

James Dearling Esq Overview & Scrutiny Town Hall Torquay Please reply to: Councillor Julien Parrott,

For Ellacombe Ward,

51 Princes Road,

Torquay

TQ1 1NW

My ref: 01.12.10.11

Your ref:

Telephone: 01803 293217

E-mail: Julien.parrott@torbay.gov.uk

Website: www.torbay.gov.uk

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Dear

Councillor's Call for Action – Levels and appropriateness of methylphenidate (including Ritalin) prescribed for children and young people in Torbay

There is a research proven link between socio-economic group and incidences of ADHD diagnosis and the prescribing of methylphenidate (including Ritalin) for children and young people. The British Psychological Society has condemned this 'medicalisation of natural and normal responses', stating that poverty and unemployment are among the biggest causes in such cases. This link is acknowledged by, among others, the Torbay Care Trust (TCT).

Torbay has high levels of unemployment, a low wage economy, and high levels of benefits dependency. This deprivation is particularly the case in my ward and two others in the Bay. For that reason, I asked the TCT to provide me with figures showing the prevalence of Ritalin prescription in Torbay in the hope that the national correlation between social struggles and Ritalin was not prevalent here.

I have been seeking this information since March. I have done so through exchanges of email with the TCT, and through Freedom of Information requests (FOI). Although the TCT revealed that there has been a nine per cent increase in methylphenidate prescriptions in the Bay between 2008 and 2010, they have failed to provide the base figures for that increase. The TCT claimed, in response to my FOI requests that they do not separate children and young people (under 18) data from adult data.

Given my lack of success in getting information from the TCT, I wrote a column for the Herald Express. Among other responses to that article, I received an email from a qualified educational psychologist, working in the Bay who referred to being 'shocked' at the levels of prescriptions for Ritalin compared to London, and that the vast majority of cases involve children from very 'challenging' backgrounds. The psychologist also referred to the National Institute for Health and Clinical Excellence (NICE) guidance indicating that children should be offered alternatives to medication in the first instance, but that this may not be happening as regularly as it should in Torbay.

I have since asked to be allowed to address the Torbay Safeguarding Children Board but have been denied that opportunity.

Following almost eight months of personal effort, I now ask for my Board colleagues' support in calling for the information listed in the appendix to this letter (together with any additional information that they may think appropriate), and that this be done on behalf of the children and young people of the Bay.

Julien Parrott
Councillor for Ellacombe Ward, Torbay