

Welcome to Project ECHO Population Health Network: Child and Adolescent ADHD Series

Series 1: Session 5

“Supporting teens with ADHD to transition to adult care”



Supporting general practice, commissioning health services into gaps and driving service integration.

phn
WESTERN VICTORIA
An Australian Government Initiative

Acknowledgement of Countries



I'd like to begin by acknowledging the Traditional Owners and custodians of the unceded lands and waterways

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmarra, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jupagalk and Jaadwa peoples.

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation. We support self determination for First Nations Peoples and organisations.



Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

ADHD care for children and young people in Western Victoria

The Problem statement:

Children, teens and their carers (with ADHD or undiagnosed ADHD) in Western Victoria need access to early intervention, assessment, information/education, coaching, medications, allied health care, care co-ordination, environmental supports and ongoing monitoring.

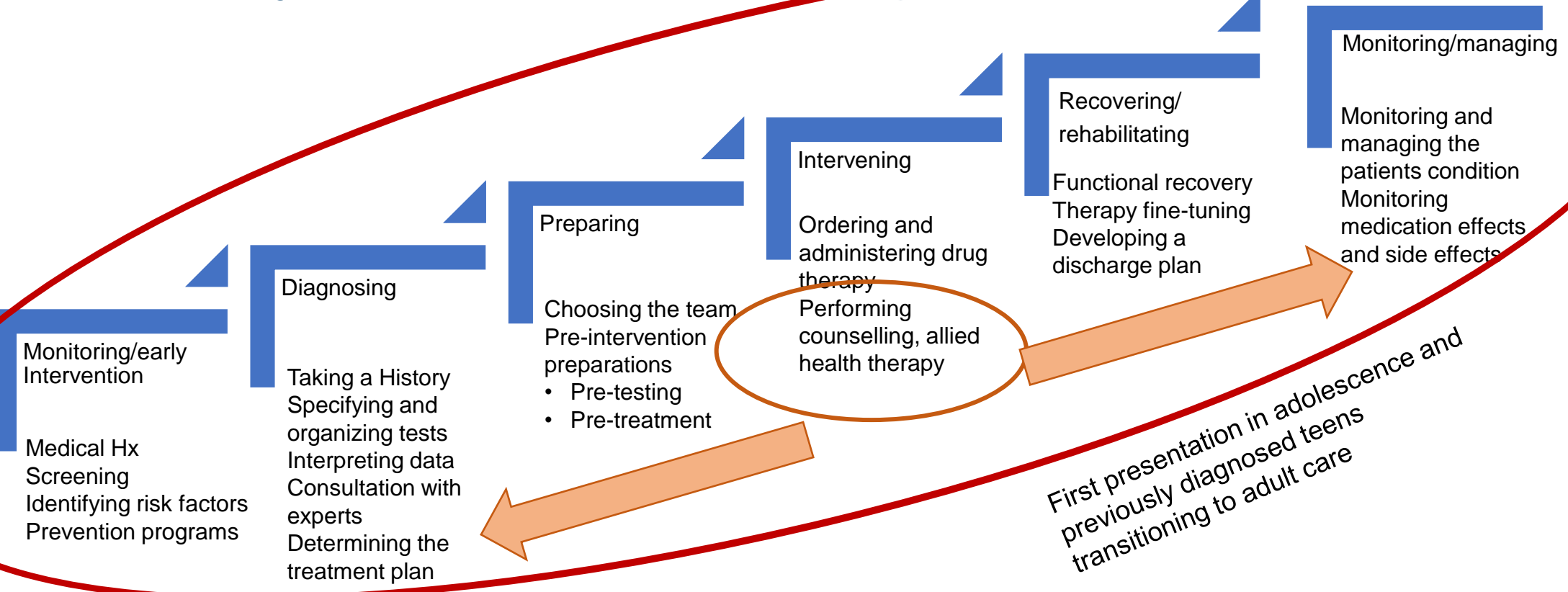
Solutions discussed to date:

- Identification and parent information resources by primary care
- Assessment support by primary care
- Good communication between primary care and paediatrics to support referrals
- Provisional diagnosis by primary care to support the psycho-social therapies and support options
- Prepare the family for the visit to the Paediatrician for prescribing
- Communication between primary care and paediatricians to support co-prescribing
- Established co-prescribing options in primary care
- GP education about prescribing and common SEs

The care delivery value chain for an integrated practice unit

Stages on the value chain

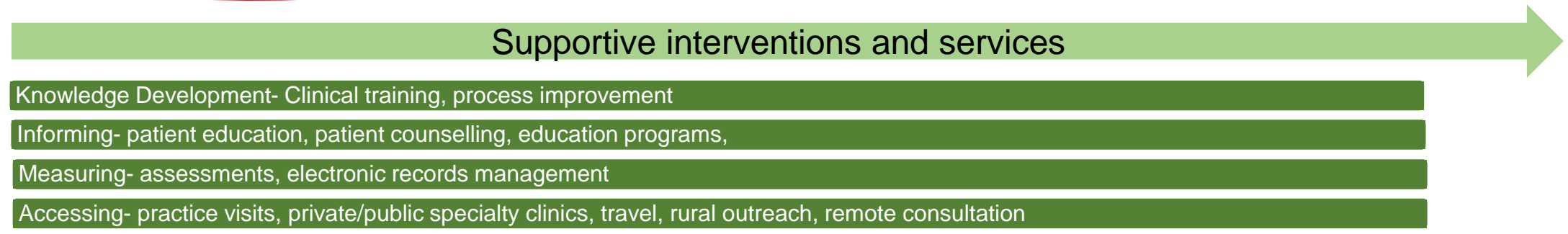
Job to be done
"Clinical workflow"



First presentation in adolescence and previously diagnosed teens transitioning to adult care

"Consumer Journey"

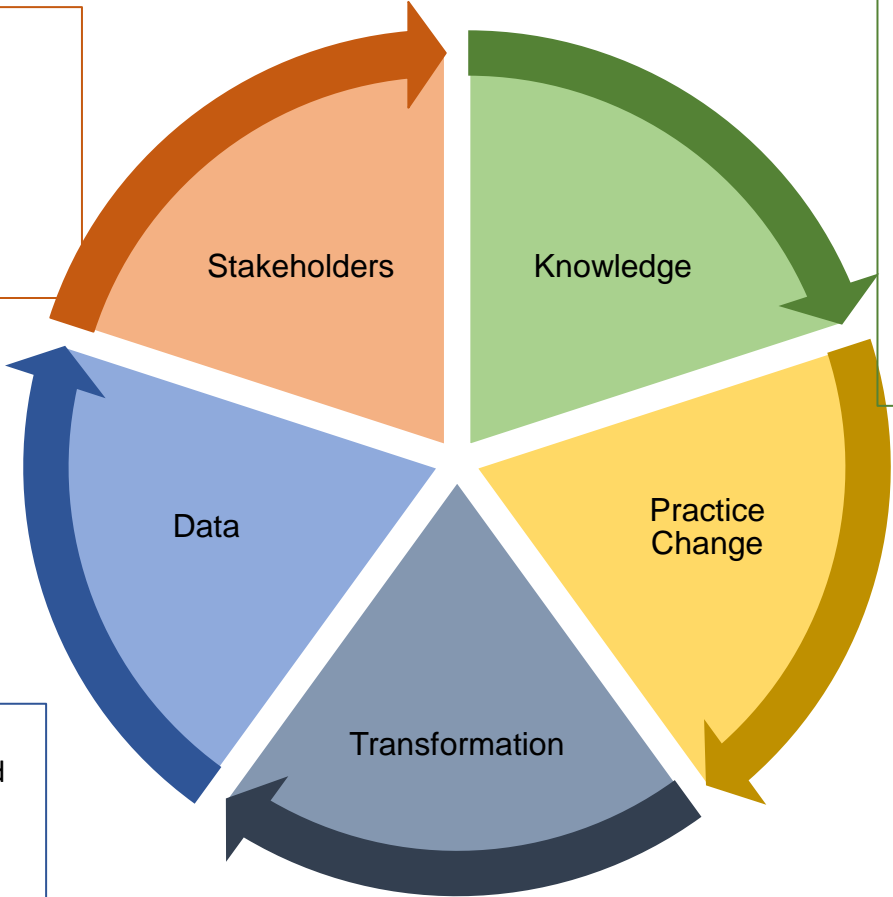
Consumer value



Scoping the *design problem- inputs into this series*

- Barwon Paediatric team
- Grampians Paediatrics team
- Victorian Paediatric Clinical Network
- Barwon Area Mental Health Service
- Centre Community Child Health Royal RCH
- Consumer advocates
- GPs with special interest

- Australian ADHD Clinical Practice Guidelines
- Senate Inquiry report
- RACGP statement to the Inquir
- Annual Research Review: Perspectives on progress in ADHD science—from characterization to cause
- Recent Attitudes toward ADHD in the Broader Community: A Systematic Review



- Referrals to Private and Public Paediatric services both Ballarat and Geelong
- Lack of service options in Outer regions
- GP demand for referral options

- National ADHD shared care model network
- Consumer engagement in co-design
- Clinician engagement in co-design
- PHN co-design framework

- WVPHN Design Labs
- Digital
 - Data
 - Health Pathways
 - Co-design
- Statewide sector meetings
Emerging Minds



An Australian Government Initiative

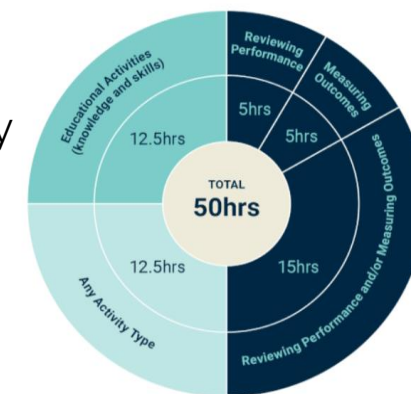
Learning outcomes

WVPHN Your CPD Centre

ECHO is a Peer Group Learning Activity

EA- Passive activity

RP- Interactive activity



Series Learning outcomes

- Describe the diagnostic classification of ADHD and identify commonly co-occurring conditions.
- Recognise the diverse experiences of children, adolescents and their caregivers and describe a patient centred and biopsychosocial approach to functional recovery and well-being.
- Discuss the potential role of primary care in ADHD identification, assessment, management, and support.
- Evaluate the barriers to providing best practice ADHD care for children, adolescents and their families.
- Participate in a community of interest, learning and practice.

Series Project Outputs

To generate design ideas and implementation solutions for Shared ADHD care models:

Case report of our region (not for publication or dissemination in public sites)

- Barriers and enablers
- Action ideas for investment

Health Pathways

- Scoping review of community child health pathways

Don't forget to fill out our session evaluation at the end of the session.



Session 5 Learning outcomes

- Describe the commonly occurring issues that adolescents with diagnosed ADHD (or undiagnosed ADHD) struggle with in relation school
- Discuss the common management strategies used to support these issues in the in the school setting and occupational setting
- Examine the role of GPs, allied health providers, paediatricians and psychiatrists working together to support return to school and school transition.
- Participate in a community of learning and practice.





Etiquette/Zoom use

- Clearly name yourself with first name and surname.
- Introduce yourself / Role / Region / Organisation in "chat"
- Use chat to ask questions
- Please remain on 'mute' except when speaking
- Please turn video on
- In-session Evaluation at the end



- These sessions will be recorded for ongoing training and quality improvement purposes.
- The didactic presentations ONLY will be disseminated on our learning channel.
- Discussions will be de-identified where used for QI or research purposes.
- Please let us know if you would not like your comments recorded.

Agenda– Child and Adolescent ADHD Series 1: Session 5

“Supporting teens with ADHD to transition to adult care”

Facilitator and Didactic presentation: Dr Bianca Forrester, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network, Senior Lecturer, Department of General Practice and Primary care, University of Melbourne

Panel for discussion:

Dr Dave Fuller, Clinical director Women's and Children's Health, Barwon Health

Dr Kate Graham, Clinical Editor HealthPathways and COVID Clinical Advisor, Western Victoria Primary Health Network

Ms Katarzyna (Kate) Tognarini, Community pharmacist, AADPA Board Member and AADPA Education Committee co-chair

Ha Le, Senior Research Fellow, School of Health and Social Development, Deakin University, Consumer/Carer advocate

Case presentation: Dr Anita Phillips, GP, Bellarine Medical Group, Director of clinical training, Barwon Health

Network Co-ordinator: Jemma Missbach, Western Victoria Primary Health Network

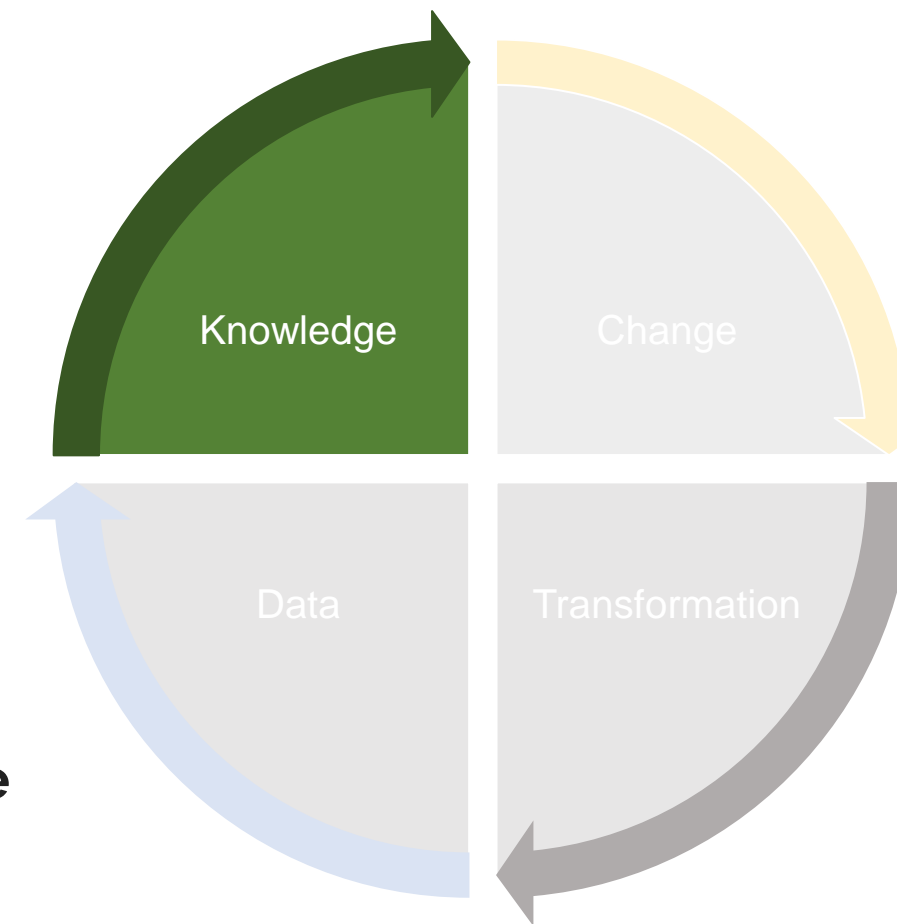


Knowledge Management Update

COVID Vaccine Update

Booster doses:

- Individuals aged 75 years and above are **recommended** to have a COVID-19 vaccine dose every 6 months.
- Individuals aged 65 to 74 years and adults with severe immunocompromise are **recommended** to have a COVID-19 vaccine dose every 12 months and are **eligible** to have a COVID-19 vaccine dose every 6 months.
- Adults aged 18 to 64 years without severe immunocompromise are **eligible** for a COVID-19 vaccine dose every 12 months.
- Children aged 5 to 17 years with severe immunocompromise are **eligible** for a COVID-19 vaccine dose every 12 months.



A Learning Health System

[COVID-19 | The Australian Immunisation Handbook \(health.gov.au\)](#)

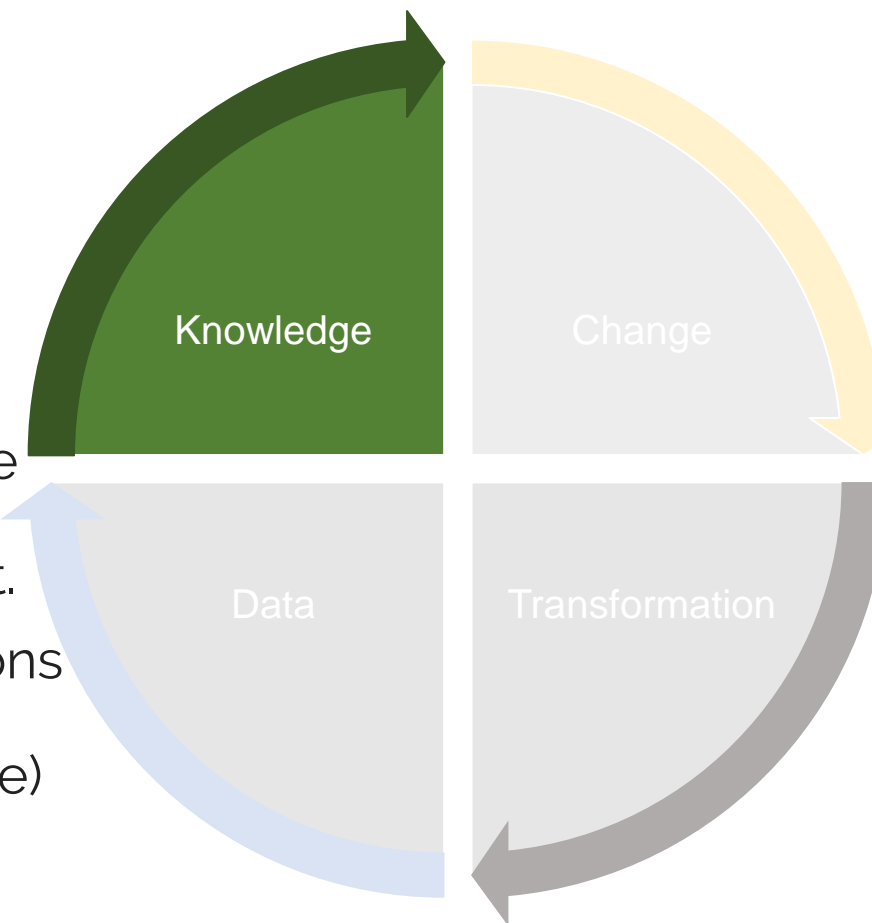
Knowledge Management Update

COVID Vaccine Update

Primary course:

- All people aged ≥ 6 months with severe immunocompromise are recommended two primary doses and eligible for a third primary dose based on an individual risk-benefit assessment.
- Children aged ≥ 6 months to < 18 years with medical conditions that may be associated with an increased risk of severe COVID-19 are eligible for a primary course (doses vary by age) based on an individual risk-benefit assessment.
- **All other children and adolescents aged < 18 years are not routinely recommended a primary dose.**
- All other adults aged ≥ 18 years including those with medical risk factors other than immunocompromise are recommended a single primary dose.

Novavax no longer available



A Learning Health System

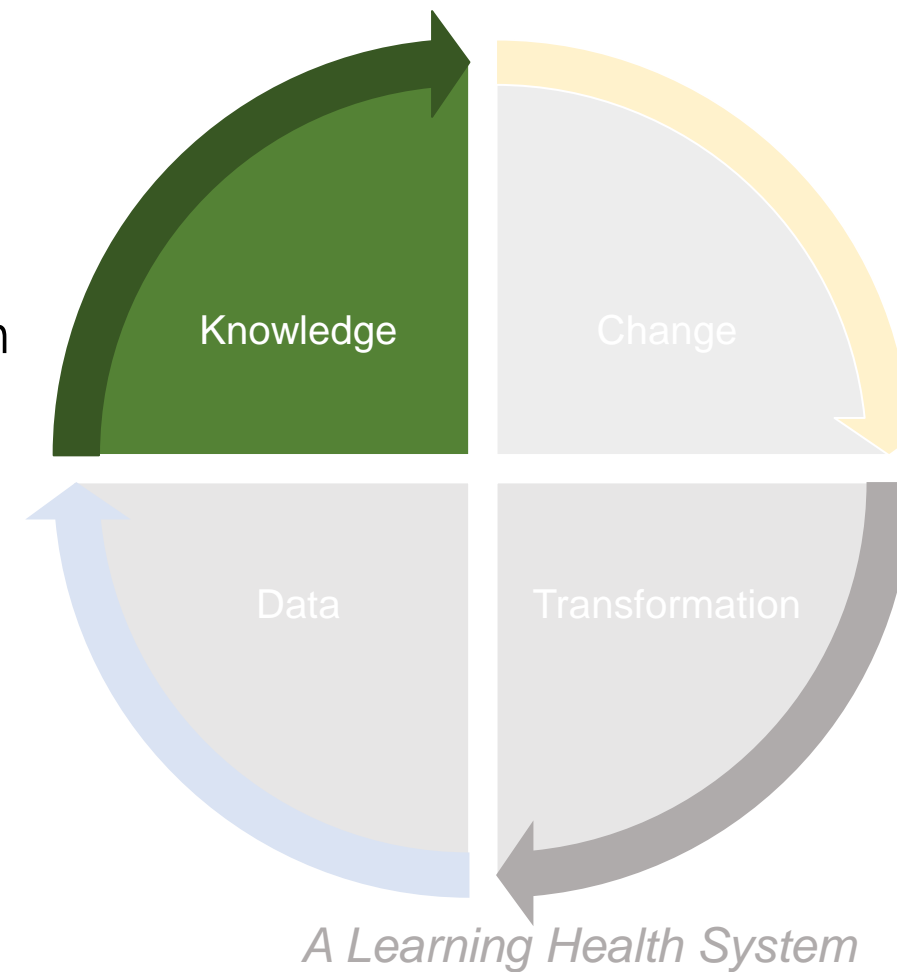
[Recommended COVID-19 vaccine doses | Australian Government Department of Health and Aged Care](#)

Knowledge Management Update

Sign up for health alerts to stay on top of what is happening in the public health space.

[Subscribe to alerts, advisories and newsletters | health.vic.gov.au](https://health.vic.gov.au)

- [Continued increase in cryptosporidiosis cases across Victoria](#)
- [Shigella gastroenteritis outbreak related to Esoteric music festival](#)
- [Increase in Mycoplasma pneumoniae infections in Victoria](#)



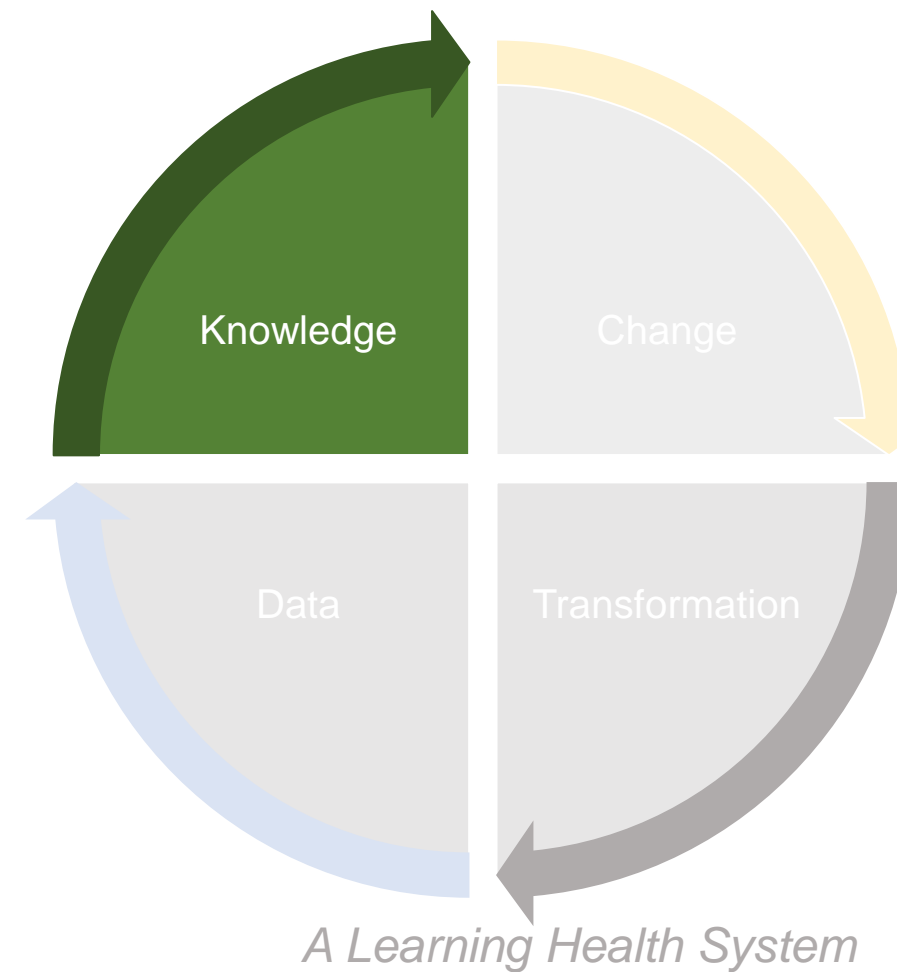
Knowledge Management Update

What's next for HealthPathways?

- Feedback is being used to update ADHD pages
- Mental health referral renovations
- Neurodiversity referrals pathway

Sustainability – what does it mean for us?

- What resources do you need?
- Our pathways will be designed by your needs





Department
of Education

National Victoria Education

This was published 4 months ago

Missing a month: Victorian school absences climb to record levels



Robyn Grace

November 4, 2023 – 5:00am

Save

Share

Font size icons

111

View all comments

**Teens Back on Track:
Common challenges
facing teens struggling to
re-engage with education**





The Maze Phase Podcast with guest A/Prof Sandra Radovini

Series 2, Episode 1: Neurodevelopmental Disorders in teens-How can the GP help?

<https://www.buzzsprout.com/2047615/12396461>

Or Search “The Maze Phase”

- on apple podcasts and google play

Prof Sandra Radovini
Director Mindful Centre of Training and Research
In Developmental Health



Impact of the Pandemic crisis on development

Early trajectory in context (attachment)

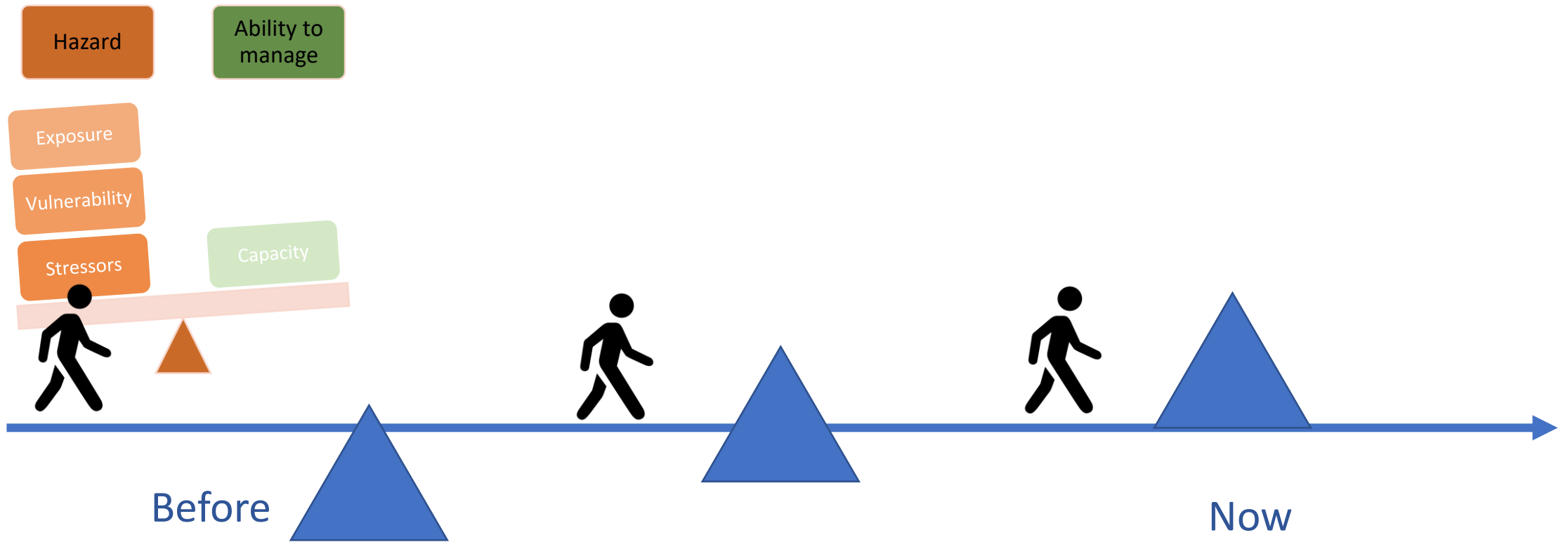
Development (in context) & time sensitive periods

Transitions (& the environment)

Development can always be derailed.....



Transition points, stressors & supports



Capacity to manage the bumps along the road depends on:

- development to date
- personal traits and skills
- supports (family, teachers, others)
- environment

Primary school, into secondary school, transition after school
Other significant “transitions”

Create a timeline with the young person....

Who is presenting and with what?

Young people who were:
Traveling ok before the pandemic

Young people who were:
Struggling &
Mental health vulnerability

Young people in whom:
Social risk factors/ disadvantage

Presentations

Anxiety

Mood dysregulation

Self harm

Struggling with focus and attention

Sleep issues

AOD

Other people say my.....grades are down, can't concentrate, behaviour is....

Pandemic
Hazard
Exposures
Stressors
*At multiple
levels*

Before

Now

Look for red flags

Normative Transition



Double Jeopardy ACES and NDD?



[Eur Child Adolesc Psychiatry](#). 2023; 32(1): 1–4.

PMCID: PMC9908716

Published online 2022 Sep 26. doi: [10.1007/s00787-022-02081-9](https://doi.org/10.1007/s00787-022-02081-9)

PMID: [36156745](https://pubmed.ncbi.nlm.nih.gov/36156745/)

Double jeopardy: implications of neurodevelopmental conditions and adverse childhood experiences for child health

[Ruchika Gajwani](#)^{1,2} and [Helen Minnis](#)^{2,1,2}

[▶ Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) [▶ PMC Disclaimer](#)

Here we argue that psychiatrists must maintain a focus on both ACEs and neurodevelopmental conditions, since not doing so can place their patients at double jeopardy of poor health outcomes.

.....both ACEs and NDCs are known to increase risk of maladaptive stress calibration (see Fig. 1).

For example, children with ADHD are more likely than their peers to experience stress linked to forgetting homework, missing what the teacher has just said in class or impulsively saying/doing things that get them into trouble—and their impulsivity might also lead to temper tantrums which will, in turn, undoubtedly make their environment even more stressful.

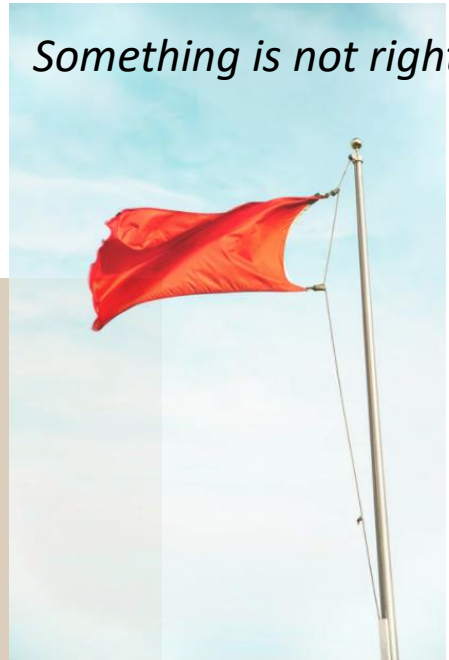
In ASD, perfectionism and sensory sensitivities might lead to meltdowns when routines are interrupted or when sensations (e.g., certain noises, textures or tastes) become intolerable.

*Protective factors might also have an important role here: for example, a child with sensory sensitivities and an intolerance of noise in the classroom **might benefit from ear guards, so that their stress calibration remains adaptive and leads to positive development.***



Poor school attendance is....a red flag

Something is not right



A need to get away from school

Social/ specific anxiety related to school environment

Mismatch between academic school environment and the persons capacity

Learning difficulty unrecognized

Depressed (can't function)

Peer relationships

- bullying and teasing
- Excluded/no friends (ASD)

A need to be at home

Mother with a mental illness

- Parentified child

Care giver protection

- Anxious
- Family violence
- Drug and alcohol issues

Post pandemic problems with transitioning back to school environment

- Social learning loss/missed opportunity
- Academic learning loss/missed opportunity
- Missed opportunity to support/scaffold as necessary for that person







School Refusal Assessment: Key Areas



Longitudinal History of SR problem- earlier and now



Morning routine



Activities during the day when absent



Academic performance- longitudinal...
Specific Learning diff, ADHD



Social functioning friendships...**bullying?**



Presentation whilst at school

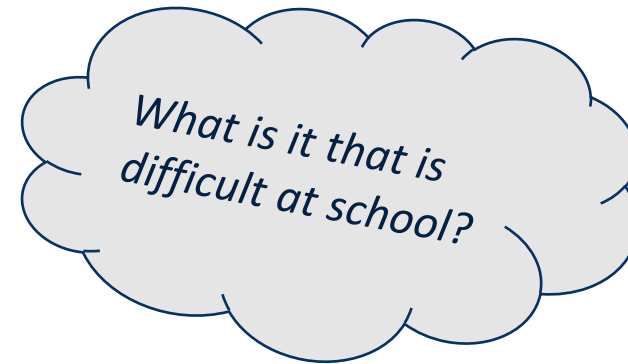


Understanding difficulties Guides intervention



Learning

Who supports them?
Is it understood?
What kind of assistance is available?



Mental Health

- What do they need?
- What is available?
- What support is available?

ASD

Who is going to be there to create an environment that a kid with ASD can manage?





Preparing for School Return

School return, as soon as possible
Steps towards school return now

The treatment for school refusal
is...**school!**



What influences return to school success?

Poorer outcome associated with

- Older age (Melvin et al 2016)
- Severity of absenteeism (Heyne, 1999)
- Severity of school related fear (Burnham et al 2006)
- Having few close friends (Ingul & Nordhal, 2013)
- Social anxiety (Heyne et al., 2013; McShane et al 2004)



Engagement support
Social prescribing
Anxiety management

A Team Approach

Parents (other relative)

Seek Points of Intervention

Co-Develop a plan of what is required consider-

- Natural supports
- Health supports
- School support

What role might we play as GPs and Nurses

As DiSS GPs?

The Young Person

School
(psychologist)

Headspace/ Other agencies

?OT

“All the things”





Referral to Paediatrician or Psychiatry?





Post School Transitions

Schooling and occupational plans

Driving

Finances

Need for transition planning

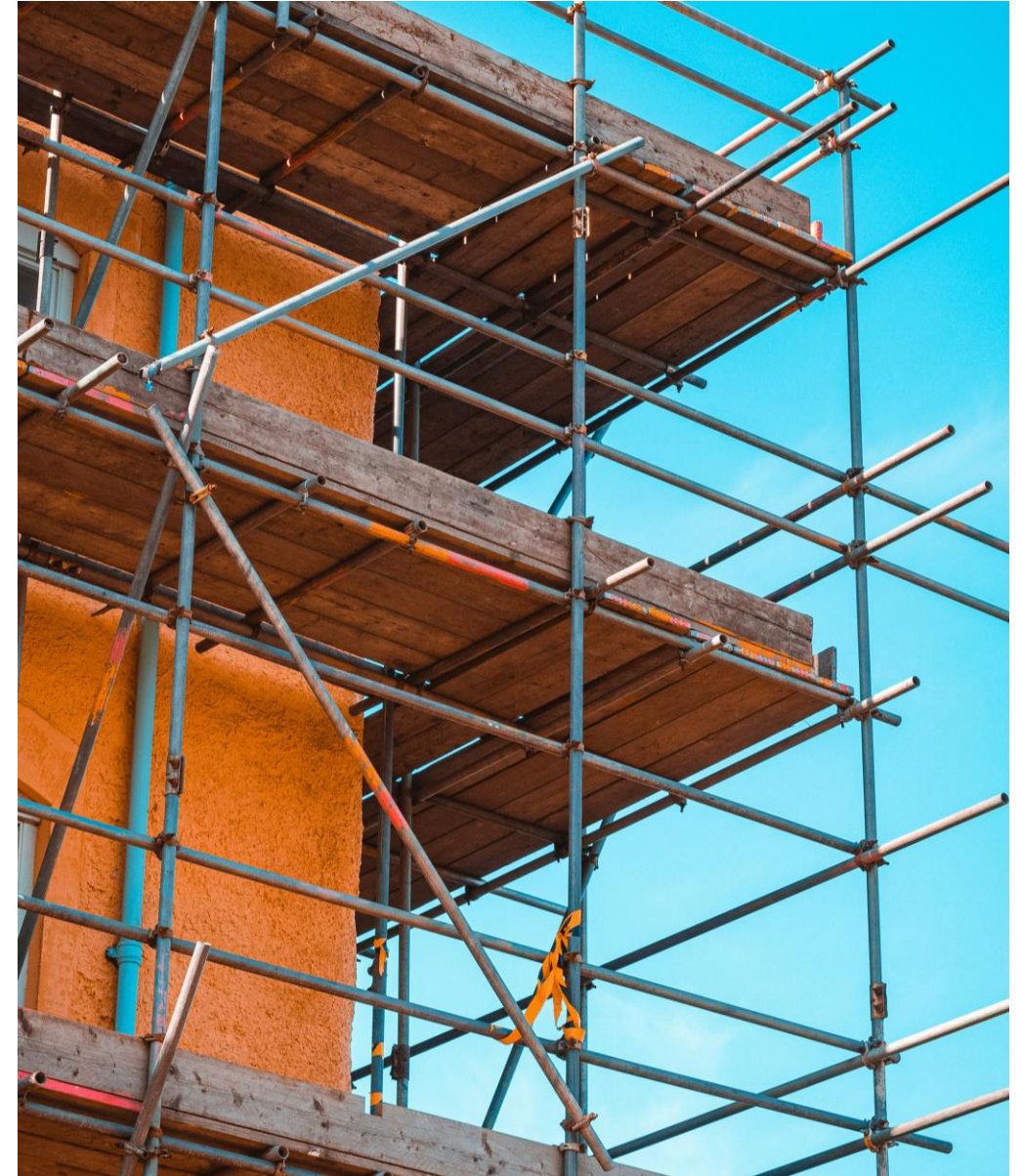
“Soft skills”

Reflective listening

Problem solving

GP as life coach rather than counsellor

Supports- Role of friends, family, other supports





DET SUPPORTS FOR ATTENDANCE AND ENGAGEMENT

Student Support Services

Visiting Teacher Service

School Nursing Program

Koorie Engagement Support Officers

Mental Health Practitioners

Senior Wellbeing and Engagement Officer

Regional Disability Coordinator

School Focussed Youth Service

Local Learning and Employment Network

Navigator Program

Education Justice Initiative

Disability Inclusion Rollout - Disability Inclusion: increased support for students with disabilities
(education.vic.gov.au)

Policy Advisory Library - Attendance: Resources | education.vic.gov.au

Acknowledgement
SWVV DET regional office





THE UNIVERSITY OF
MELBOURNE

DiSS Breakfast club

Fortnightly mornings

7.30-8.30am via zoom

A segway: School transitions to sustainability series

The claim:

Richard Dennis the Australia Institute

"In Australia we subsidise the fossil fuel industry and we charge our kids a fortune to go to uni.



HECS

Fossil fuels

The Petroleum Resource Rent Tax (PRRT)

Student Loans

Verdict

Dr Dennis's claim checks out.

Annual tax collections data published by the Australian Taxation Office shows that HECS and related student loan repayments provide the government with more revenue than that gained from the PRRT.

In 2022-23, PRRT collections totalled nearly \$2.3 billion, compared with \$4.9 billion in student loan repayments.

Questions from the group

- What would Paeds like from us to assist in the referral process as we realise the Paeds are being swamped with new referrals? We can arrange the Vanderbilt or other assessments etc with longitudinal history to send with our referral to paed's - what else would help in this process?
- If Paediatrician has reviewed the referral, and there is a wait, are they able to say that in the mean time they are happy for us to prescribe one of these?
- Can you touch on quickly on how to manage weight loss in these kids in general practice? Is it ok for us to initiate supplementation or even steroids?

15 yr old cis-male

Situation:

Family well known to GP

Current issue:

- School refusal AND school Exclusion
- Chronic anxiety
- Sensory issues affecting functioning in relation to food and diet/weight loss
- Being assessed by Private Paediatrician for ADHD

Background/Longitudinal history:

Presenting with anxiety age 9 yrs, managed well with referral for psychological therapy under MHCP

Struggled with the transition to high school

- Severe anxiety, refusal, behavioural issues/school exclusion
- Requiring strong advocacy from GP to keep him engaged
- Ddx ADHD referred through to Private Paed ?ADHD
- Family history- mother struggles, CPTSD

Assessment:

Paediatrician suggests high likelihood ADHD but prioritizing Anxiety management first

Rx Mirtazepine with excellent effect

Due to return for final assessment +/- stimulant prescription

Recommendation/Question

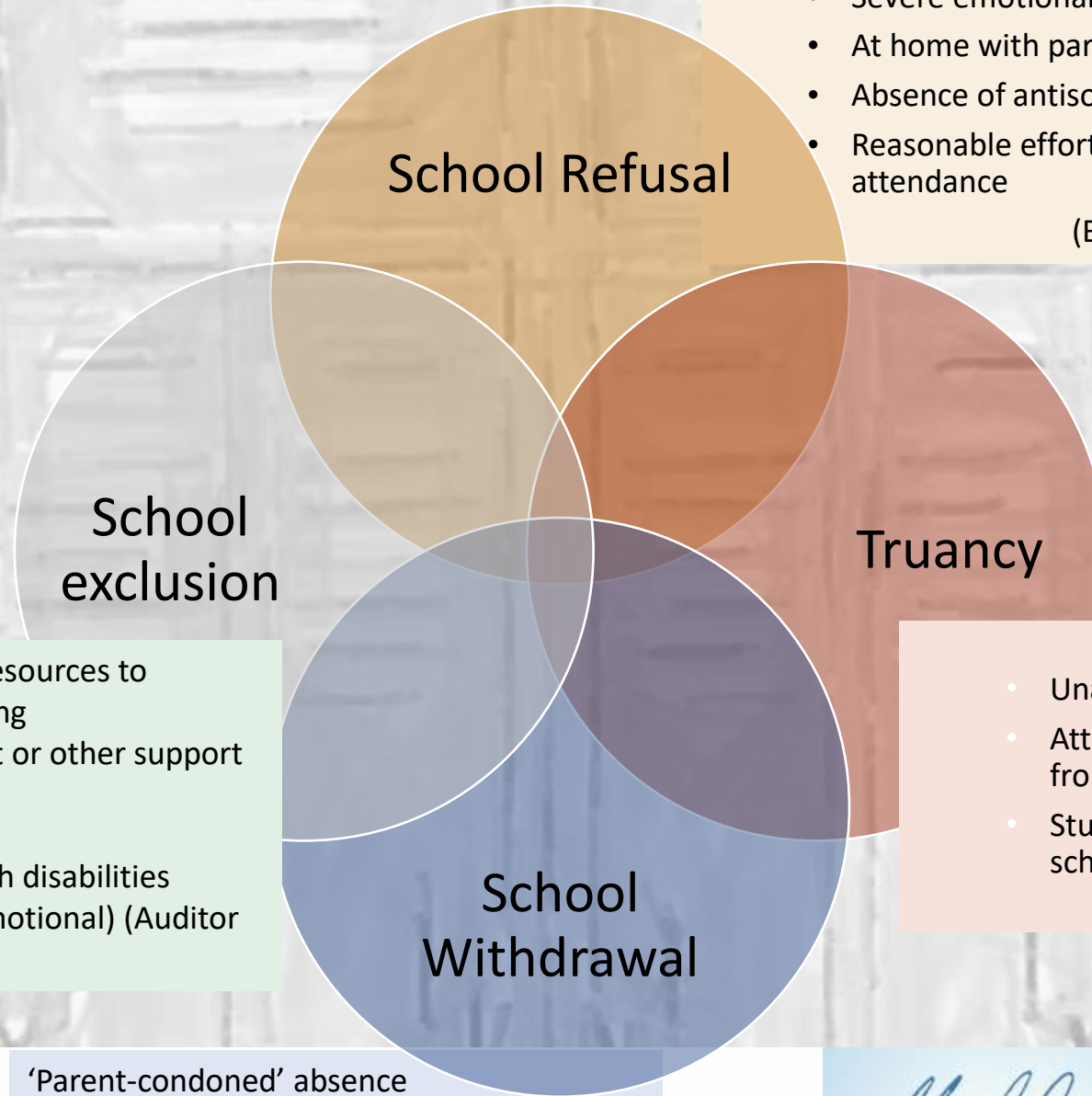
Back when he was first referred the cooccurring issues made this presentation feel to be in the "too hard basket" but now upon deeper reflection and deepened formulation, co-management pathway is a little clearer.

While waiting for this process to occur, I want to put "all the good things in place" to support this young man who will likely loose weight as a side effect.

What are your tips and tricks for stimulant "pre-hab" in a young person in whom you consider to be at risk of weight loss secondary to stimulants

What are some of the other common Se's that GPs can manage as part of a GP/Paed co-management model?

Definitions



- Severe difficulty attending school
- Severe emotional upset
- At home with parents' knowledge
- Absence of antisocial characteristics
- Reasonable efforts by parents to enforce attendance

(Berg, 1997)

- Inability to attend due to a lack of resources to manage the child in the school setting
- Primarily due to lack of aide support or other support structures within the school
- May result in part time attendance
- Experienced by (~10%) students with disabilities (intellectual or severe behaviour/emotional) (Auditor General Report 2012)

- Unauthorised absence from school
- Attempts by student to conceal absenteeism from parents and/or teachers
- Student often avoids home when absent from school

'Parent-condoned' absence
? Support / help at home
? De-value education



HealthPathways

Project ECHO – Child ADHD

WHAT IS HEALTHPATHWAYS?

A web-based information portal providing locally agreed, evidence-based clinical guidelines and referral pathways designed to support primary health care providers, in particular General Practitioners, in the assessment, management and referral of patients.

Provides information on:

- How to assess and manage a range of conditions
- How to refer patients to local specialists and services in the timeliest manner
- Reference materials
- Educational resources
- Patient resources

A dynamic website with new pathways constantly under development and existing pathways regularly reviewed by local GPs and specialists to ensure they remain aligned with best practice, relevant to the local context.

CLINICAL

[ADHD in Children and Youth](#)

[ADHD Medications for Children](#)

[Behavioral Concerns in Children Under 6 Years](#)

[Behavioural Concerns in Children Aged 6 to 12 Years](#)

[Developmental Concerns in Young Children](#)

REFERRAL

[Non-acute Paediatric Medicine Assessment \(> 24 hours\)](#)

[Non-urgent Mental Health Referrals](#)

[Occupational Therapy](#)

[Urgent Mental Health Referrals](#)

[Mental Health Advice](#)

CONTACT

•New to HealthPathways?

Visit <https://westvic.communityhealthpathways.org/> and select 'register now'

•Use the "send feedback" button on the website or email: healthpathways@westvicphn.com.au

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.



Session Evaluation

- Please take the time to evaluate this **session**
- [Link](#) pasted into the chat



New Upcoming Series – Sustainability in Healthcare

- Weekly sessions commencing **2 May** until **30 May**

If you have a case, you would like to discuss with the group:

- **Case template** here
- Email echo@westvicphn.com.au
- Use the comment box in the evaluation form