



**The British
Psychological Society**

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**The Division of
Educational & Child Psychology**

**DECP Annual Conference 2015;
Applying Creative Psychology to education, children and young people**

**Keynote Presentation: DECP Survey:
Medicalization of Childhood - ADHD strand**

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The context of the study

- Over the past four decades there has been growing professional concern about the proliferation of mental health categories and their evidence base.
- In 1952 there were 106 diagnostic categories in DSM 1.
- In 1994 DSM-IV described 357
- This reflects the influence of the Biomedical Model which tends to view mental health needs as constitutional in origin and therefore encourages a medical response.

UK Context

Care Quality Commission 2013

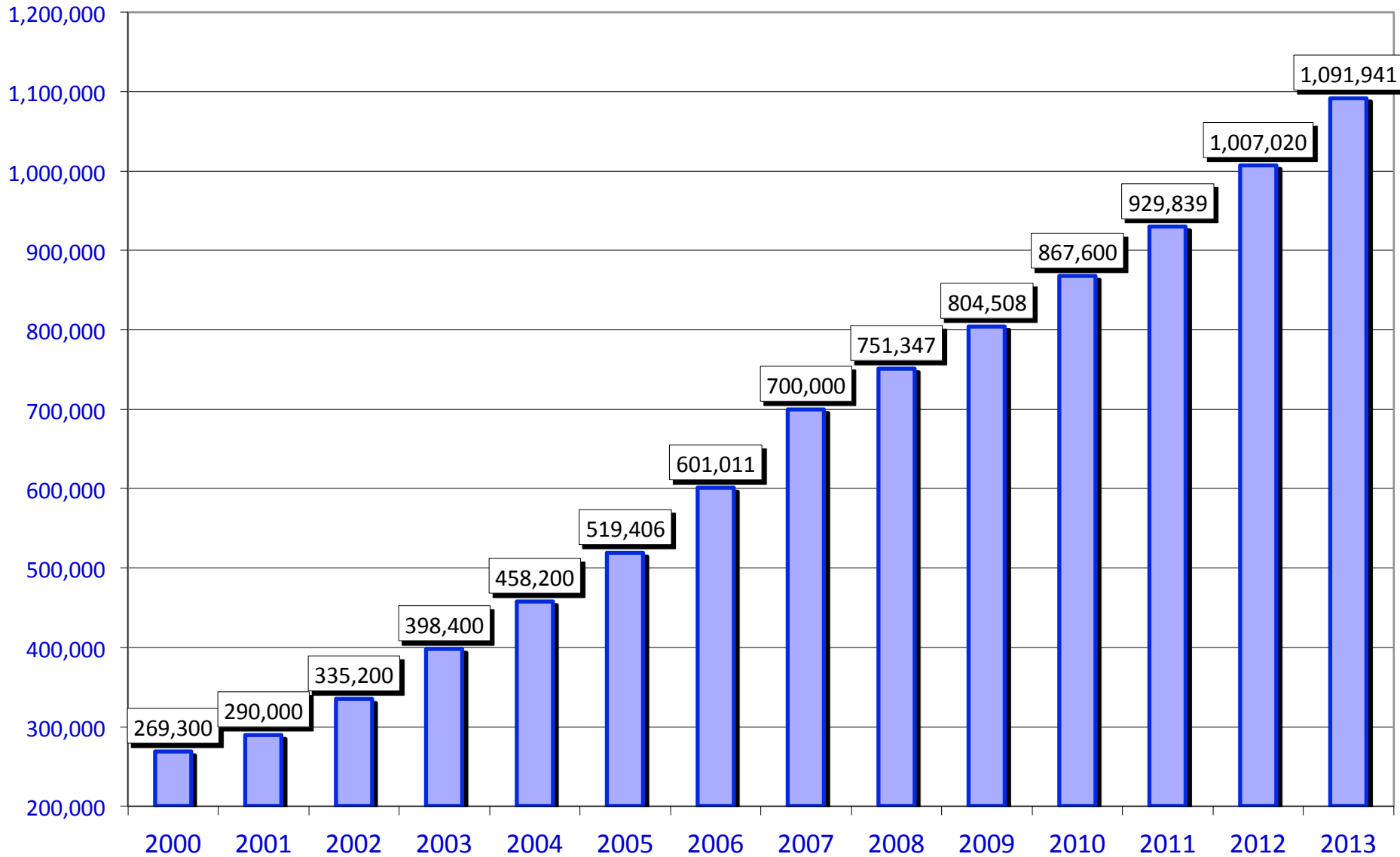
- Prescription rates for Methylphenidate in the UK have increased by 56% in the six years from 2007 and 2012
- In one year, between 2011 and 2012, the rate of prescription of Methylphenidate increased by 11%
- The National Health Interview Survey, suggests that roughly half of 6-11 year olds diagnosed with ADHD may also have a learning disorder.
- According to data obtained by Education Guardian in 2012 under the Freedom of Information Act there has been a 65% increase in spending on drugs to treat ADHD over the last four years.

ADHD Prescription costs England

Year	Medication	cost
2000	CNS stimulants and ADHD Meds	£5,215,300
2001	CNS stimulants and ADHD Meds	£6,279,286
2002	CNS stimulants and ADHD Meds	£9,194,710
2003	CNS stimulants and ADHD Meds	£13,753,327
2004	CNS stimulants and ADHD Meds	£18,403,714
2005	CNS stimulants and ADHD Meds	£24,380,543
2006	CNS stimulants and ADHD Meds	£29,242,462
2007	CNS stimulants and ADHD Meds	£33,431,064
2008	CNS stimulants and ADHD Meds	£36,387,029
2009	CNS stimulants and ADHD Meds	£39,893,734
2010	CNS stimulants and ADHD Meds	£43,897,729
2011	CNS stimulants and ADHD Meds	£48,935,079
2012	CNS stimulants and ADHD Meds	£52,014,206
2013	CNS stimulants and ADHD Meds	£55,379,946

Number of prescriptions items for ADHD drugs in England between 2000 and 2013

Sources: NHS Information Centre & Health and Social Care Information Centre



UK Context

- ADHD as a description of behaviour challenges the biomedical model, and yet this diagnosis is the one most likely to lead to the prescription of psychotropic medication for children. ONS (2004)
- NICE 2013 recommends that the views of children and their families are taken into account when considering medication. Travell & Visser (2006) note that whilst children's views may be sought but they rarely participate in decisions about medication.
- Moncrieff (2011) notes that psychotropic medications do not have a targeted effects on psychiatric disorders, they provide crude medical control.

UK Context

- ONS 2005 estimates that 43% of children in the UK diagnosed with ADHD are taking medication.
- Research into the efficacy of ADHD medication indicates a small positive effect in the short term (NICE 2013)
- Doward & Craig (2012) AEP informal research indicates increased prescriptions for under fives' in the West Midlands.
- Ritalin is not regulated for use in children under age 6
- There is no medical test to ascertain the diagnosis, the process is subjective. Timini (2009)



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There is compelling evidence that well-being and mental health needs are strongly influenced by wider social factors, and that the links between social context and behaviour are complex and bi-directional.

Research Questions

- How do EPs view their role in the diagnosis and treatment of ADHD?
- To what extent are contextual factors taken into account as part of the diagnosis?
- How do EPs deal with tensions between medical and social perspectives of ADHD?
- What is the child's role in diagnosis and treatment?
- What is current and best practice regarding assessment and treatment of ADHD



Participants

- This study explores the views of Educational Psychologists, who are members of the BPS DECP, working in the UK regarding the assessment, diagnosis and treatment of ADHD. An online survey was completed by 136 EPs across the UK from the Channel Islands in the South to the Orkney Islands in the North.



Participants

- The 136 respondents represented 70 different local authorities across the UK and covered a range of responsibilities from Maingrade (59%); Senior / senior specialist (22%) and Principal EPs (13%).

Key Findings

- Many local authorities have established multi-agency pathways for the assessment and treatment of ADHD. EPs report that this has made a large impact on the quality of provision for children. Results from this study indicate that having a protocol for diagnosis is associated with increased consideration of contextual causes and increased use of psychological therapies in place of medication.



Key Findings

- EPs make an important contribution to effective assessment and treatment of ADHD. They are well-placed to develop broader perspectives of children's behaviour among parents and other professionals and advise on the implementation of evidence based interventions. This study indicated that there is an association between increased EP involvement and increased use of psychological interventions in place of medication.



Key Findings

- A significant number of EPs (22%) reported being aware of pre-school children taking stimulant medication contrary to NICE guidelines that it is not indicated for use in children under five.



Key Findings

- Very little is currently known about diagnosis and medication rates and how this might impact differently on particular populations in society.

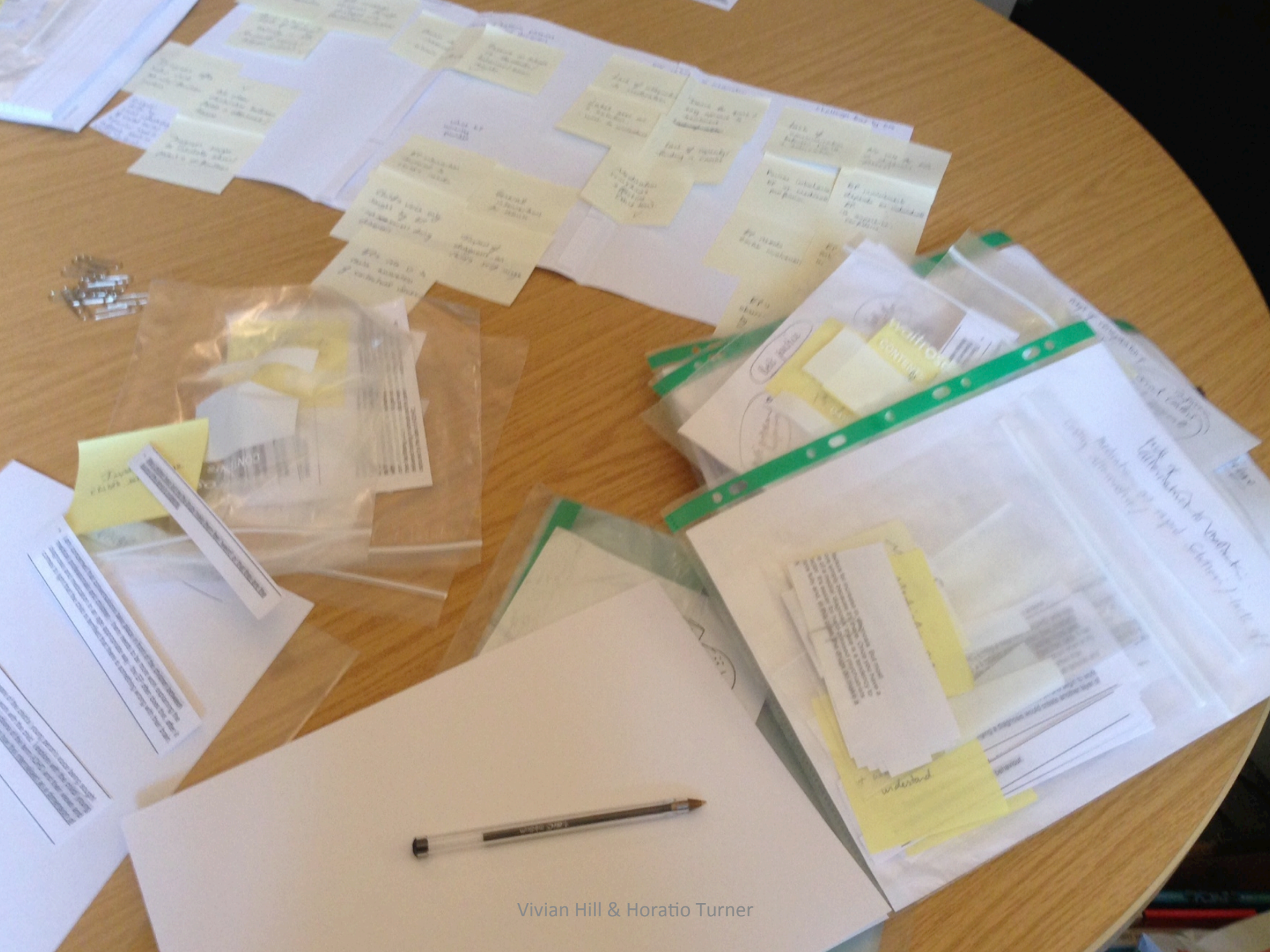
Methodology

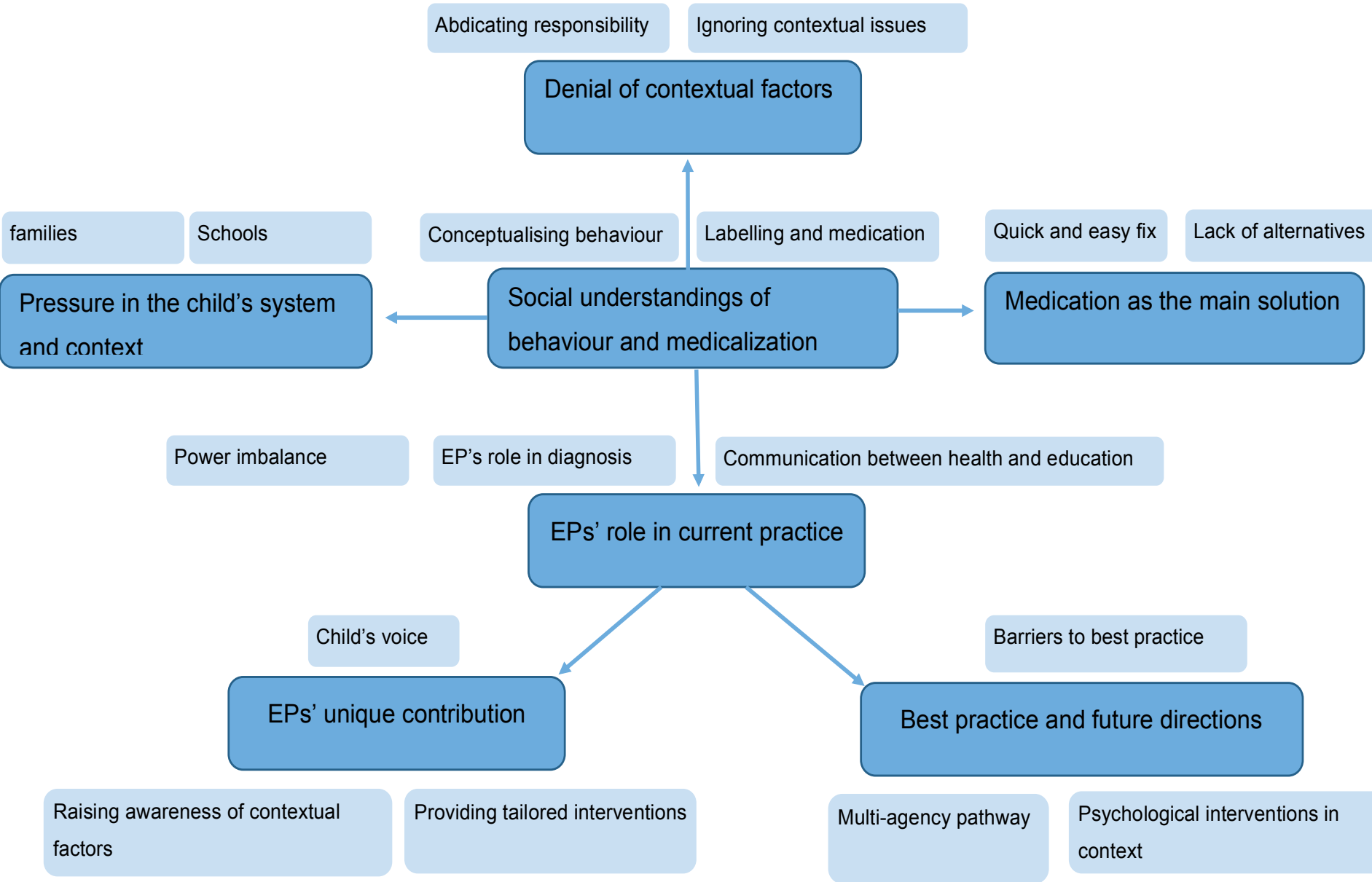
- Members of the Division of Educational and Child Psychology (DECP) were invited to take part in an online survey. The Survey was online for 14 days. The Survey generated quantitative and qualitative data, through the use of likert scales and open questions.



Qualitative data

- Responses to qualitative questions were analysed thematically identifying seven key themes representing the main issues and concerns for EPs.





Theme 1

- **Theme 1: Social perspectives of behaviour and medicalization**
- An intolerance of difference and medical models of childhood were considered to influence how adults view children's learning and behaviour and conceptualise ADHD.
- *“There is an increasingly prevalent view in society that people who do not fit a particular environment must have something wrong with*

Theme 2

- **Theme 2: Denial of contextual factors**
- EPs considered that within-child factors were emphasised at the expense of environmental factors. This was seen as due to families and schools wishing to abdicate responsibility for children's behaviour and systemic failings in current diagnostic procedures.
- *“It's an easy explanation which is convenient and comforting and absolves everyone of blame by locating the problem within the child”.*

Theme 3

- **Theme 3: Medication as the main solution;** Medication was felt to be the predominant form of treatment for ADHD despite NICE guidelines that psychological interventions should be implemented first. There were considered to be multiple systemic factors creating pressure for increasing rates of diagnosis and medication.
- *“Our biggest difficulty is that CAMHS and Paediatric teams are so short staffed they go straight to medication and completely ignore NICE guidance”.*

Theme 4

- **Theme 4: pressure's in the child's context and systems**
- EPs identified multiple, interacting factors which influence the systems around the child, creating pressure for a diagnosis and medication. The two main systems were thought to be schools and families.
- *“The pressure from Ofsted to demonstrate progression for all pupils means that children living in adversity are a real challenge for the school”.*
- EPs also commented on the existence of “perverse [financial] incentives” to seek diagnosis for a child; these included access to increased welfare payments, improved housing, and, in some instances, profiting from selling the medication illegally.

Theme 5

- **Theme 5: EP role in current practice**
- EPs voiced frustration at factors which limited their ability to contribute to effective care for children with ADHD. Notably the lack of a clear role in diagnosis, and the need for improved communication between health and education.
- *“Usually when the EP gets involved the die is cast and is predominantly problem-focused, so much so that the only perceivable solution is medication”.*

Theme 6

- **Theme 6: EPs' unique contribution**
- EPs are well placed to develop a broader understanding of contextual perspectives of ADHD among families and other professionals. EPs are also in a unique position to ensure that children are active participants in their own care by promoting child-centred approaches to support.
- *“Our role is to promote resilience, raise academic attainment, find the child’s strengths and build on them”.*

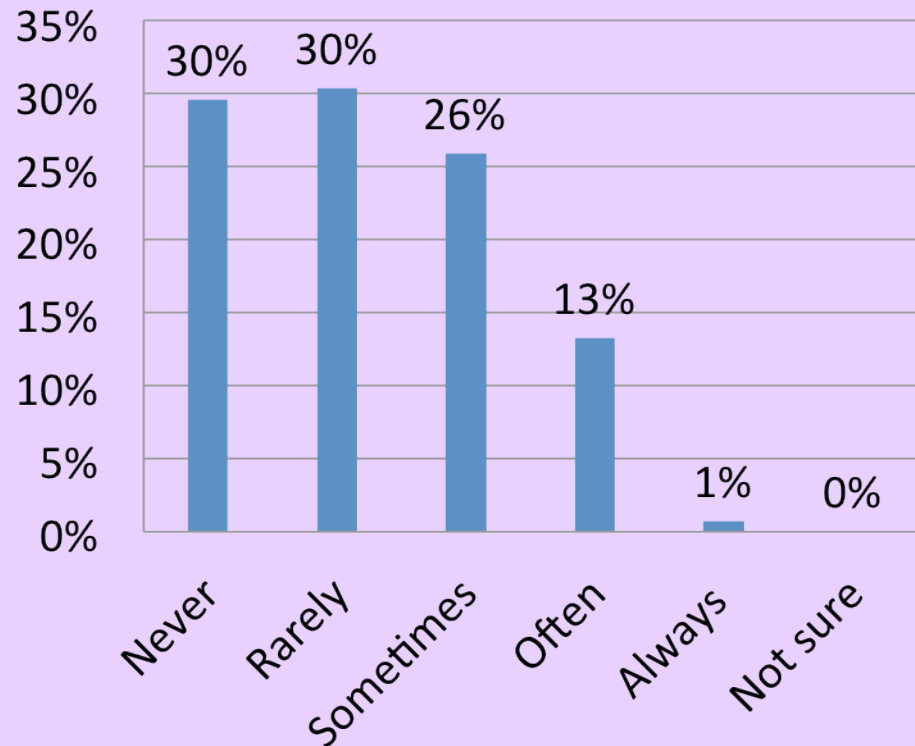
Theme 7

- **Theme 7: Best practice.**
- EPs discussed the importance of establishing a multi-agency pathway, and how this might require strong leadership to overcome institutional barriers and creative solutions to financial constraints.
- *“My local authority has a behaviour pathway that includes ADHD. Following its introduction and the insistence that a behavioural observation by an EP should take place, diagnosis and medication of ADHD fell significantly, thus better safeguarding children”.*

Quantitative data

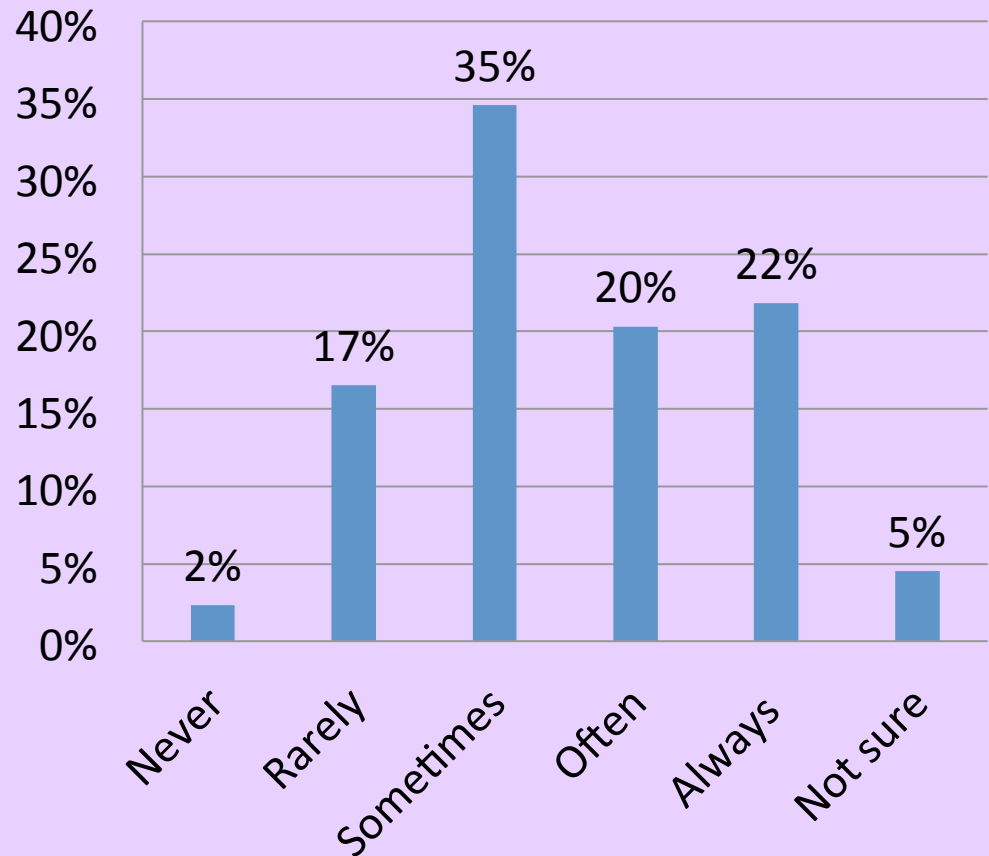
How often are you consulted as part of the process of diagnosis of children and young people with ADHD?

- 83% of EPs felt involvement appropriate
- EP role key in managing behaviour in school
- Positive correlation ($r=0.52, p<0.001$) between how often EPs are consulted and use of psychological interventions



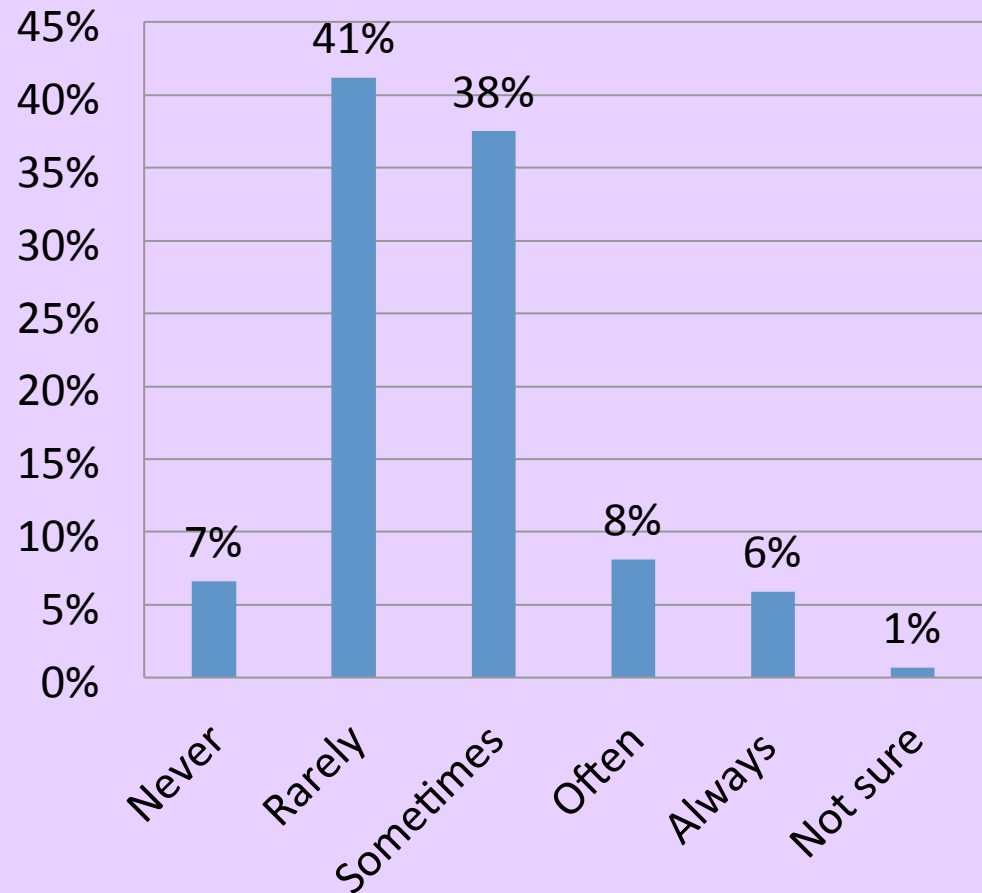
Do you feel confident challenging the diagnosis of ADHD (or other condition) with which you disagree?

- HCPC requirements



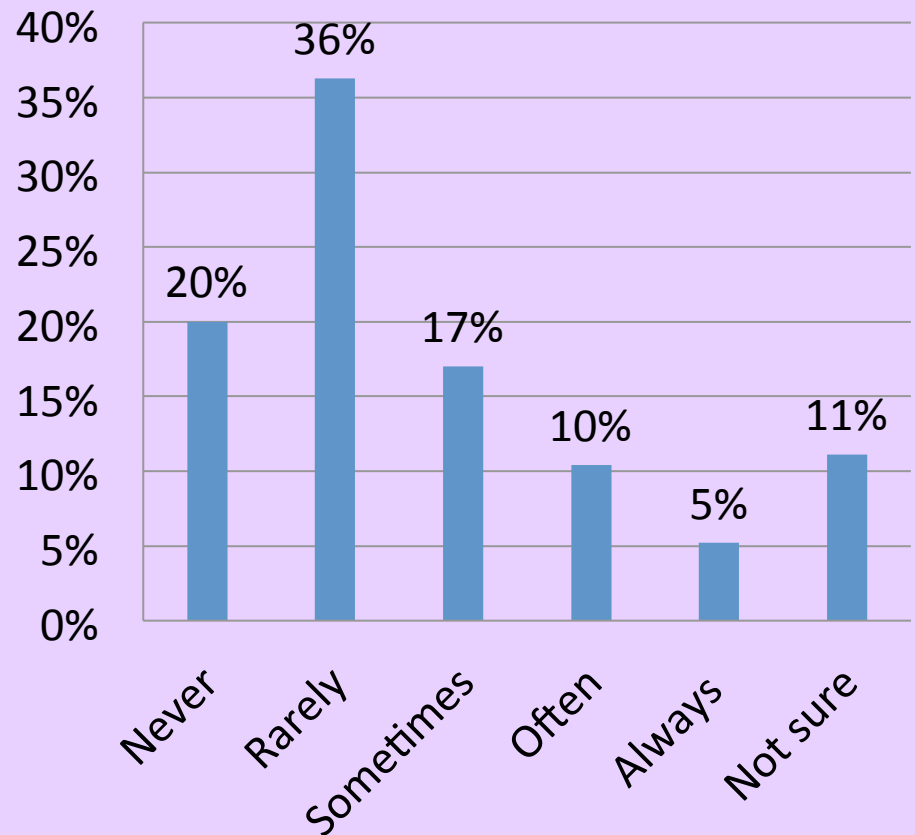
In your view, to what extent are systemic and contextual issues taken into account when assessing a child or young person for ADHD?

- Positive correlation ($r=0.6$, $p<0.001$) between consideration of systemic factors and use of psychological interventions before medication



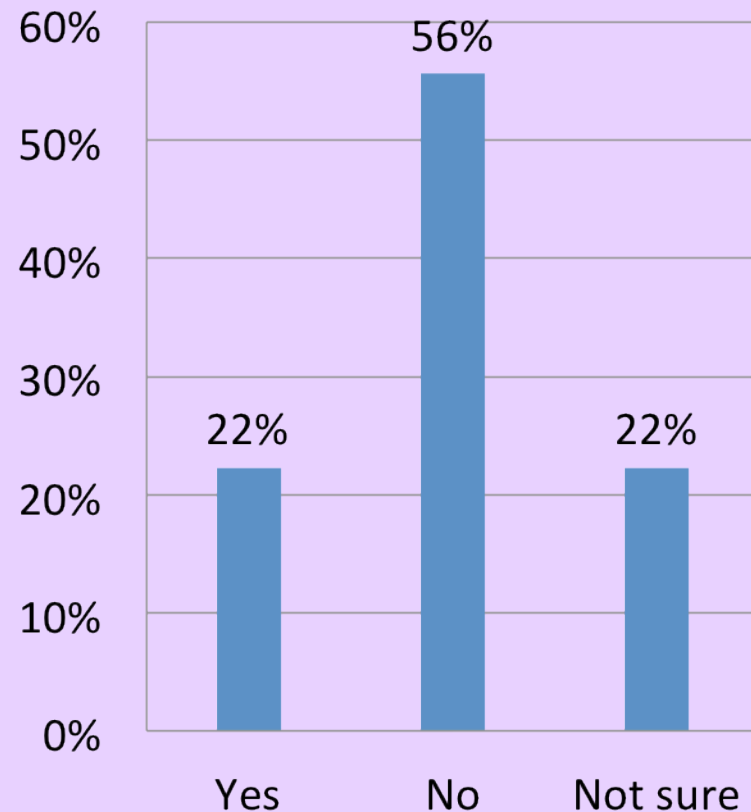
In your experience, are families normally offered psychological interventions before being prescribed medication?

- *Drug treatment should be reserved for those with severe symptoms and impairment or for those with moderate levels of impairment who have refused non-drug interventions, or whose symptoms have not responded sufficiently to parent-training/education programmes or group psychological treatment. (NICE, 2013)*



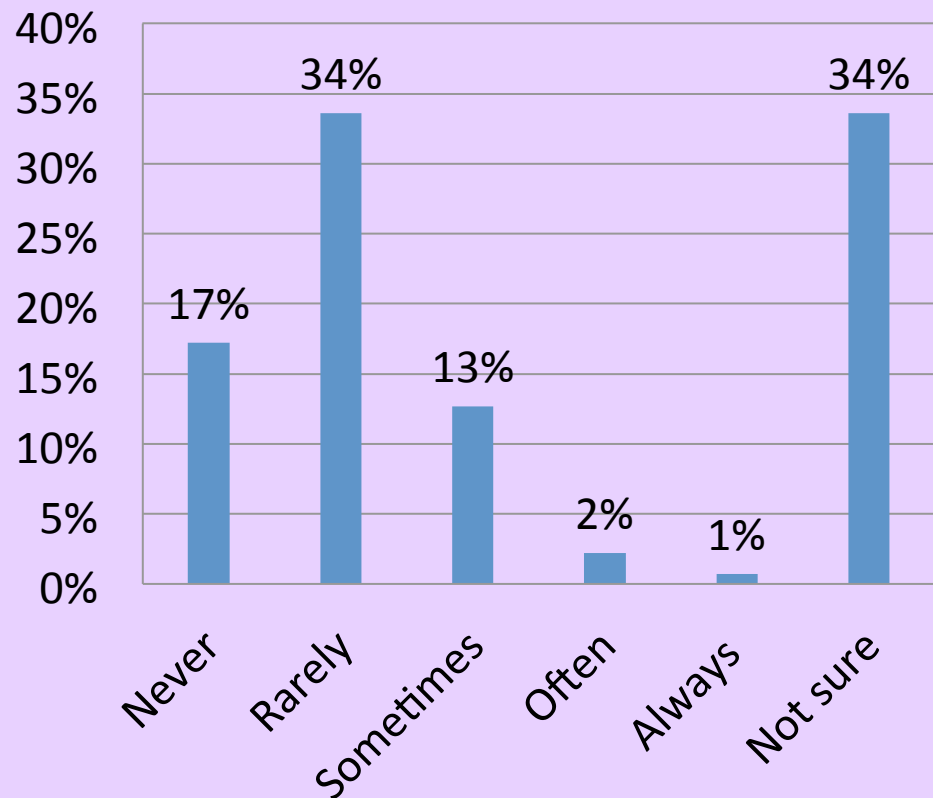
Are you aware of pre-school children in your local authority being prescribed psychotropic medication for ADHD?

- NICE (2013) Managing ADHD in pre-school children: “Drug treatment is not recommended”
- Very limited research on drug efficacy and side effects in pre-schoolers
- Interpret with some caution – only 30 responded ‘yes’ – how many children does this translate to?



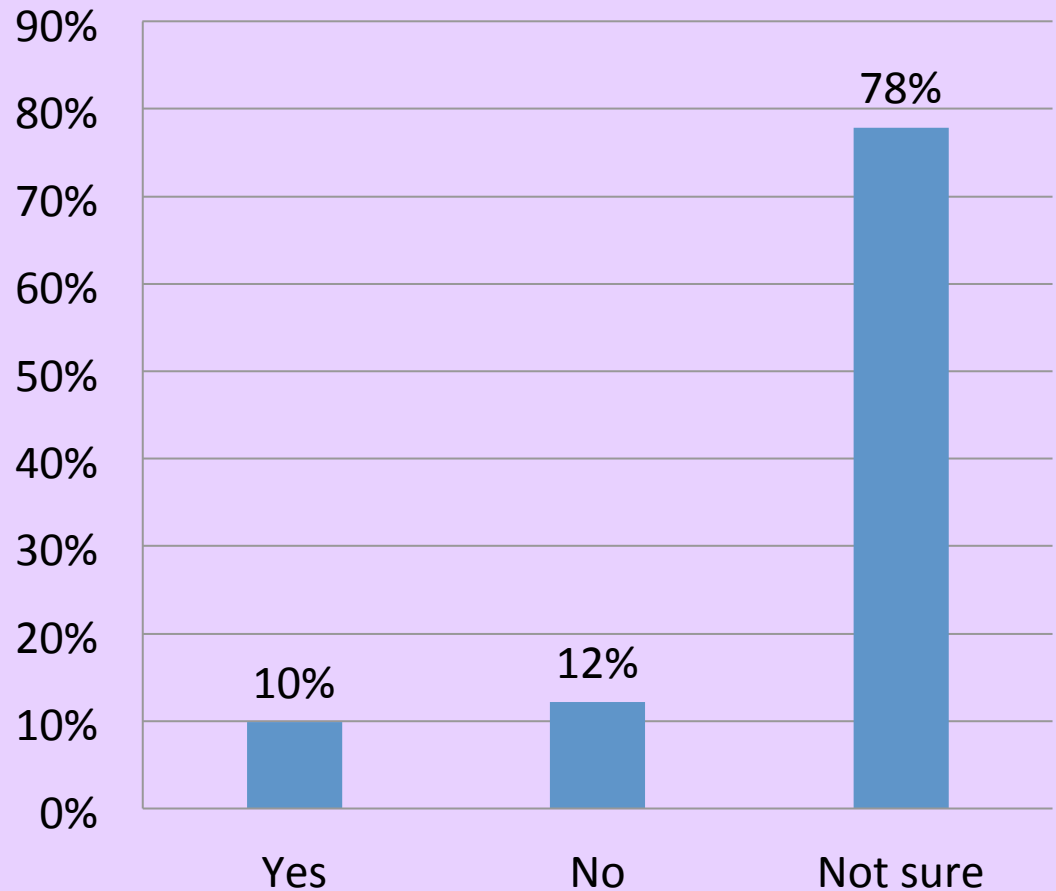
To what extent are children involved in decision making around medication and treatment?

- Patient participation key to treatment efficacy (Swift & Callahan, 2009).
- NICE (2013) requires child or young person's wishes be taken into account
- High number of “not sure” – reflects lack of involvement?



Does your local authority collect data on the current number of children and young people diagnosed with ADHD?

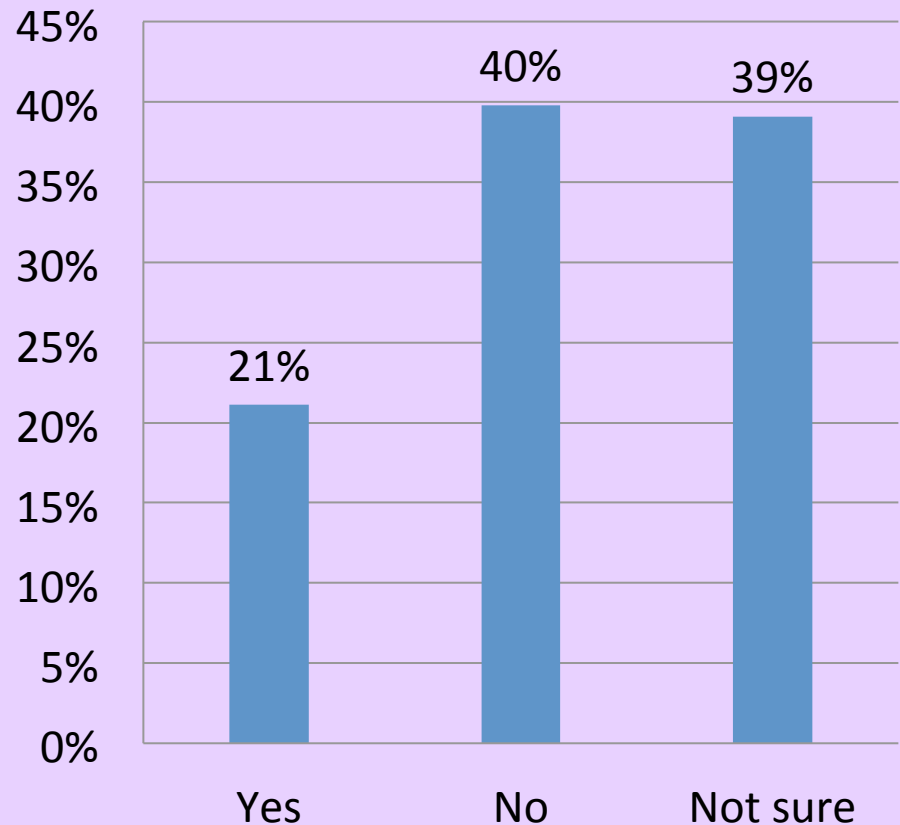
- What data is collected locally and nationally?
Question to audience!
- Ethical implications of medicating certain groups within society?



Does your local authority have a standardised protocol for the assessment and diagnosis of ADHD in children and young people?

LAs with a protocol for diagnosis were more likely to...

- Take systemic factors into account during diagnosis ($p < 0.001$)
- Offer psychological therapies to families before medication ($p < 0.05$)
- Take children and young people's views into account ($p = 0.05$)



Implications

- Children's Services should consider establishing multi-agency pathways for the assessment and treatment of ADHD. This will become a key priority in meeting the requirements of the Children and Families Bill 2014 which places increased emphasis on pupil involvement and multi-professional collaboration.
- Educational Psychology services should consider how to utilise the skills of their EPs most effectively in the prevention, assessment and diagnosis of ADHD.

Implications

- EPs highlighted the importance of early involvement where children are at risk of ADHD. There is urgent need to examine local policies regarding the effective prevention and intervention in cases of pre-school behavioural, emotional and social difficulties.
- There is a need for local authorities to collect data on diagnosis and medication rates to inform policies and funding priorities.

Tasks

DECP to develop professional guidance for EPs

- What are the main requirements for effective assessment and intervention?
- What processes would best protect and promote the interest of children and young people, and enable them to express their views about the management of their needs ?

Next Steps

Working party with key role partners in AEP, Psychiatry and Clinical Psychology to agree ways of working, and shared understandings.