1

ASSESS FOR IMPROVEMENT

Is the person improving?

Reassess and monitor the child/adolescent's symptoms, behaviour, and functioning at every visit.

CLINICAL TIP

» If exposure to one or more types of maltreatment was identified in the assessment, assess ongoing exposure and risks to the child/adolescent.

YES

» Continue with management plan and follow-up until symptoms cease or remit.

» Provide additional psychoeducation and advice on parenting.

» **If on medication**, consider gradually reducing medication dose in consultation with a specialist.

» **If not on medication**, decrease frequency of follow up once symptoms have subsided and the child/adolescent is able to perform well in daily life.

NO

» Provide additional psychoeducation and advice on parenting, as appropriate.

» Review psychosocial interventions and revise management plan as needed. Involve child/adolescent and carers in decision-making, as appropriate.

» Offer regular follow-up.

If NO improvement in symptoms and/or functioning in 6 months:

» Provide additional interventions if available.

» Increase the frequency of follow-up visits as needed.

» **REFER TO SPECIALIST** if available, for further assessment and management.

DEVELOPMENTAL DISORDERS

If no improvement, further deterioration, predicted danger to the child, or physical health is affected (such as nutritional problems),

» REFER TO SPECIALIST for further assessment and advice on management plan.

DO NOT consider pharmacological treatment.

ADHD

If no improvement and the child is at least 6 years old and has received psychosocial treatment for at least 6 months

» Refer to or consult SPECIALIST for methylphenidate use.

CONDUCT DISORDERS

If no improvemen or predicted danger to the adolescent

» REFER TO SPECIALIST for further assessment and advice on management plan.

DO NOT consider pharmacological treatment.

EMOTIONAL DISORDERS

If no improvement and the child/adolescent has received psychosocial treatment for at least 6 months

» REFER TO SPECIALIST.

DO NOT initiate pharmacological treatment.

DEPRESSION

If no improvement and the adolescent is 12 years or older and has received psychosocial treatment for at least 6 months

» Refer to or consult SPECIALIST for fluoxetine (but not other SSRIs or TCAs).

CLINICAL TIP

» For adolescents, plan to see the adolescent separately from their parent/carer for part of the follow-up visit. Clarify the confidential nature of the health care discussion, including in what circumstances parents or other adults will be given information.

2 CONDUCT ROUTINE ASSESSMENTS

At every visit:

» For children under 5 years, monitor child development.

» Assess for the presence of any new problem or symptom related to mood, behaviour or development/learning. For adolescents, assess for the presence of worsening mood (irritable, easily annoyed or frustrated, down or sad) or suicidal thoughts. Go back to Assessment Step 4 for worsening mood. Go to »SUI for suicidal thoughts.

» Explore and address psychosocial stressors in the home, school or work environment, including exposure to violence or other forms of maltreatment.

» Assess opportunities for the child/adolescent to participate in family and social life.

» Assess carers' needs and support available to the family.

» Monitor attendance at school.

» Review management plan and monitor adherence to psychosocial interventions.

» If on medication, review adherence, side-effects, and dosing.

3

MONITOR PHARMACOLOGICAL TREATMENT AS APPLICABLE

Additional monitoring if the adolescent has been prescribed fluoxetine

- Record prescription and administration details.
- **Weekly for the first month, then every month:** monitor for reported side-effects and changes in mood and other symptoms.
- Consult specialist if you identify severe medication side-effects or adverse events (e.g. new or worsening suicidal thoughts, suicidal or self-harming behaviour, agitation, irritability, anxiety or insomnia).
- Advise the adolescent to continue the medication even if they feel better. The medication should be continued for 9-12 months after the symptoms have resolved to reduce the risk of relapse.
- Advise against suddenly stopping the medication.
- **If symptoms have been resolved for 9-12 months:** Discuss with adolescent and carer risks and benefits to taper off medication. Reduce treatment gradually over minimum 4 weeks, monitor closely for symptom recurrence.

Additional monitoring if the child has been prescribed methylphenidate

- Record prescription and administration details.
- Monitor potential for misuse and diversion.
- **Every three months:** monitor/record height, weight, blood pressure, reported side-effects, and changes in behaviour.
- Consult specialist if you observe medication side-effects (e.g. failure to make expected gains in weight and height, increased blood pressure, agitation, anxiety, and severe insomnia).
- **After one year of treatment:** Consult specialist regarding the continuation of methylphenidate.