

# Medication to treat children's mental health

In the midst of a national children's mental health crisis, families are doing the best they can to assess how well their children are coping with increased stressors from the pandemic and figure out what to do if it seems they are having difficulty. Psychotropic medication is among the options to consider when indicated. However, over the years, children and adolescents with behavioral health challenges have generally been prescribed an alarming number of medications. This high prescription rate, paired with questions about the appropriateness of the diagnoses used to justify the drugs' use, has raised many concerns among families, practitioners, and youth advocates alike. Prescribing medication to treat children's mental health conditions can be appropriate, but parents, caregivers, and practitioners need to fully understand the risks and monitor their use.

In this post, we will contemplate these issues and draw on knowledge from Magellan Healthcare's recently updated clinical monograph, [\*Appropriate Use of Psychotropic Drugs in Children and Adolescents\*](#), which highlights evidence-based research on the use of psychotherapeutic agents in children and principles for optimal children's psychopharmacotherapy practice.

## **Considerations for treatment with medication for children's mental health**

When families consider medication as an option to treat a child's mental health condition, Magellan's [monograph](#) offers the following to contemplate:

The practice of evidence-based medicine for children and adolescents requires health professionals and child welfare advocates to engage in a careful assessment of the risks

and benefits of using psychopharmacological treatments while addressing serious concerns of over-diagnosis and overtreatment in this vulnerable population. As attention to these issues has grown, a strong undercurrent of anxiety and confusion exists about whether the use of psychotropic agents to remove undesirable impulses and behaviors of children may affect their neurological development, personality, character, and temperament. Suspicions exist that over-diagnosis and overtreatment are driven by a supply-induced demand created by pharmaceutical companies and medical providers.

### **Addressing the shortage of children's mental health professionals**

Another consideration for parents and families is the shortage of professionals providing specialized mental healthcare services for children. Mental healthcare for children is often initiated at the pediatrician's office, Magellan's [monograph](#) provides the following insights:

Given the significant national shortage of child psychiatrists, there remains a realistic need to rely on primary care clinicians to perform screenings of children for mental health disorders and treat uncomplicated ADHD, anxiety, or depression. However, the problem of follow-up care and ongoing monitoring of mental health problems in pediatric primary care is a matter that must be addressed.

### **Principles for optimal use of medication to treat children's mental health**

The American Academy of Child and Adolescent Psychiatry published the *Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents* to promote the appropriate and safe use of medication to treat children's mental health by emphasizing the best practice principles that underlie medication prescribing. These principles, as

highlighted in the [monograph](#), are as follows:

**Principle 1:** Before initiating pharmacotherapy, a psychiatric evaluation is completed.

**Principle 2:** Before initiating pharmacotherapy, a medical history is obtained, and a medical evaluation is considered when appropriate.

**Principle 3:** The prescriber is advised to communicate with other professionals involved with the child to obtain collateral history and set the stage for monitoring outcomes and side effects during the medication trial.

**Principle 4:** The prescriber develops a psychosocial and psychopharmacological treatment plan based on the best available evidence.

**Principle 5:** The prescriber develops a plan to monitor the patient, short and long-term. Clinicians should use standardized, objective measures to measure the efficacy of pharmacologic interventions.

**Principle 6:** Prescribers should be cautious when implementing a treatment plan that cannot be appropriately monitored.

**Principle 7:** The prescriber provides feedback about the diagnosis and educates the patient and family regarding the child's disorder and the treatment and monitoring plan.

**Principle 8:** The child's assent and parent's consent are completed and documented before initiating, and at important points during, medication treatment

**Principle 9:** The assent and consent discussion is focused on the risks and benefits of the proposed and alternative treatments.

**Principle 10:** Medication trials are implemented using an

adequate dose and for an adequate duration of treatment.

**Principle 11:** The prescriber reassesses the patient if the child does not respond to the initial medication trial as expected.

**Principle 12:** The prescriber needs a clear rationale for using medication combinations.

**Principle 13:** Discontinuing medication in children requires a specific plan.

We encourage you to learn more about medication to treat children's mental health in the full clinical monograph and *Understanding and Meeting the Needs of Children and Adolescents at High Risk: Foundations of a Model*, which highlights evidence-based prevention and treatment approaches for problematic behaviors and various types of behavioral health challenges in children and adolescents, [here](#). Both provide valuable insights and information to support the critical behavioral health needs of our nation's children.