child.

The application of existing legislation and guidance

It appears clear that there is no barrier to a doctor disclosing concerns if they judge that a child or young person is at risk. However, this did not happen in Britney's case.

Of course, we cannot comment on the specifics of this case. However, it may be useful to consider the medical guidance. In her evidence, Annette McKenzie expressed the view that her daughter would not have expected to be given medication on her first consultation with the GP. While we know that medication can play an important role in recovery from depression and other common mental health problems, we believe it is important that GPs follow evidence-based guidelines.

¹ [SPICE Briefing on Petition PE1627](#), 2016

² Scottish Government, [Guidance on Working with Children and Adults who may be at risk of self-harm](#), 2012

³ General Medical Council, [Protecting Children and Young People](#), 2012

There are specific NICE guidelines for children and young people relating to depression and social anxiety. Britney was prescribed Propranolol, which we understand is a beta blocker used to treat anxiety as well as other conditions.⁴ It may therefore be the case that her GP considered her to have anxiety, though we are wary of making assumptions that we cannot substantiate.

NICE guidance on social anxiety in children and young people specifically says that they should not usually be offered medication but instead should be offered Cognitive Behavioural Therapy.⁵

NICE guidance on depression in children and young people says that antidepressant medication should not be used for the initial treatment of children and young people with mild depression. Children and young people with moderate or severe depression should be offered a psychological therapy that runs for at least three months. Antidepressant medication should only be offered to children and young people in conjunction with psychological therapies, and contact should be maintained on an approximately weekly basis with the young person and their parents for the first four weeks of treatment.⁶

There is no NICE guideline on other forms of anxiety in children and young people.

In a 2014 SAMH survey of GPs, 53% said they were aware of the SIGN guideline on non-pharmacological approaches to depression.⁷

Conclusions

We are unable to support the petitioner's request for a change in the law on consent. We think it is reasonable to believe that children and young people might be put off seeking help if they thought that their parents would automatically be informed. We think that the existing guidance makes clear that parents should be notified if there appears to be a risk and we support doctors doing this where necessary. We are also concerned about perpetuating stigma by requiring such consent only for mental health treatment. Finally, 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.

⁴ MHRA, [Summary of Product Characteristics, Propranolol](#), 2016

⁵ NICE, [Social anxiety disorder: recognition, assessment and treatment](#) (Interventions for children and young people), 2013

⁶ NICE, [Depression in children and young people: identification and management](#), 2015

⁷ SAMH, GP report, 2014