



nami news



The Nation's Voice on Mental Illness

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WHAT'S A PARENT TO DO?

NAMI Releases Task Force Report On Children & Psychiatric Medications

Arlington, VA—For children and teenagers with mental illnesses, the greatest risk may be to do nothing, NAMI (National Alliance for the Mentally Ill) warned today, in releasing a report on “Children and Psychotropic Medications.”

“Mental illnesses are profound and life-threatening illnesses. That’s the reality before anyone even starts to talk about medications,” said NAMI medical director Kenneth Duckworth, M.D. “Life is uncertain. Risks are real and must be carefully weighed. But sometimes the worst risk lies in doing nothing.”

The report is available on-line at www.nami.org/kidsmeds, reflecting the conclusions of a task force convened by NAMI’s Policy Research Institute.

The report comes at a time when the U.S. Surgeon General has warned that one in ten children or teenagers struggle with mental illnesses, but 80 percent never get the help they need. At the same time, the Food & Drug Administration (FDA) currently is reviewing the safety and effectiveness of using some psychiatric medicines with children. Questions also have arisen in other contexts, such as the role of schools in helping to identify early warning signs of mental illness.

The report does not seek to judge competing clinical studies, but instead emphasizes principles of sound clinical practice and overarching policy concerns, which Duckworth said “go to the heart of what it means to practice medicine.” They include the right of parental choice, the nature of the physician-patient relationship, and rights of access to effective treatments.

Duckworth is a former Massachusetts Commissioner of Mental Health and an assistant professor at Harvard Medical School. He is board certified in adult, child and adolescent, and forensic psychiatry, and maintains an active clinical practice.

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The NAMI report recommendations include:

1. The National Institute of Mental Health (NIMH) must make children a priority and increase investment in scientific research focused both on the early onset of mental illnesses and long-term studies of the use of psychotropic medications in children.
2. One size does not fit all in treating mental illnesses. Individual treatment decisions must be based on the best information available as part of an evidence-based intervention (EBI) system. That includes full disclosure or “transparency” of existing clinical research studies.
3. Broad education is needed about early warning signs of mental illness in children. Parents must be supported by physicians and other child-serving professionals in making decisions on the use of psychotropic medications through informed consent, based on a careful weighing of risks and anticipated benefits. Use by children must be closely monitored and frequently evaluated.
4. Policymakers—whether in Congress or local school boards—should be guided by the medical principle of “First, do no harm.” They should not interfere with rights of access to treatment or communication between parents, physicians, schools, and other potential support partners. Legislative or regulatory actions must be guided by sound scientific research and testimony from well-qualified medical and mental health professionals and families.

“Education, information, and communication are essential,” Duckworth said. “So is pushing forward with scientific research. That is the foundation on which parents and doctors must make their decisions.”

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