Avoidance of Psychotropic Pharmacotherapy in Children age 5-17: Guidance Statement

July 24, 2026

The Florida Department of Health cautions health care providers in prescribing psychotropic medications to children aged 5-17 years.

Mental health challenges in children and adolescents affect immediate and long-term physical health, chronic disease, health risk behaviors, education, social interactions, and employment. Common mental health disorders among children include anxiety, depression, attention-deficit/hyperactivity disorder, and behavioral disorders. According to the National Health Interview Survey (2021):

- 14.9% of children aged 5-17 years reported having mental health treatment in the past 12 months
- 8% of children aged 5-17 years reported taking medication as part of their mental health treatment in the past 12 months
- 11.5% of children aged 5-17 years reported receiving therapy/counseling as part of their mental health treatment in the past 12 months

Research on psychotropic medication prescriptions in children younger than 18 by provider type found that over half were prescribed by general practitioners (42.9%), nurse practitioners/physician assistants (12.2%), or other medical doctors (7.2%) (Hughes, 2024).

Concerning trends in the prescription of psychotropic drugs necessitate a clear process for clinically appropriate medication administration, monitoring, and oversight. Many psychotropic medications do not have FDA-approved labeling for children. The long-term adverse effects of psychotropic medication use in children are not well understood (Anderson, 2004).

Children often do not receive efficient evaluations of environmental stressors or undergo behavioral therapy prior to beginning pharmacotherapy (AACAP, 2017).

The State Surgeon General recommends against the use of psychotropic drugs in children for treatment of mental health conditions such as depression, anxiety, or attention-deficit related disorders. Health care providers should consider employing the following strategies in children to decrease psychotropic drug administration:

- **Perform comprehensive evaluations** before beginning treatment for a mental or behavioral disorder. Except in the case of an emergency, a child should receive a thorough health history, psychosocial assessment, mental status exam, and physical exam before initiating a treatment plan. Evaluating behaviors such as unstructured play is part of a comprehensive assessment of social, emotional, cognitive, language, and self-regulation skills (Yogman, 2018). Assessment of patient sleep hygiene and electronic screen behaviors is also recommended.

- Complete a **full physical examination** to include laboratory tests for nutritional disorders, endocrine disorders, heavy metals, mold exposure, and blood disorders before prescribing any medication. Other medical tests may also be recommended such as electrocardiogram or electroencephalogram (AACAP, 2017).
- Begin **psychotherapy** before considering prescribing psychotropic medication. In cases of mild presentation, psychotherapy or environmental changes are generally recommended prior to pharmacotherapy.
- Offer parents training in **evidence-based behavior management** which may include regular physical activity (Recchia, 2023), dietary interventions such as reducing intake of processed foods (Firth, 2019), sugar, artificial ingredients, and substantially reducing screen time (Santos, 2023).
- **Deprescribing** supports the patient-centered treatment plan. When deprescribing, health care providers must consider risks associated with the individual drug and the cumulative risk from multiple drug interactions (Scott, 2015). Medication discontinuation may need to be gradual depending upon length of use (Horowitz, 2023). Medication should not be stopped abruptly.

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