

Child Mental Health

29 August 2023



What is HealthPathways?

The screenshot shows the Melbourne HealthPathways website. At the top, there is a search bar with the text 'older adults' and a search icon. Below the search bar is a navigation menu with the 'HealthPathways' logo and the 'Melbourne' location selected. The main content area features a large banner image of a female healthcare professional with a stethoscope, overlaid with the text 'Melbourne HEALTHPATHWAYS'. Below the banner, there are three columns of content: a 'Health Alert' section with a red warning icon and a link to 'Victoria DHHS - Coronavirus COVID-19 Daily Update'; a 'Latest News' section with a date of '12 July' and a link to 'health.vic' for 'Health alerts and advisories'; and a 'Pathway Updates' section with several entries, each with a date and a link to a specific pathway. On the right side of the page, there is a vertical list of links to various resources, including 'ABOUT HEALTHPATHWAYS', 'BETTER HEALTH CHANNEL', 'RACGP RED BOOK', 'USEFUL WEBSITES & RESOURCES', 'MBS ONLINE', 'NPS MEDICINEWISE', 'PBS', and 'NHSD'. At the bottom right, there is a blue button labeled 'SEND FEEDBACK'.

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Older Adult's Health
Carer Stress and Wellbeing
Delirium

Cognitive Impairment and Dementia
5 Minute Neurological Exam for Patients with Possible Dementia
Behavioural and Psychological Symptoms of Dementia (BPSD)
Medications for Dementia

Depression in Older Adults
Antidepressants for Older Adults
Elder Abuse and Neglect

Falls Prevention, Assessment, and Management
Balance and Strength Tests
Frailty in Older Adults
Health Assessment for Older Adults (≥ 75 Years)
Medication Management and Polypharmacy in Older Adults
Older Adult's Weight and Nutrition
Older Adults with Behavioural Disorders
RACF Related Care
Unexpected Deterioration in an Older Adult
Older Adult's Referrals

Melbourne
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Health Alert
Victoria DHHS – Coronavirus COVID-19 Daily Update

Latest News
12 July
health.vic
Health alerts and advisories

10 July
Ayurvedic medicines possibly containing Scheduled Poisons and heavy metals
The Department of Health advises that some Ayurvedic medicines for sale in Victoria contain dangerous ingredients, including lead. Screen anyone taking unapproved medicines with potential symptoms of lead poisoning for lead toxicity. [Read more...](#)

23 June
Current disruption to medication supply

Pathway Updates
Updated – 13 July
Pain Medications in Palliative Care
Updated – 13 July
Medications in COVID-19
Updated – 12 July
Navigating Services for Older Adults
Updated – 12 July
Mycoplasma Genitalium
Updated – 7 July
Candidiasis (Genital)
[VIEW MORE UPDATES...](#)

ABOUT HEALTHPATHWAYS
BETTER HEALTH CHANNEL
RACGP RED BOOK
USEFUL WEBSITES & RESOURCES
MBS ONLINE
NPS MEDICINEWISE
PBS
NHSD

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Click 'Send Feedback' to add comments and questions about this pathway.

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

Accessing HealthPathways: Go to melbourne.healthpathways.org.au



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New to HealthPathways?

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info@healthpathwaysmelbourne.org.au

ADHD in Children and Youth - Assessment

Melbourne

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HealthPathways

Melbourne

- Home
- COVID-19
- About HealthPathways
- Summary of Referral Pages
- Aboriginal and Torres Strait Islander Health
- Avoiding Hospital Admission
- Allied Health and Community Nursing
- Child Health
- Investigations
- Legal and Ethical
- Lifestyle and Preventive Care
- Medical
- Mental Health**
 - ADHD in Children and Youth
 - ADHD in Adults
 - Alcohol and Drugs
 - Anxiety in Adults
 - Autism in Adults
 - Bereavement, Grief, and Loss
 - Bipolar Disorder
 - Borderline Personality Disorder (BPD)
 - Child and Youth Mental Health
 - ADHD in Children and Youth
 - ADHD Medications for Children and

Home / Mental Health / Child and Youth Mental Health / ADHD in Children and Youth

ADHD in Children and Youth

Background

[About ADHD in children and youth](#)

Assessment

Practice point

Manage consultations

The initial consultation should focus on identifying the carer's main concerns, performing a brief examination, and finish with asking about the child's strengths. Further assessment should preferably be with carer(s) alone.

1. Perform an initial assessment:
 - Take a history of the concerning behaviour at school and home.
 - Briefly explore the background home and family situation, and carers involved.
 - Engage the child and perform an examination. Ask the carer about the child's strengths and qualities.
 - Note if the child is overly restless, disruptive, impulsive, or inattentive.
 - Examination should include ear, nose, and throat, and plotting growth percentiles.
 - Arrange [audiology review](#) if indigenous, or history/examination suggestive of hearing concerns.
 - Provide screening tools for home and school, and arrange follow-up appointment – [Parent and Teacher Vanderbilt Assessment Scale](#)
2. Review for longer appointment without the child:
 - Review screening tool (see [Scoring Instructions for Vanderbilt Assessment](#)) and explore further:
 - [Hyperactive symptoms](#)
 - [Impulsive symptoms](#)
 - [Inattentive symptoms](#)
 - Complete [background biopsychosocial assessment](#)

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ABOUT THIS PAGE

- [Page information](#)
- Topic ID: 907407

ADHD in Children and Youth - Management

The screenshot displays the HealthPathways website interface. At the top, there is a blue navigation bar with the Melbourne logo and a search bar. Below this is a grey header for the current page, 'ADHD in Children and Youth'. The main content area is white and features a 'Management' section with a green 'Practice point' box. To the right, there is a sidebar with utility icons and page information. At the bottom right, there is a 'SEND FEEDBACK' button.

Melbourne

HealthPathways

Melbourne

Home

COVID-19

About HealthPathways

Summary of Referral Pages

Aboriginal and Torres Strait Islander Health

Avoiding Hospital Admission

Allied Health and Community Nursing

Child Health

Investigations

Legal and Ethical

Lifestyle and Preventive Care

Medical

Mental Health

ADHD in Children and Youth

ADHD in Adults

Alcohol and Drugs

Anxiety in Adults

Autism in Adults

Bereavement, Grief, and Loss

Bipolar Disorder

Borderline Personality Disorder (BPD)

Child and Youth Mental Health

ADHD in Children and Youth

ADHD Medications for Children and

Search HealthPathways

ADHD in Children and Youth

- possible diagnosis of ADHD
- differential diagnosis and co-morbidities

Management

Practice point

Resist pressure to diagnose

Resist parental pressure (and own internal pressure) to quickly give a diagnosis – this can potentially cause longer-term harm.

Initial management

1. Request [non-acute paediatric medicine assessment](#) for formal diagnostic assessment and management. If urgent circumstances, ensure concerns are highlighted on referral.
2. Provide education and address [common concerns](#) regarding a diagnosis of ADHD. Advise:

Common concerns

- Children with ADHD have an impairment in regulating and inhibiting their [emotions, behaviour, and attention](#).
- There is no evidence that ADHD is caused by poor parenting, family stress, traumatic experiences, or diet. Provide ADHD Australia's [myths factsheet](#).
- ADHD is a well-researched and common condition which often has a genetic basis. Appropriate management can greatly reduce symptoms and improve functioning, and may improve long-term outcomes.
- Medication:
 - A trial of medication is often considered, and this has been shown to be safe and effective when combined with home and school support.
 - Acts by improving the child's sustained focus, and lessening impulsivity and hyperactivity.
 - Is non-addictive.

- combined pharmacological and non-pharmacological treatment provides the best outcome
- pharmacological treatment can only be initiated by paediatricians or psychiatrists
- non-pharmacological treatment involves creating a supportive environment in all settings aiming to enhance individual child's strengths and help manage challenging behaviours and difficulties.

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ABOUT THIS PAGE

Page information

Topic ID: 907407

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ADHD in Children and Youth – Management continued

Melbourne

HealthPathways

Melbourne

- Home
- COVID-19
- About HealthPathways
- Summary of Referral Pages
- Aboriginal and Torres Strait Islander Health
- Avoiding Hospital Admission
- Allied Health and Community Nursing
- Child Health
- Investigations
- Legal and Ethical
- Lifestyle and Preventive Care
- Medical
- Mental Health**
- ADHD in Children and Youth
- ADHD in Adults
- Alcohol and Drugs
- Anxiety in Adults
- Autism in Adults
- Bereavement, Grief, and Loss
- Bipolar Disorder
- Borderline Personality Disorder (BPD)
- Child and Youth Mental Health
- ADHD in Children and Youth
- ADHD Medications for Children and

ADHD in Children and Youth

- non-pharmacological treatment involves creating a supportive environment in all settings aiming to enhance individual child's strengths and help manage challenging behaviours and difficulties.

Provide general ADHD information:

- The Royal Children's Hospital Melbourne (RCH) – [Attention Deficit Hyperactivity Disorder \(ADHD\)](#)
- Raising Children – [Attention Deficit Hyperactivity Disorder \(ADHD\): Children and Teenagers](#)

3. Commence non-pharmacological supportive treatment.

- Parenting and school support - provide online resources for carer to access:
 - RCH – [ADHD – Ways to Help Children at School and at Home](#)
 - Raising Children – [Managing Attention Deficit Hyperactivity Disorder \(ADHD\) in Children and Pre-teens](#) or [Managing Attention Deficit Hyperactivity Disorder \(ADHD\) in Teenagers](#)
 - Other useful online sites include [ADHD Australia](#) and [Parents for ADHD Advocacy Australia](#)
- Psychological treatment - consider Mental Health Plan for ongoing [paediatric psychology referral](#) to provide:
 - Behavioural strategies, social skills training, parental support
 - Managing of co-morbid conditions such as anxiety and depression.
- Advising modifying lifestyle factors including:
 - ensuring regular physical activity and adequate sleep
 - ensuring healthy diet
 - supervising screen time to ensure balance between benefits and potential harms.

4. Monitor with regular review to provide ongoing support and/or escalation while waiting for formal assessment.

Following specialist diagnosis

1. Provide ongoing carer(s) support and coordinate ongoing referrals. Review:

- home and school situation and any new challenging behaviours or situations.
- lifestyle, diet, sleep and exercise.
- mental health plans.

Monitor for emergence co-morbid conditions such as anxiety, depression.

2. Consider managing medications using SafeScript:

- Be aware of [current medications used in ADHD](#)
- Use [SafeScript](#) to gain permission to continue prescribing stimulants:
 - Obtain permission letter from paediatrician or psychiatrist to prescribe, ensuring dose and medication are included.

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ABOUT THIS PAGE

Page information

Topic ID: 907407

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ADHD in Children and Youth – Management continued and Referral

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Search HealthPathways

HealthPathways

Melbourne

- Home
- COVID-19
- About HealthPathways
- Summary of Referral Pages
- Aboriginal and Torres Strait Islander Health
- Avoiding Hospital Admission
- Allied Health and Community Nursing
- Child Health
- Investigations
- Legal and Ethical
- Lifestyle and Preventive Care
- Medical
- Mental Health**
- ADHD in Children and Youth
- ADHD in Adults
- Alcohol and Drugs
- Anxiety in Adults
- Autism in Adults
- Bereavement, Grief, and Loss
- Bipolar Disorder
- Borderline Personality Disorder (BPD)
- Child and Youth Mental Health**
- ADHD in Children and Youth
- ADHD Medications for Children and

ADHD in Children and Youth

Monitor for emergence co-morbid conditions such as anxiety, depression.

2. Consider managing medications using SafeScript:

- Be aware of [current medications used in ADHD](#)
- Use [SafeScript](#) to gain permission to continue prescribing stimulants:
 - Obtain permission letter from paediatrician or psychiatrist to prescribe, ensuring dose and medication are included.
 - Fill out [Application for a permit to treat a patient with a schedule 8 drugs](#) and upload above letter.
 - To view status and approval access [SafeScript](#) portal.
 - When approved provide authority script for appropriate medication.
- Manage adverse effects of [stimulant medications](#).
- Monitor [blood pressure](#), heart rate, height, and weight monthly, then at 3-monthly intervals when dose is stable.

Referral

- Request [non-acute paediatric medicine assessment](#) for formal diagnostic assessment and management. If urgent circumstances, ensure concerns are highlighted on referral.
- Request [child psychology assessment](#) for behavioural strategies and managing co-morbid conditions.
- Consider [speech and language assessment](#) for younger children.
- Where concerns exist regarding learning, arrange an educational psychology assessment using a mental health plan where possible and refer where appropriate:
 - Suitably qualified [child psychologists](#)
 - [SPELD Victoria](#) – no referral necessary (costs involved)
 - [Speech and language assessment](#) for younger children

Information

- For health professionals
- For patients

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ABOUT THIS PAGE

- Page information
- Topic ID: 907407

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Infant Health

- Assault or Abuse - Child and Youth
- Developmental Concerns – Child
- Dermatology - Child
- Endocrinology - Child
- ENT and Hearing - Child
- Gastroenterology - Child
- General Paediatrics
- Genitourinary - Child
- Immunology - Child
- Infant Health**
- Adverse Food Reactions in Children
- Developmental Dysplasia of the Hip (DDH) in Children
- Eczema in Children
- Infant Birthmarks
- Infant and Toddler Nutrition and Feeding Concerns
- Infant Routine Check
- Infant Sleep Concerns
- Jaundice in Infants
- Low Birth Weight and Premature Infants
- Perinatal Mental Health (Pregnancy and Postnatal)
- Plagiocephaly
- Rashes and Skin Lesions in Early

Infant Health

In This Section

- [Adverse Food Reactions in Children](#)
- [Developmental Dysplasia of the Hip \(DDH\) in Children](#)
- [Eczema in Children](#)
- [Infant Birthmarks](#)
- [Infant and Toddler Nutrition and Feeding Concerns](#)
- [Infant Routine Check](#)
- [Infant Sleep Concerns](#)
- [Jaundice in Infants](#)
- [Low Birth Weight and Premature Infants](#)
- [Perinatal Mental Health \(Pregnancy and Postnatal\)](#)
- [Plagiocephaly](#)
- [Rashes and Skin Lesions in Early Infancy](#)
- [Slow Weight Gain in Infants](#)
- Unsettled **Infant****

ABOUT THIS PAGE

- [Page information](#)
- Topic ID: 820872

Infant Sleep Concerns - Background

- Immunology - Child
- Infant Health
- Adverse Food Reactions in Children
- Developmental Dysplasia of the Hip (DDH) in Children
- Eczema in Children
- Infant Birthmarks
- Infant and Toddler Nutrition and Feeding Concerns
- Infant Routine Check
- Infant Sleep Concerns
- Jaundice in Infants
- Low Birth Weight and Premature Infants
- Perinatal Mental Health (Pregnancy and Postnatal)
- Plagiocephaly
- Rashes and Skin Lesions in Early Infancy
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- Unsettled Infant

Infant Sleep Concerns

This pathway is about infant sleep problems and ensuring parents are following safe sleeping guidelines.

Red flags

- Significant post-natal depression
- Concerns about safety and welfare of infant

Background

[About infant sleep concerns](#)

About infant sleep concerns

- Sleep concerns in infants are a common parental concern and include:
 - difficulty falling asleep, staying asleep, and frequent waking.
 - other illnesses or conditions presenting as sleep problems.
- Sleep issues are often associated with a high incidence of postnatal depression in one or both parents.
- Safe sleeping guidelines are designed to lessen sudden unexplained death in infancy (SUDI) due to:
 - sudden infant death syndrome (SIDS).
 - fatal sleeping accidents – e.g. suffocation or entrapment from factors within the sleep environment.

ABOUT THIS PAGE

- Page information
- Topic ID: 809142

Infant Sleep Concerns - Assessment

- Immunology - Child
- Infant Health**
- Adverse Food Reactions in Children
- Developmental Dysplasia of the Hip (DDH) in Children
- Eczema in Children
- Infant Birthmarks
- Infant and Toddler Nutrition and Feeding Concerns
- Infant Routine Check
- Infant Sleep Concerns**
- Jaundice in Infants
- Low Birth Weight and Premature Infants
- Perinatal Mental Health (Pregnancy and Postnatal)
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Infant Sleep Concerns

Assessment

1. History:

- Obtain background [maternal history](#), [perinatal history](#), and [postnatal history](#).
- Ask about [sleep concerns](#).
- Sensitive screen for [psychosocial concerns](#) impacting care of infant and be aware of risk factors for infants at risk of [abuse or neglect](#).
- Screen for concerning symptoms such as feeding issues, [unsettled infant](#), [slow growth](#), or developmental concerns.

2. Perform [infant examination](#).

- Observe to gain impression of wellness, hydration, development and proportion.
- Carefully plot current and previous length, weight and head circumference on medical software percentile charts, correcting for age if premature < 37 weeks.
- If risk factors for infants at risk of abuse or neglect look for [signs of abuse and neglect](#).

3. Based on assessment, decide if:

- sleep issues are symptomatic of another infant condition, particularly if infant < 6 months of age:
 - [Unsettled infant](#)
 - [Poor growth](#) – i.e. infant waking for extra feeds
 - Other medical concern based on history or examination
- [sleep associations](#) are the likely diagnosis:
 - Typical history in otherwise healthy infant > 6 months
 - No concerning symptoms when awake
 - Growth and development are age appropriate
- [psychosocial concerns](#) presenting as infant sleep concern.

ABOUT THIS PAGE

- [Page information](#)
- Topic ID: 809142

Infant Sleep Concerns

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HealthPathways

Melbourne

- Immunology - Child
- Infant Health**
- Adverse Food Reactions in Children
- Developmental Dysplasia of the Hip (DDH) in Children
- Eczema in Children
- Infant Birthmarks
- Infant and Toddler Nutrition and Feeding Concerns
- Infant Routine Check
- Infant Sleep Concerns**
- Jaundice in Infants
- Low Birth Weight and Premature Infants
- Perinatal Mental Health (Pregnancy and Postnatal)
- Plagiocephaly
- Rashes and Skin Lesions in Early Infancy
- Slow Weight Gain in Infants
- Unsettled Infant
- Mental Health and Behaviour - Child and Youth
- Neurology - Child
- Ophthalmology - Child
- Orthopaedics - Child

Infant Sleep Concerns

Management

1. Prioritise management of other issues before considering management of sleep difficulties:
 - If concerns regarding safety and welfare of infant organise [acute paediatric admission](#).
 - If carer with serious psychosocial mental health concerns, see:
 - [Perinatal Mental Health Assessment \(Pregnancy and Postnatal\)](#).
 - [Perinatal Mental Health Referrals](#).
 - Manage infant with medical concerns such as:
 - growth concerns – see [Slow Weight Gain in Infants](#).
 - excessively irritable infant – see [Unsettled Infant](#).
2. For sleep issues in infants aged under 6 months, provide advice from [Raising Children Network](#) [🔗](#):
 - Check carer understands:
 - [current safe sleeping guidelines](#) [▼](#).
 - co-sleeping is not recommended, but if culturally expected provide [Red Nose guidelines on safe co-sleeping](#) [🔗](#).
 - Advise on normal infant sleep patterns:
 - Aged 2 to 6 months – commonly wakes one or more times during the night.
 - Aged 7 to 12 months – may wake once for feed.
 - Provide some advice for encouraging independent sleep:
 - Emphasise the difference between night and day.
 - Put your baby to bed drowsy but awake.
 - Start a sleep routine – but keep it flexible.
 - Controlled comforting or other techniques should only be considered in infants aged > 6 month.
 - Suggest carers download the [MCH \(Maternal and Child Health\) app](#) [🔗](#) which contains a sleep toolkit.
3. For [sleep associations](#) [▼](#) in infants aged > 6 months:
 - provide education on sleep associations in infants:
 - The infant relies on the sleep association to fall and stay asleep.
 - Infants cycle between deep sleep and light sleep, waking fully if a sleep association is not present, which may happen multiple times per night.
 - Elimination of sleep associations can be difficult and requires all carers to agree to suggested management.

Expand all Print Share Copy

ABOUT THIS PAGE

[Page information](#) →

Topic ID: 809142

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Infant Sleep Concerns – Management cont. and Request

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Melbourne

- Immunology - Child
- Infant Health**
- Adverse Food Reactions in Children
- Developmental Dysplasia of the Hip (DDH) in Children
- Eczema in Children
- Infant Birthmarks
- Infant and Toddler Nutrition and Feeding Concerns
- Infant Routine Check
- Infant Sleep Concerns**
- Jaundice in Infants
- Low Birth Weight and Premature Infants
- Perinatal Mental Health (Pregnancy and Postnatal)
- Plagiocephaly
- Rashes and Skin Lesions in Early Infancy
- Slow Weight Gain in Infants
- Unsettled Infant
- Mental Health and Behaviour - Child and Youth
- Neurology - Child
- Ophthalmology - Child
- Orthopaedics - Child
- Surgery - Child

Infant Sleep Concerns

multiple times per night.

- Elimination of sleep associations can be difficult and requires all carers to agree to suggested management.
- Options for management of sleep associations include:
 - controlled comforting – provide [solving sleep problems handout](#).
 - camping out – provide [camping out handout](#).

4. Based on assessment, family dynamics, past attempts at sleep management, and carer's opinion, decide next steps:

- Home management – use guidelines, see:
 - Raising Children Network – [Babies Sleep](#).
 - Murdoch Research Institute – [Sleep Podcast](#) (3 options for infants) and [Sleep With Kip](#) (resource for preschooler).
- Referral to appropriately trained health professional:
 - Early parenting centres – parent infant support: workshops, day stays, and residential programs. See [Parent Infant Community Support](#) for more information
 - Private sleep consultant – see [sleepschool.com.au](#) for examples
 - Child psychologist trained in infant sleep
 - Private paediatrician

Request

- If concerns regarding safety and welfare of infant organise [acute paediatric admission](#).
- If carer with serious psychosocial mental health concerns, see:
 - [Perinatal Mental Health Assessment \(Pregnancy and Postnatal\)](#).
 - [Perinatal Mental Health Referrals](#).
- Consider referral to appropriately trained health professional:
 - Early parenting centres – parent infant support: workshops, day stays, and residential programs
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 - Child psychologist trained in infant sleep
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ABOUT THIS PAGE

- Page information →
- Topic ID: 809142

Relevant pathways

Child and Youth Mental Health

- ADHD in Children and Youth
- Infant Health

Mental Health and Behaviour - Child and Youth

- Child Mental Health and Wellbeing Aged 2 to 12 Years
- Psychological Trauma in Children
- Child and Youth Mental Health Referrals

