

Child mental health CoP Session 5: Assessment and management of mental health disorders in neurodiverse children and young people

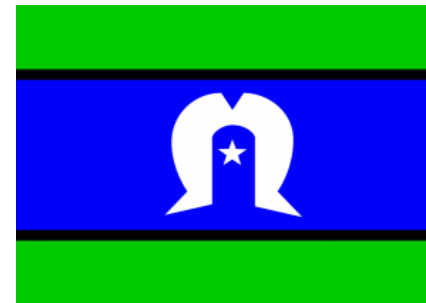
Tuesday 14 November 2023

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



CoP guidelines

We agree to...



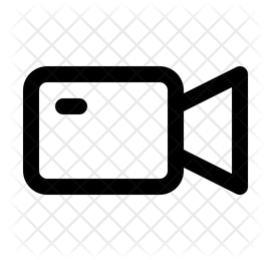
Stay on **mute**
unless speaking



Raise your **hand**
to speak



Keep conversations
confidential



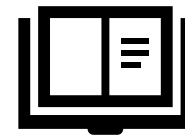
If possible, keep
camera on



Introduce yourself
and your role
when speaking



Share **ideas** &
promote
everyone's
participation



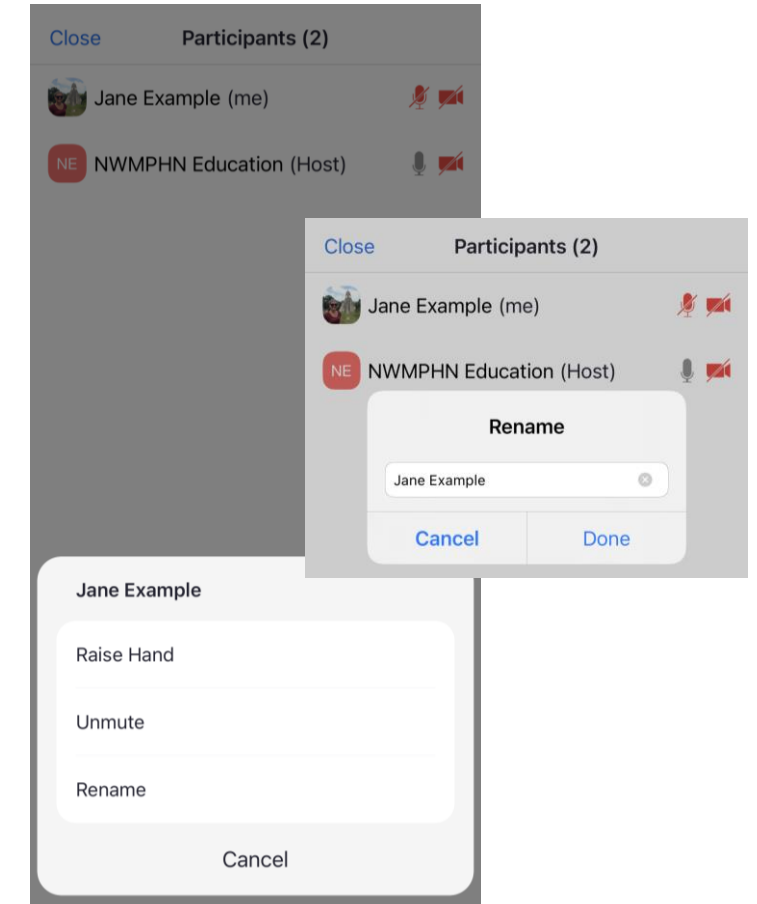
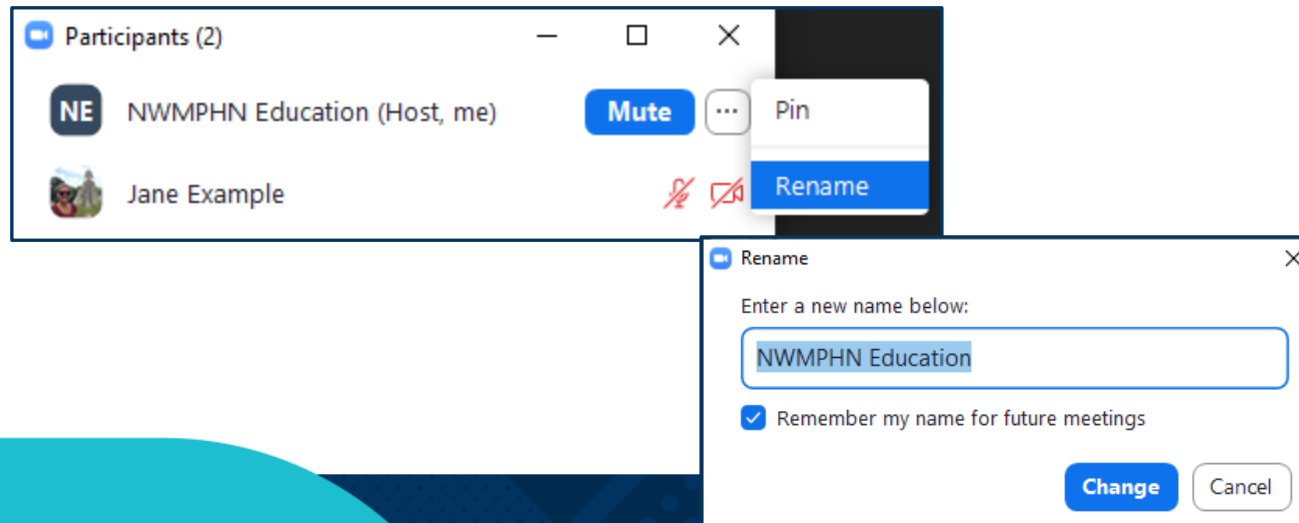
Acknowledge that
we have **varied**
learning needs &
interests



Ask **questions**
No question is silly

How to change your name in Zoom Meeting

1. Click on **Participants**
2. **App:** click on your name
Desktop: hover over your name and click the 3 dots
Mac: hover over your name and click *More*
3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename



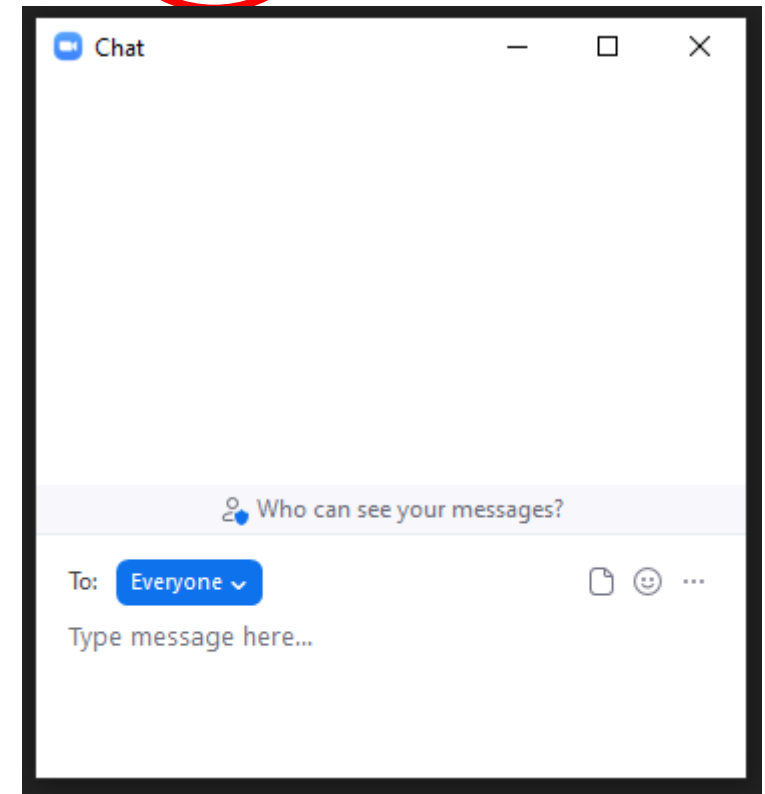
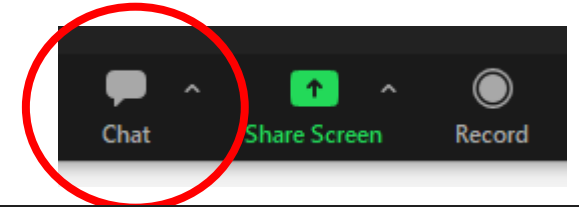
Housekeeping – Zoom Meeting

During the education component, please ask questions via the Chat box

This session is being recorded

Please ensure you join the session using the name you registered with so we can mark your attendance

Certificates and CPD will not be issued if we cannot confirm your attendance



Psychiatrist – Dr Chidambaram Prakash

- Dr Chidambaram Prakash is a senior consultant child and adolescent psychiatrist at the RCH with over 20 years' experience.
- Prakash has worked in, and managed, general and specialist clinics within child psychiatry in metropolitan and regional public mental health services.
- Prakash has worked with children and adolescents from 4 to 18 years of age assessing and managing a variety of mental health issues.

GP Facilitator - Dr Sahar Iqbal

- Practicing as a GP at Goonawarra Medical Centre for the past 9 years.
- Sahar's areas of interest are child and adolescent mental health and chronic disease management.

Guest Speaker – Dr Billy Garvey

- Dr Billy Garvey is a paediatrician with nearly 20 years' experience. He is a specialist in both the Centre for Community Child Health & the General Medicine department at RCH.
- He is an expert reviewer for the Raising Children's Network, contributes to the RCH Clinical Practice Guidelines and is a reviewer for several academic paediatric journals. He is currently undertaking a PhD piloting a model to support child emotional and behavioural development in primary schools and is a Churchill Fellow exploring how social media can be used to support parenting.
- He is also the co-founder and co-host of the Pop Culture Parenting podcast which aims support child development and wellbeing using evidence in a meaningful, fun and realistic way.

Agenda

Introduction and housekeeping	5 minutes
Education component: mental health disorders in neurodiverse children <i>Paediatrician Dr. Billy Garvey</i>	30 minutes
Health Pathways	5 minutes
Case discussion Part 1 – Breakout room	12 minutes
Debrief	10 minutes
Case discussion Part 2 – Breakout room	12 minutes
Debrief	14 minutes
Conclusion	2 minutes



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Education component: Assessment and management of mental health disorders in neurodiverse children and young people

Dr Billy Garvey
Developmental Paediatrician

SESSION PLAN

- **Beginning (build our partnership)**
 - **Group agreement**
 - **Purpose & goals**
- **Middle (the work)**
 - **Focus on specific topics**
 - **Discussion > lecture**
- **Ending**
 - **Key learning points**
 - **Feedback & questions**



HOW CAN WE WORK WELL TOGETHER?

Curious?

Respect?

Patient-centred?

Confidential?

Trust?

Shared responsibility?

SETTING THE SCENE

Diagnosis	Cases (%)
Autism	15
ADHD	14
Sleep disturbance	8
Learning difficulty	7
Behaviour	7
Language delay	6
Anxiety	6
Asthma	6
Allergy	6
Intellectual disability	5

Domain	On track (%)	At risk (%)	Vulnerable (%)
Physical health & well-being	78.5	11.7	9.8
Social competence	75.9	14.4	9.6
Emotional maturity	77	14.5	8.5
Language & cognitive skills	82.6	10.1	7.3
Communication skills & general knowledge	77.1	14.5	8.4

1 in 7 children in Australia have a mental illness

NEURODIVERSITY



NEURODIVERSITY VS NEURODEVELOPMENTAL DISORDER




WHAT IS OUR ROLE?

AUTISM SPECTRUM DISORDER



Social
communication &
interaction



Restrictive, repetitive
patterns of
behaviour, interests
or activities

ATTENTION DEFICIT HYPERACTIVITY DISORDER



Hyperactivity



Impulsivity



Inattention

MENTAL ILLNESS RATES

Anxiety in general paediatric population - 7%

Anxiety in autism - 40%

Anxiety in ADHD - 25%

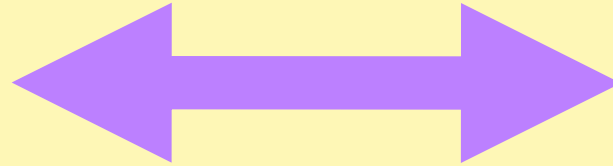
Depression in general population - 3%

Depression in autism - 12%

Depression in ADHD - 18%

WHY DO THEY OCCUR TOGETHER?

Neurodiversity



Mental illness

HOW DO WE FIGURE OUT IF IT'S MENTAL ILLNESS

Anxiety

Withdrawal & avoidance
Anger & outbursts
Sleep
Need for reassurance
Concentration
Appetite
Headaches/nausea/tummy pain/dizziness/cramps

Depression

Low mood/feeling hopeless/irritable
Loss of interest or pleasure in almost all activities
Appetite/weight
Sleep
Energy levels
Feeling worthless or excessive guilt
Concentration
Suicidal thoughts

HOW DO WE HELP

Accommodation

Inclusive environment
Decrease demand (home & school)
Child-led approaches

Skill development

Psychoeducation
Parental capacity building
Therapy
Medication
Reduce burden

COMBINING EVIDENCE-BASED PRACTICE WITH INCLUSION



QUESTIONS



@popcultureparenting

@drbillygarvey

A decorative graphic in the top-left corner consists of three overlapping circles: a large purple one, a medium orange one, and a small teal one. The teal circle is divided into four quadrants of different shades of teal. The background is a dark blue field with various geometric patterns, including diagonal lines, concentric circles, and a grid of small dots.

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Case studies

Breakout 1 – Case study

Zack is the only child of Amanda and Geoff, and it was a shock to them when he was diagnosed with ADHD at 6 years of age as neither of them have ADHD in their family (or know of it). In grade four, Zack's paediatrician, prompted his parents to get an assessment for autism for Zack. Zack was on a waitlist to see a psychologist for five months and it was another 6 months before the assessment was finally completed. Zack was in grade 5 when he was diagnosed with ASD (level 2). Both his parents are now preparing for the NDIS funding application. In the meantime, Zack's behaviour at school has been concerning. He is getting into frequent fights and making inappropriate comments to peers such as 'your mother is fat', telling his teacher 'You can't tell me what to do', flipping a classroom table in anger after losing a classroom game, and finally receiving in-house suspension for hurling a bottle of water across the room and swearing at his teacher. Zack has started to hate school and pretends to be sick to get out of going to school.

Breakout 1 – Case study continued

Zack's parents have met with the leadership team at school multiple times and feel let down by the school. They feel that given Zack's diagnosis, the school should be doing more to support him. They have asked the school to apply for a support person and put an appropriate behavioural support plan in place. The school has advised that Zack's IQ is too high to qualify for a support person and his behaviour is not deemed 'severe' enough to qualify for a behavioural support plan. Zack's parents feel they are doing all they can including accessing the school psychologist through a mental health care plan, and feel the school needs to do more to support Zack.

- What do you think are the possible reasons for Zack's dysregulated behaviours?
- What advice will you give the school on how they can support Zack?
- Who can Amanda and Geoff contact regarding their concerns?
- How can Zack's outbursts in the class be avoided and better managed?

Breakout 2 – Case study

Zack's NDIS funding has been approved. Amanda and Geoff have been provided a date for the NDIS planning meeting with their local area coordinator (LAC). They have been emailed the NDIS planning booklet in preparation for the meeting and Amanda has also joined an NDIS and Autism Facebook group in the hope to learn more. However, from what she has been reading on the Facebook group, it seems there are huge gaps between the needs of the NDIS participants and what the plans provide. She is hoping to advocate for Zack appropriately such that Zack's needs are suitably met. However, she is not sure how to do so in an 'NDIS savvy' manner. She catches up with her friend i.e. you who is a Social Worker/ Mental Health professional/OT who has a good understanding of the NDIS. Amanda requests your help with writing up short- to mid-term goals for Zack in areas of improving communication, social and interpersonal skills, and the ability to regulate his emotions, and in the long-term to improve his executive planning skills.

- Can you please help Amanda write these two goals?

Session Conclusion

Final session of series – Tuesday 5th December on Gender Dysphoria (same time – 6:30-8pm)

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmpnhn.org.au/resources-events/resources/>

We value your feedback, let us know your thoughts.

Scan this QR code

