

# Medicating minds: Navigating prescribing challenges in inpatient CAMHS

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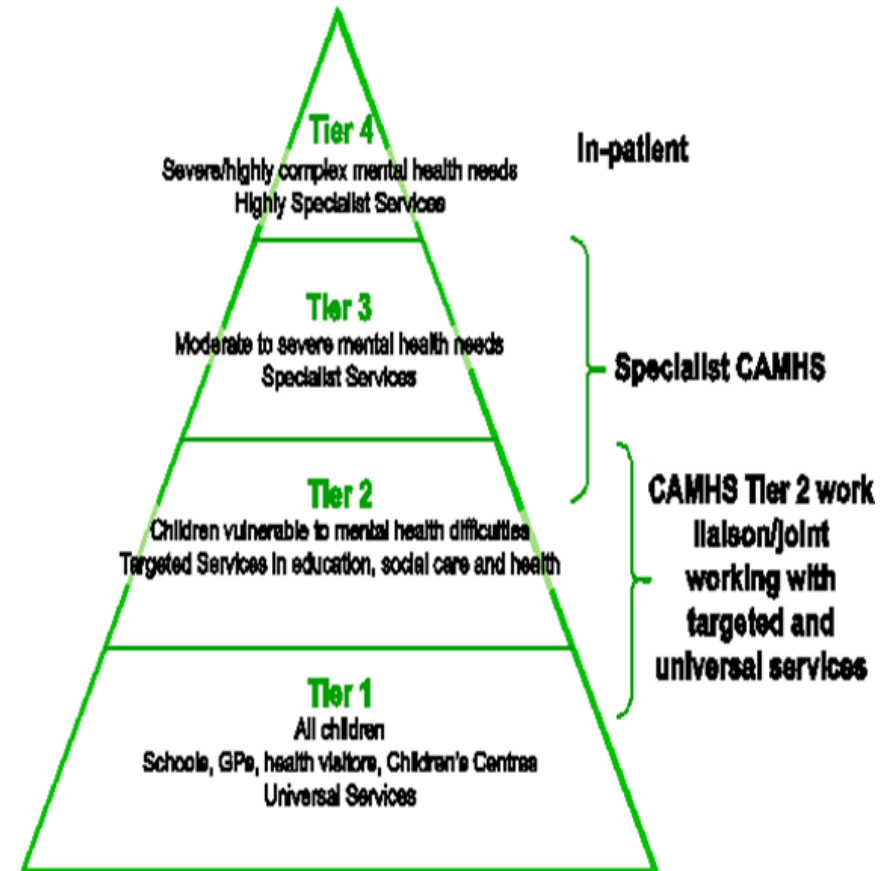
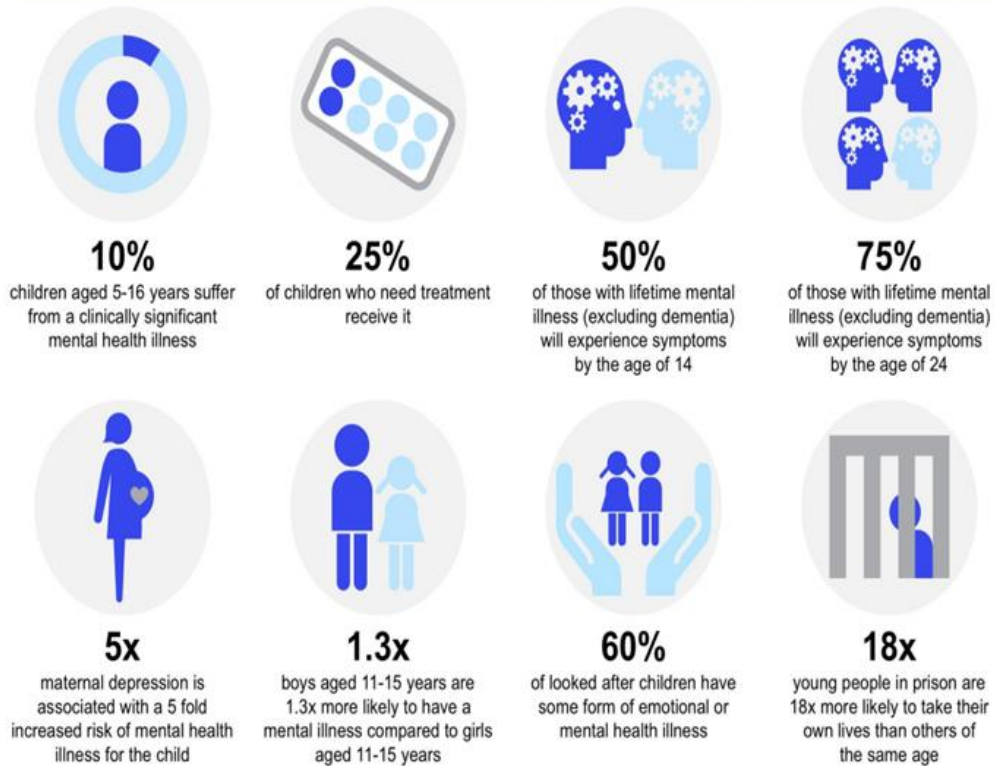
# INTRODUCTION AND BACKGROUND

- The history of psychotropic prescribing in children and young people dates back several decades. Initially, these medications were primarily prescribed for adults, with limited consideration for their use in the paediatric population. Over time, research and clinical practice have evolved to address the unique mental health needs of children and adolescents
- Evidence base
- Child and adolescent mental health is a critical area of concern, as mental health issues can significantly impact development, well-being, and overall quality of life. Psychotropic medications are one of the treatment options available for young individuals facing mental health challenges. However, prescribing for this demographic is complex and presents unique challenges that require careful consideration and expertise.
- As clinical professionals working in child and adolescent mental health, it is essential to understand and navigate these challenges effectively to ensure the safe and appropriate use of psychotropic medications..



# MENTAL ILLNESS IN CYP

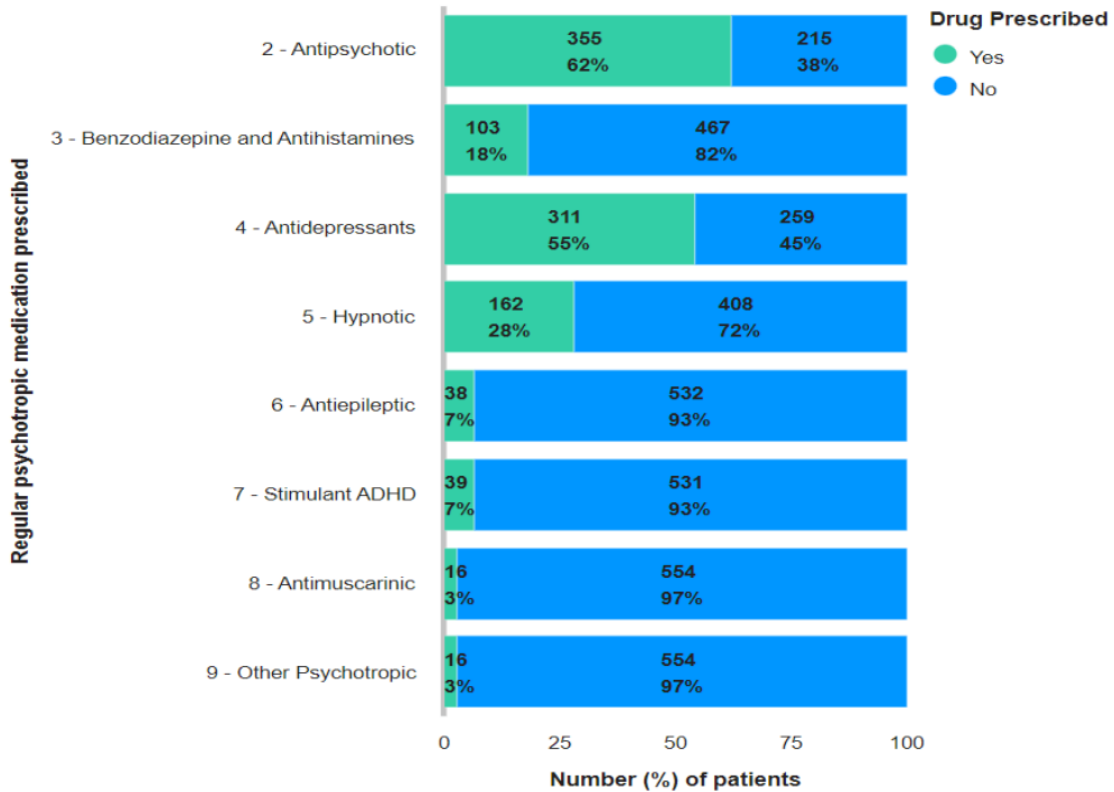
## Facts about mental health illness in CYP



# THE NATIONAL PICTURE: INPATIENTS

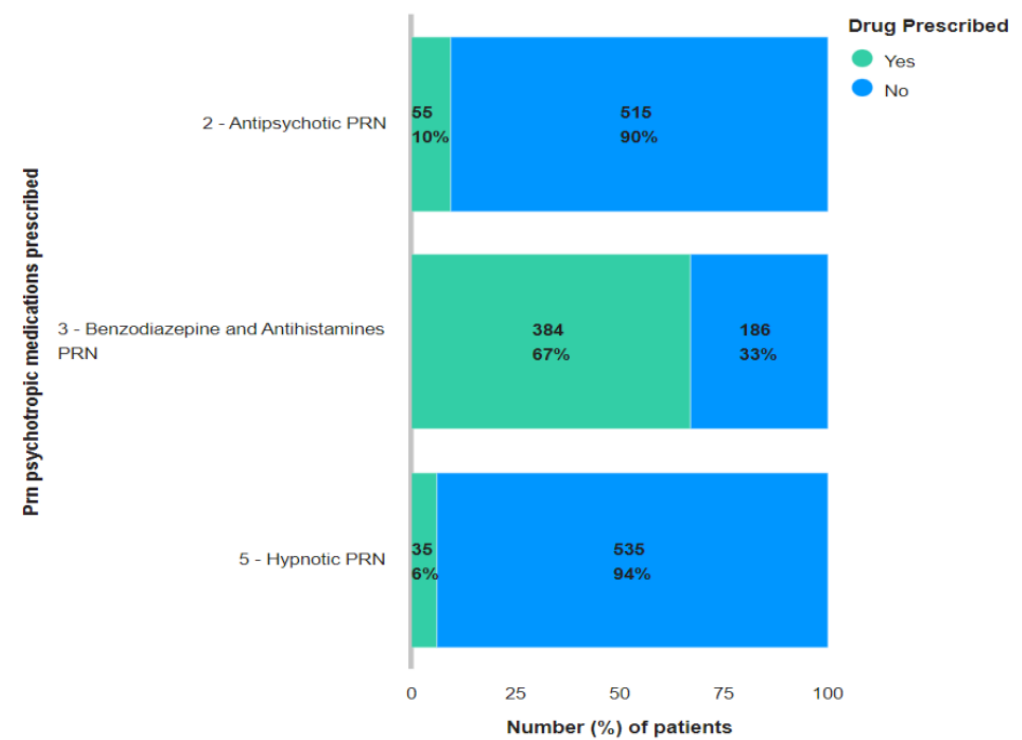
## REGULAR

Regular psychotropic medication prescribed



## PRN

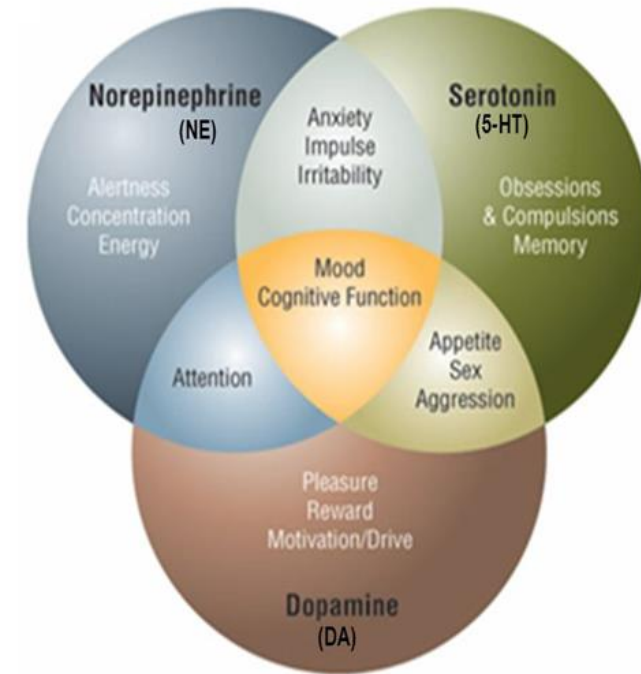
Prn psychotropic medications prescribed



# PSYCHOPHARMACOLOGY AND THE DEVELOPING BRAIN

## Adolescence (10–24 years):

- The brain undergoes significant reorganization, with the prefrontal cortex (responsible for decision-making, impulse control, and reasoning) being the last to mature.
- This period also witnesses synaptic pruning, strengthening of remaining connections, and increased myelination, which speeds up information processing.
- The adolescent brain is particularly vulnerable to substances, given its state of flux and reorganization.
- There's evidence to suggest that certain psychotropics can influence neurotransmitter systems that are still maturing, potentially leading to long-term changes in brain function.
- However, it's essential to weigh these potential risks against the benefits of treating significant psychiatric disorders during this critical period.



*The effects of DA, 5-HT and NE on the brain functions*

# WHY IS PRESCRIBING DIFFERENT?

Body weight

Body  
Composition

Body  
Surface Area

Nutritional  
Status

Organ  
Maturation

# WHY ARE CHILDREN AT GREATER RISK?

- Drug doses are calculated based on a patient's age, weight or body surface area.
- Weight changes over time & recalculation of drug doses is required, particularly in neonates.
- Inadequate information.
- Inadequate availability of appropriate dosage forms and concentrations.
- Fewer internal reserves to buffer any medication errors which may occur.



# LICENSED / UNLICENSED / OFF-LABEL

- Many drugs are not tested in children, which means that they are not specifically licensed for use in children
- Licensed drugs are often prescribed outside the terms of the product license (off label) in relation to age, indication, dose of frequency, route of administration, or formulation
- All medicines regulated by MHRA under Medicines Act 1968:
  - Companies must have marketing authorisation to sell medicine
  - Must prove effectiveness, safety and quality
- Estimated >50% of our medicines are either licensed medicines used outside of their license (off-label) or unlicensed
- In one study over two thirds (67%) of 624 children admitted to wards in five European hospitals received drugs prescribed in an unlicensed or off label manner



# CAPACITY AND CONSENT

- **Mental Capacity Act 2005.** It sets out principles and procedures to ensure that decisions made on behalf of children and young people are in their best interests.
- **Gillick Competence:** For children and young people under the age of 16, the Gillick Competence principle plays a crucial role.
- **Fraser Guidelines:** In addition to Gillick Competence, the Fraser Guidelines provide guidance on contraceptive advice and treatment for individuals under 16. While not specific to psychotropic medication, these guidelines underscore the need for involving young people in decision-making about their healthcare.
- **Children Act 1989 and 2004:** The Children Act 1989 and its subsequent amendments in 2004 provide a legal framework for the welfare and protection of children and young people. It outlines the responsibilities of local authorities and healthcare providers in ensuring the well-being of young individuals, including those receiving inpatient mental health care.



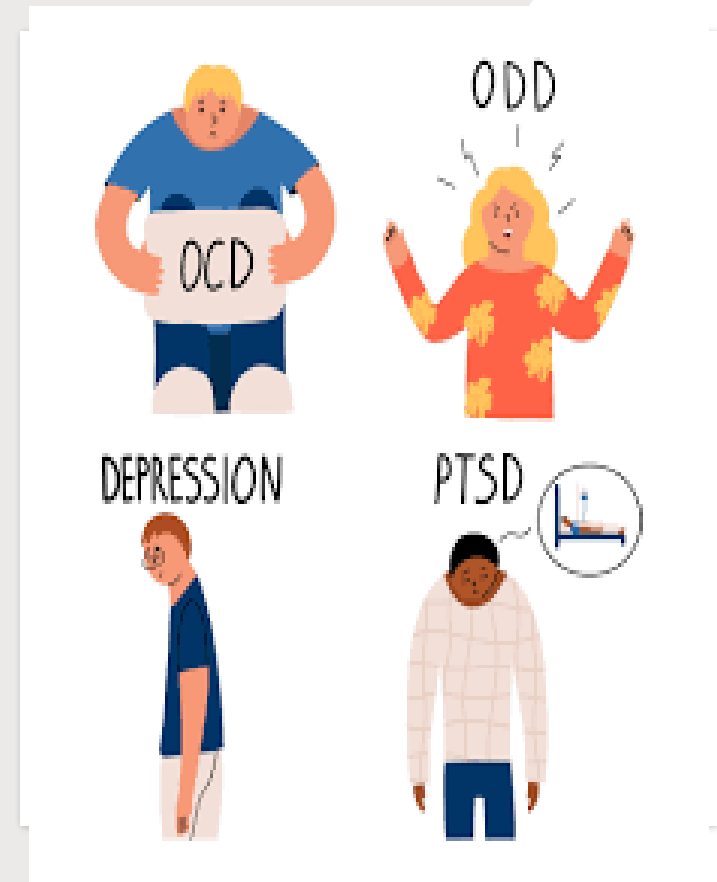
# PRESCRIBING CHALLENGES

## Difficulty in establishing a diagnosis

Establishing accurate psychiatric diagnoses in children and adolescents presents unique challenges due to the complexity of developmental and psychological factors.

### *Challenges Include:*

- **Developmental Variability:** Children and adolescents undergo significant cognitive, emotional, and behavioural changes as part of normal development. Distinguishing between age-appropriate behaviours and potential mental health symptoms can be challenging.
- **Atypical Presentations:** Young individuals may exhibit atypical or masked symptoms of mental health conditions, making diagnosis less straightforward. For example, depression in children may manifest as irritability rather than sadness.
- **Comorbidity:** It is common for children and adolescents to experience multiple mental health conditions simultaneously. Untangling comorbidity can complicate the diagnostic process.
- **Limited Self-Reporting:** Young individuals may have limited capacity to express their emotional experiences and symptoms accurately. Relying solely on self-report can be challenging.
- **Stigma and Denial:** Stigma surrounding mental health can lead to denial or reluctance to discuss symptoms, further hindering diagnosis.
- **Overlap with Normal Developmental Challenges:** Some mental health symptoms overlap with typical developmental challenges, such as mood swings during adolescence.



# CO-MORBIDITY AND COMPLEX PRESENTATIONS

**Polypharmacy:** Children with co-morbidity may require multiple medications to address various conditions. Managing polypharmacy requires careful consideration of potential drug interactions, side effects, and long-term effects.

**Treatment Hierarchy:** Determining which condition to address first can be challenging. For example, a child with ADHD and anxiety may need treatment for both conditions but treating one may exacerbate the other.

**Individualized Treatment:** Tailoring treatment plans to meet the unique needs of each child can be complex. What works for one child may not be effective for another, necessitating individualized approaches.

**Monitoring:** Children with complex presentations often require close monitoring of both medication effects and mental health symptoms. Ensuring adequate follow-up and assessment is essential.

**Shared Decision-Making:** Involving children and their families in treatment decisions becomes more intricate when managing co-morbidity. Shared decision-making should consider multiple conditions and their impact.

**Risk-Benefit Assessment:** Balancing the potential benefits of medication against the risks and side effects becomes more delicate with complex presentations.

**Comprehensive Care:** Children with complex presentations often require a multidisciplinary approach involving psychiatrists, psychologists, social workers, and other healthcare professionals.

# DOSING AND FORMULATION

Ensuring appropriate dosing and formulation selection is essential to optimize treatment outcomes while minimizing potential side effects or adverse events.

**Oral Formulations:** Most psychotropic medications are available in oral forms, including tablets, capsules, and liquids. These are suitable for many children and young people and allow for dose adjustments.

**Long-Acting Injections:** Some medications are available in long-acting injectable forms, offering extended-release options. These can be particularly beneficial for individuals with adherence challenges.

**Dispersible tablets:** These dissolve quickly in the mouth and may be helpful for individuals who have difficulty swallowing pills.

**Liquid Formulations:** Liquid formulations are useful for younger children or those who have difficulty swallowing pills. However, dosing accuracy is critical with liquids.

**Transdermal Patches:** A few psychotropic medications are available in patch form, offering sustained release over time.



# MANAGING ADVERSE EFFECTS

- Regular monitoring and open communication between the child, family, and healthcare provider are essential to track adverse effects, assess their impact on daily life, and make necessary adjustments to the treatment plan.
- Encourage children and young people to report any new or worsening symptoms promptly, fostering a sense of collaboration in their care.
- Evidence based, goals oriented, regularly reviewed prescribing
- Medicines education
- Individualized Approach: Tailor the treatment plan to the individual, considering their specific risk factors and susceptibility to adverse effects.
- Dose Adjustments
- Psychosocial Interventions
- Symptom Management: For specific adverse effects like weight gain, metabolic changes, or extrapyramidal symptoms, employ evidence-based interventions and treatments.
- Supportive Care: Provide ongoing support to children, young people, and their families to address concerns, manage adverse effects, and promote adherence



# PRESCRIBING GUIDANCE

## Advantages

- Standardized Care
- *Evidence-Based Practice*: Guidelines are typically based on the latest research and evidence, ensuring that treatments are grounded in scientific knowledge.
- Improved Safety
- Shared Decision-Making
- *Efficiency*: Guidelines streamline the decision-making process, making it easier for healthcare providers to determine appropriate treatments

## Disadvantages

- *Rigidity*: Guidelines can be perceived as rigid, potentially limiting individualized care. Some children may not fit neatly into guideline recommendations.
- *Lack of Flexibility*: In some cases, guidelines may not keep pace with rapidly evolving research or novel treatment options.
- *Over-Reliance*: Healthcare providers may over-rely on guidelines, potentially neglecting clinical judgment and unique patient factors.
- *Resource Constraints*: Implementing guidelines may require additional resources, such as training and access to necessary medications or therapies.

# ACUTELY DISTURBED BEHAVIOUR

Causes:

- Drug intoxication or withdrawal
- Exacerbation of existing intellectual disability, autism or other behavioural disorder
- Mental health conditions
  - psychotic disorders
  - anti-social personality disorder
  - anxiety disorders
  - mania
- Other factors
  - inability to communicate
  - impulse control disorders



# PARENT / CAREER / OTHER INFLUENCE

## Parent/Carer Influence:

Parents and caregivers often play a significant role in the treatment decisions for children and young people with mental health disorders. Their influence can be both positive and challenging:

Advocacy: Parents and caregivers can advocate for their child's mental health needs, ensuring timely access to care and appropriate treatments.

Collaboration: Collaboration between healthcare providers and parents can lead to shared decision-making, considering the child's best interests.

Challenges: However, parental preferences or biases may also impact treatment decisions, potentially affecting the choice of therapy or medication.

## Social Media Influence:

- Social media platforms can have a profound impact on mental health perceptions, stigma, and treatment decisions for children and young people:
- Information and Misinformation: Social media can provide valuable information but also spread misinformation about mental health and treatment options.
- Peer Influence: Young individuals may be influenced by peers' experiences shared on social media, affecting their perception of mental health and medication.
- Stigma Reduction: Social media campaigns can help reduce mental health stigma and encourage open discussions.



# CULTURAL PERCEPTIONS

Cultural perceptions of mental illness and medication can significantly influence how children and young people from diverse backgrounds experience and engage with mental healthcare.

- **Stigma:** Some cultures may attach a higher level of stigma to mental illness, affecting willingness to seek treatment or accept medication.
- **Traditional Healers:** In certain cultures, traditional healing practices may be preferred over or used alongside conventional psychiatric care.
- **Spiritual Beliefs:** Cultural and spiritual beliefs can influence whether individuals attribute mental health symptoms to spiritual causes and seek spiritual interventions.
- **Community Support:** Cultural communities often play a significant role in providing support and influencing treatment decisions.



# TRANSITION BETWEEN CARE SETTINGS

Transitioning between care settings is a critical phase in the mental healthcare journey of children and young people, and it comes with its unique challenges.

**Disruptions:** Moving from inpatient to outpatient care, from child to adult services, or between different healthcare providers can lead to discontinuity in care.

**Loss of Support:** Adolescents may lose the support system they had in one setting, making the transition emotionally challenging.

**Medication Management:** Ensuring continuity in medication management, dosing, and adherence during transitions is essential.

**Communication Gaps:** Poor communication between care teams can lead to missed information and gaps in treatment.

**Stigma and Identity:** Adolescents transitioning from child to adult services may face stigma and identity issues as they navigate changing care environments.



# PRESCRIBING: GENERAL PRINCIPLES

- Target symptoms not diagnosis
- Begin with less, go slow, and monitor (efficacy, ADRs)
- Polypharmacy often warranted in severely ill patients
- Allow time for adequate trial
- Only change one drug at a time where possible
- Monitor outcomes in more than one setting
- Patient and family medicines education is essential
- Shared decision making



# A HOLISTIC APPROACH

## 1. Tailored Communication:

- Use age-appropriate language, and ensure they understand their care and rights within the PICU.

## 2. Safety First:

- Focus on creating a safe and supportive environment, recognizing the vulnerabilities of younger patients.

## 3. Family and Caregiver Involvement:

- Engage families in care decisions, as they play a crucial role in the young person's support system.

## 4. Medication Considerations:

- Consider developmental pharmacokinetics and pharmacodynamics. Adjust doses carefully and monitor for side effects.
- Medicines reconciliation: crucial
- Physical health monitoring

## 5. Holistic Approaches:

- Combine pharmacological treatments with therapeutic interventions such as art, music, or occupational therapy.

## 6. Transition Planning:

- Prepare young individuals for transitions, whether returning home or moving to adult care settings, ensuring continuity of care.



# HELPFUL RESOURCES

## HeadMeds ([www.headmeds.org.uk](http://www.headmeds.org.uk))

- HeadMeds is a youth-focused website that provides easy-to-understand information about mental health medications for young people. It includes medication profiles, side effects, and advice.

## Choice and Medication ([www.choiceandmedication.org](http://www.choiceandmedication.org) )

- Choice and Medication is a comprehensive resource that offers information on a wide range of psychiatric medications. It includes detailed medication guides, videos, and a medication search tool.

## "Talking Medicines" by RCPCH ([www.rcpch.ac.uk](http://www.rcpch.ac.uk)):

- The Royal College of Paediatrics and Child Health offers guidance on how healthcare professionals should communicate with children and young people about medicines. It can help improve conversations between healthcare providers and patients.

## "YoungMinds" Medication Information ([www.youngminds.org.uk](http://www.youngminds.org.uk))

- YoungMinds provides information about mental health medications tailored for young people. It covers topics such as what to expect when taking medication, managing side effects, and making informed choices.

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