ASSESS FOR IMPROVEMENT

Is the person improving?

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



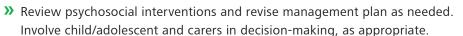
CLINICAL TIP

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

- >> 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.

YES

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



» Offer regular follow-up. **6**

NO



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. ▲
- ② **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.
- ② **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.
- ② **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.



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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.

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 sideeffects 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.