

PE01651/P

Scottish Association for Mental Health submission of 4 August 2017

We would like to begin with some general observations. Firstly, medication can be very important in facilitating recovery from mental health problems.¹ However, it is not the only treatment option: official guidance says most people with mild to moderate depression should initially be offered therapy, self-help or physical activity instead of antidepressants.^{2,3}

Official guidance also says people should be actively involved in prescribing decisions.⁴ However, a SAMH survey titled What's the Script found that 28% of respondents had no discussion on their medication.⁵ And around half of GPs are not familiar with the guidance mentioned above.⁶

So while we are very supportive of people with mental health problems being prescribed the medication that they need, for as long as they need it, we do believe there are issues that need to be addressed.

The side-effects of medicines for mental ill-health can be severe and distressing.⁷ The most common side effects in What's the Script? were fatigue and weight gain.⁸ Almost one in ten respondents who raised concerns on side effects felt un-heard.⁹

In terms of length of use, guidance suggests prescribing antidepressants for at least six months after remission, and two years if there is a risk of relapse.¹⁰ In following this guidance, we believe it is essential that people have regular reviews of their medication.

We are calling for:

- Prescribers to follow guidance on involving people in prescribing choices
- Prescribers to follow guidance for initial treatment of mild to moderate depression.
- Prescription reviews at least every 2-4 weeks for 3 months,¹¹ at 6 months after remission¹² then regularly (at least annually) as appropriate and desired
- Politicians/media to avoid stigmatising people who use mental ill-health medicines
- People to receive clear information about their medication and any side effects

¹ https://www.samh.org.uk/documents/what_s_the_script_final_%281%29.pdf

² NICE, [Depression in Adults: the treatment and management of depression in adults](#), 2009

³ <http://www.sign.ac.uk/assets/sign114.pdf>

⁴ http://www.gmc-uk.org/Prescribing_guidance.pdf_59055247.pdf

⁵ https://www.samh.org.uk/documents/what_s_the_script_final_%281%29.pdf

⁶ SAMH, available on request

⁷ Rethink, [Medication and Side Effects](#), accessed August 2016

⁸ https://www.samh.org.uk/documents/what_s_the_script_final_%281%29.pdf

⁹ https://www.samh.org.uk/documents/what_s_the_script_final_%281%29.pdf

¹⁰ NICE, [Depression in Adults: recognition and management](#), 2016

¹¹ NICE, [Depression in Adults, Quality Standard 8, Quality Statement 11](#), 2011

¹² NICE, [Depression in Adults: recognition and management](#), 2016

- Side-effects to be taken seriously and alternative treatments tried wherever possible
- The [Yellow Card](#) scheme for reporting serious side-effects to be promoted widely.

The petition calls for the implementation of the following BMA recommendations:

1. The UK government, working with the devolved nations, should introduce a national, 24 hour helpline for prescribed drug dependence.
2. Each of the UK governments, relevant health departments and local authorities should establish, adequately resourced specialist support services for prescribed drug dependence.
3. Clear guidance on tapering and withdrawal management should be developed collaboratively with input from professional groups and patients.

We see no reason not to adopt these recommendations, although we think it would be sensible to discuss whether an entirely separate helpline is needed or could be built into existing services such as NHS 24 or Breathing Space. Given the points we have made above, we do not think that these actions alone are sufficient to improve prescribing practice. We need to see more action on ensuring that guidance is not only robust but is well known to prescribers and acted upon. Failure to do so will mean that while people can access good information from a helpline and specialist services, they may not consistently get the regular reviews and evidence-based care and treatment that they need from their prescribers.