



LEARNING DISABILITY, AUTISM & SAFER HEALTHCARE

STAMP

Supporting Treatment and Appropriate Medication
in Paediatrics.

The key idea

STAMP is part of NHS England's STOMP and STAMP programme. It focuses on children and young people, supporting appropriate medication use alongside careful review of physical health, communication, environment, development and other support needs.

What is STAMP?

STAMP stands for Supporting Treatment and Appropriate Medication in Paediatrics. It sits alongside STOMP within an NHS England programme concerned with appropriate psychotropic prescribing for people with a learning disability, autistic people, or both. STAMP brings a particular focus to children and young people.

In everyday language

Medication can be helpful and sometimes essential. STAMP is about making sure there is a clear reason for using it, that the child or young person is monitored properly, and that medication is not used instead of understanding what else may be contributing to distress or behaviour.

Children and young people are still developing

Medication decisions in childhood and adolescence take place alongside rapid physical, emotional and developmental change. A medicine that was helpful at one stage may need reviewing as the young person grows, their circumstances change, other treatments begin, or the original difficulty changes.

Important to know

A medication review should not simply ask whether a prescription is still on the list. It should consider current benefit, side effects, dose, the original reason for treatment and whether the overall plan still fits the child's needs.

Understanding the reason for medication

Psychotropic medicines may be prescribed for recognised mental health or neurodevelopmental conditions, or sometimes considered when behaviour presents a serious challenge. The reason should be clear to the young person where possible and to those involved in their care, together with what improvement is being looked for.

Behaviour is communication - but not only communication

Changes in behaviour can have many causes. Pain, illness, constipation, sleep problems, anxiety, communication barriers, sensory overload, changes at home or school, puberty, trauma, medication effects and unmet support needs may all be relevant. Assessment should avoid assuming that distress is simply 'part of' autism or learning disability.

What this might look like

A child who previously managed school begins becoming distressed and aggressive every afternoon. Before treating the behaviour itself, the team considers pain, sleep, medication timing, increased classroom demands, sensory load, communication needs and recent changes in routine.

Antipsychotic medication and behaviour that challenges

For children and young people with a learning disability, NICE says antipsychotic medication for behaviour that challenges should only be considered in specified circumstances, including when psychological or other interventions have not produced sufficient change, treatment of a coexisting problem has not reduced the behaviour, or risk is very severe. It should be used alongside psychological or other interventions. NICE gives similar safeguards for autistic children and young people when antipsychotics are considered for behaviour that challenges.

For professionals

NICE recommends identifying the target behaviour and a way to measure change, reviewing effectiveness and side effects after 3-4 weeks, and stopping if there is no clinically important response by 6 weeks. Low doses and the minimum effective dose are emphasised.

Monitoring benefits and side effects

Monitoring should be specific to the medicine and the young person. Depending on the treatment, this may include changes in alertness, appetite, weight, sleep, mood, movement, blood pressure, pulse, blood tests or other physical-health measures. The effect on everyday life matters as well as symptom change.

What this might look like

A medicine reduces severe episodes of distress, but the young person is now extremely sleepy at school and has stopped joining activities. Both the benefit and the effect on learning, participation and quality of life should form part of the review.

The child's or young person's voice

Children and young people should be involved in discussions and decisions in a way that reflects their age, development and communication. Being non-speaking or needing significant support does not mean a person has no preferences or cannot contribute. Observation, familiar communication methods and people who know them well may help clinicians understand their experience.

Reasonable adjustment

A review could use pictures or Easy Read information, offer extra processing time, allow AAC or another communication method, reduce sensory demands, schedule around fatigue, or gather the young person's views before the appointment rather than relying only on rapid spoken questions.

Parents, carers and the wider team

Parents and carers often notice changes in sleep, appetite, movement, mood, behaviour and functioning before they are obvious in a short appointment. Schools and other professionals may also hold useful information. Their observations can contribute to review while keeping the child or young person's needs and rights central.

Look beyond medication

Appropriate treatment may include medication, but support can also involve treating physical illness or pain, communication support, changes to the environment, psychological intervention, sleep support, predictable routines, sensory adjustments or a behaviour support plan based on understanding why a behaviour occurs.

Key distinction

Considering alternatives does not mean withholding medication that is clinically indicated. It means avoiding a situation where medication becomes the only response to distress while treatable health problems, communication needs or environmental causes remain unaddressed.

Reviewing as circumstances change

Medication should be reconsidered when there are meaningful changes in health, development or environment. Transitions between children's and adult services are particularly important points for making sure the reason for each prescription, monitoring arrangements and future review plan are clearly handed over.

Do not stop medication suddenly

Some psychotropic medicines can cause withdrawal effects or a return of symptoms if reduced too quickly. Medication should not be stopped simply because someone has learned about STAMP. Concerns should lead to a planned review with the relevant prescriber.

What you can ask

Why is this medicine being prescribed? What change are we hoping to see? How will we measure whether it helps? What side effects need monitoring? When is the next review? What other needs or interventions are being considered? What is the longer-term plan?

Before a medication review

It can help to note changes since the medicine started or since the previous review. Include sleep, appetite, physical health, mood, alertness, movement, school or college participation, distress, behaviour and anything the young person communicates about how they feel. Bring an up-to-date medication list where possible.

Practical check

Is the reason for each medicine clear? Is there a specific benefit being monitored? Have side effects and physical health been reviewed? Has the young person's experience been included? Have communication, sensory, environmental and developmental factors been considered? Is there a clear next review date?

References & Further Resources

These resources provide current guidance on STAMP, medication use and behaviour that challenges in children and young people.

NHS England - STOMP & STAMP

The national programme page explains STOMP and STAMP, psychotropic medicines, medication reviews and resources for people, families, carers and professionals.

NICE NG11

Guidance for children, young people and adults with a learning disability and behaviour that challenges. It covers assessment, environmental and psychological approaches, medication safeguards and review.

NICE CG170

Guidance on support and management for autistic children and young people, including factors that may contribute to behaviour that challenges and safeguards around antipsychotic medication.

NICE NG54

Guidance on mental health problems in people with learning disabilities, including principles for pharmacological treatment, monitoring and specialist involvement for children and young people.

How to use these resources

STAMP supports thoughtful, person-centred prescribing; it does not replace individual assessment or condition-specific treatment guidance. Medication decisions should be made with the appropriate prescriber and reviewed in the context of the young person's health, development, communication and wider support needs.