

Child Mental Health

5 September 2023



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Health Alert

Victoria DHHS – Coronavirus COVID-19 Daily Update

Latest News

14 August

health.vic

Health alerts and advisories

8 August

Cardiovascular disease (CVD) risk guidelines update

The 2023 Australian Guideline for Assessing and Managing CVD Risk and associated Aus CVD Risk Calculator are now available. The Absolute Cardiovascular Disease Risk Assessment pathway will be unavailable while we update this pathway.

31 July

Notification of rheumatic heart disease (RHD) and acute rheumatic fever (ARF) cases

As of 31 July 2023, ARF and RHD have become routine notifiable conditions in Victoria. Practitioners who reasonably believe that a patient has, or may have, ARF or RHD must notify the Victorian Department of Health within 5 days. [Read more...](#)

17 July

Flu vaccination for children and adolescents

Influenza activity is continuing across Victoria, with many cases in children and adolescents. Encourage flu vaccination for everyone aged over 6 months, particularly in children and adolescents as coverage is low in these age groups. [Read more...](#)

11 July

Health warning on antibiotic resistant Shigella

There is increasing antibiotic resistance being detected in infections of Shigella bacteria. Clinicians should reserve antibiotic treatment for severe infection and priority cases, and must notify

Pathway Updates

Updated – 29 August

Tinnitus

Updated – 28 August

Postherpetic Neuralgia (PHN)

Updated – 28 August

Unexpected Deterioration in an Older Adult

Updated – 28 August

Medications in COVID-19

Updated – 25 August

Diabetic Retinopathy

[VIEW MORE UPDATES...](#)

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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**

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- [Mental Health and Behaviour - Child and Youth](#)
- [Depression in Children and Adolescents](#)
- [Self-harm](#)
- [Suicide Prevention](#)
- [Child and Youth Mental Health Referrals](#)
- [Non-acute Child and Adolescent Psychiatry Referral \(> 24 hours\)](#)
- [Paediatric Psychology and Counselling Referral](#)
- [Child and Youth Online Mental Health Therapy](#)
- [Child and Adolescent Eating Disorders Specialised Referral](#)
- [Child and Youth Mental Health Support Services](#)

Depression in Children

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Mental Health and Behaviour - Child and Youth

Depression in Children and Adolescents

Depression in Children and Adolescents

This pathway is for managing child and adolescent mental health issues in primary care. Use the following for more serious presentations:

- Acute Child and Adolescent Psychiatry Referral or Admission
- Child Abuse and Neglect
- Self-harm
- Suicide Prevention

Background

About depression in children and adolescents

Assessment

Initial assessment

- Be aware of:
 - the general practitioner's role
 - paediatric presentations with potential mental health concerns
 - depression symptoms in children and adolescents
- Engage with the child or adolescent and carer, focusing initially on the child's positive attributes, strengths, and unique skills.
- Explore current symptoms, concerns, and any previous assessments or treatment:
 - Using the Children's Wellbeing Continuum, assess the impact the problem has on the child or adolescent.
 - Get an understanding of the family background, carer's mental health, and current home situation.
 - Review sleep, diet, exercise, and any excessive screen time.
 - Where suicide risk, significant self-harm, or psychosis (hallucinations, delusions, irrational thinking), see Management 1.
- Perform an examination, obtaining an initial impression of temperament, mood, and emotional and cognitive development. For further information, see the Royal Children's Hospital Melbourne – Mental State Examination
- Arrange investigations if clinically indicated e.g., FBE, serum ferritin, thyroid function tests, coeliac serology.
- Arrange an extended appointment as soon as possible:
 - Decide if the appointment should be with or without the child or adolescent
 - Advise carer to bring documentation (e.g., from school or allied health professional) where relevant.
 - Consider using mood and feeling questionnaires for further information.

Further assessment

- Complete assessment:
 - Review the presentation and primary concerns.
 - Complete background history further using the CHILD mnemonic.
 - Consider co-morbidity, particularly anxiety and trauma. Utilise assessment and management strategies from these pathways if necessary:
 - Psychological Trauma in Children

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Self-harm

Self-harm

See also:

- Borderline Personality Disorder
- Suicide Prevention

Red flags

Suicide risk

Overdose or serious physical injury

Background

About self-harm

Assessment

Practice point

Incidence of suicide is low

It is rare for people who self-harm to go on to suicide as it is typically a coping strategy for difficult emotions, not a suicidal behaviour. Self-harm is treatable.

- Although the likelihood is low, always assess suicide risk.
- Keep calm, refrain from criticism or judgement, and seek to understand why the patient self-harms.
- Discuss confidentiality and privacy.
- Take a history:
 - assess when, how, and how often they self-harm.
 - ask about triggers for the self-harm e.g., relationship difficulties.
 - assess available supports – both practical and emotional.
 - explore the psychosocial context using HEEADSSS assessment questions.
- Examine any wounds to determine if they require treatment.

Management

Managing patients who self-harm is often a long-term process. It involves examining the reasons for the self-harm and providing alternative coping strategies, with the support of psychological services.

- If potentially life-threatening overdose or injury:
 - attend in a calm, reassuring manner to medical issues.
 - call 000 for immediate transfer to the nearest Emergency Department.
- If in acute mental health crisis, request acute adult psychiatry referral or admission, or acute child and adolescent psychiatry referral or admission, either via emergency department or Crisis Assessment and Treatment Team (CATT) by calling the central

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Mental Health

Suicide Prevention

Suicide Prevention

This pathway is for adults and children who are at risk of suicide.

Red flags

Uncontrolled alcohol or substance abuse

Poor social supports

Recent bereavement, particularly from suicide

Sudden calm feeling or presentation in patient with depression

Background

About suicide prevention

Assessment

1. When assessing for suicide risk, be aware that:

- asking directly about suicidality does not increase or create a risk.
- it is not possible to predict with certainty which patients will ultimately commit suicide.
- around 44% of people who commit suicide may present to primary care in the previous month. ²

2. Ask [at-risk patients](#) who present with mental health concerns about suicide.

3. With a child or adolescent, discuss [confidentiality and its limits](#).

4. Ask [key questions](#) – don't be afraid to ask about suicide.

5. Follow-up with more detailed questions to help determine the degree of suicide risk:

- [Current circumstances](#)
- [Previous attempts](#)
- [Current plan](#)
- [Other risk factors](#)
- [Protective factors](#)

6. Assess risk to others:

- Ask "Have you ever thought about harming someone else?"
- Consider if any dependent children are at risk, e.g:
 - child custody issues or intervention orders in place.
 - major financial stress.
 - evidence of postnatal depression.

7. If consent is given, talk to the main support person to corroborate the patient's symptoms and to establish their supports.

8. Decide on severity of suicide risk. If there is time, consider using this [detailed risk assessment guide](#).

9. Otherwise, consider the following categories (groupings are a guide only – base decision on clinical judgement):

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