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begin shortly**



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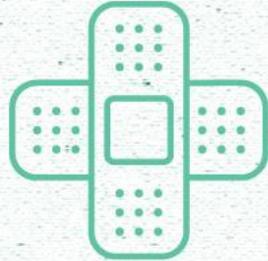
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14–15 May 2022, Hobart

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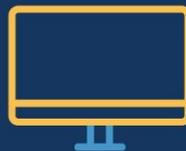


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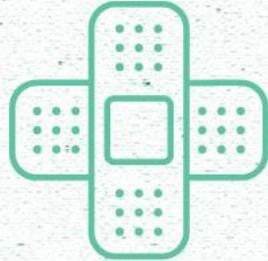
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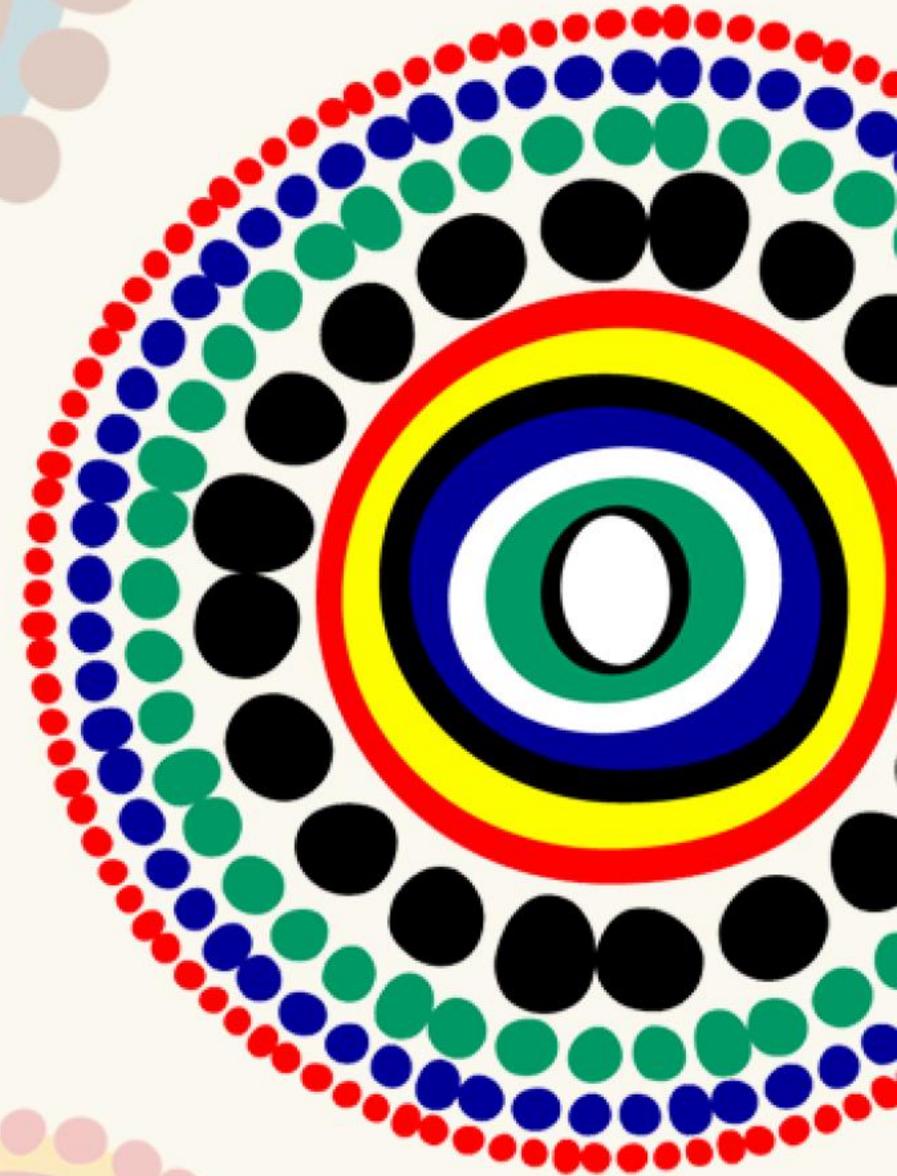


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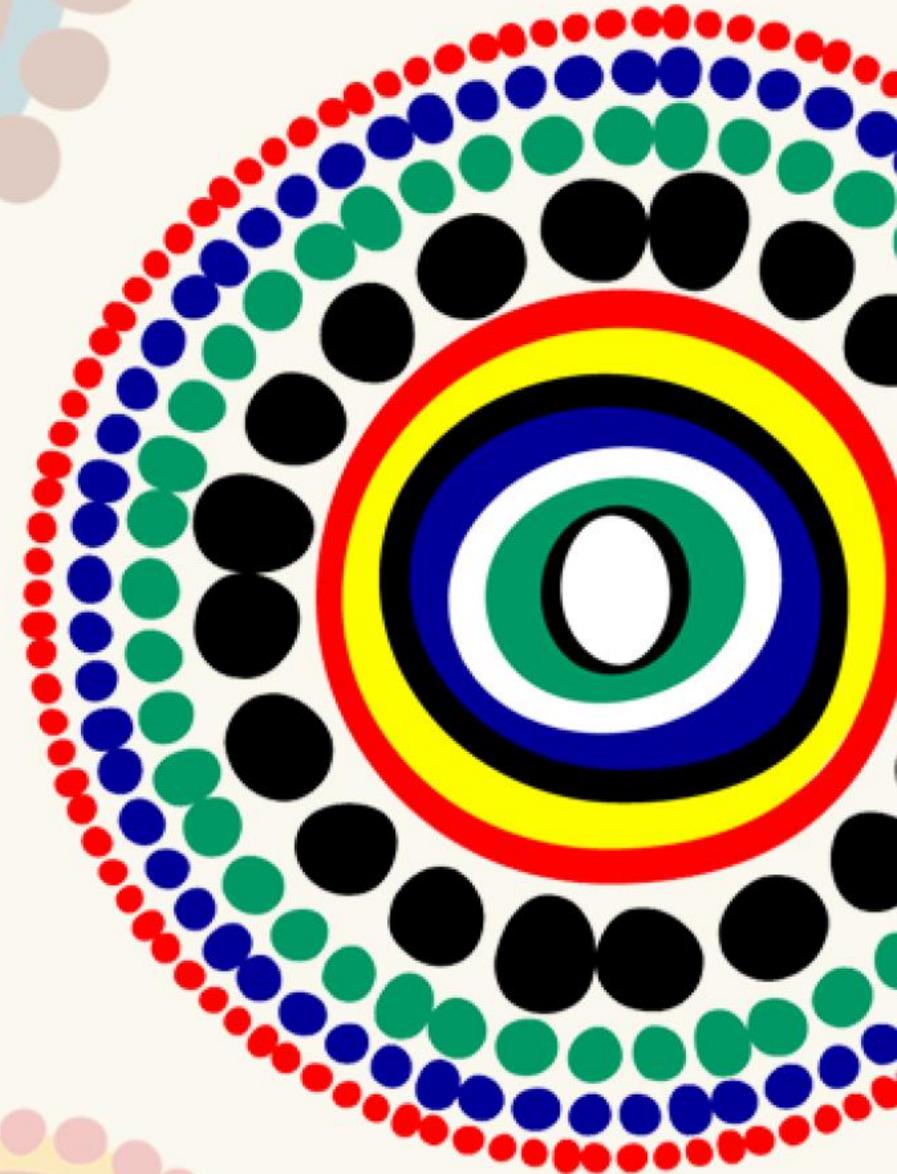


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Welcome to tonight's webinar

*Infant and child
mental health:
Exploring, assessing
and formulating*
RACGP and Emerging Minds



CPD

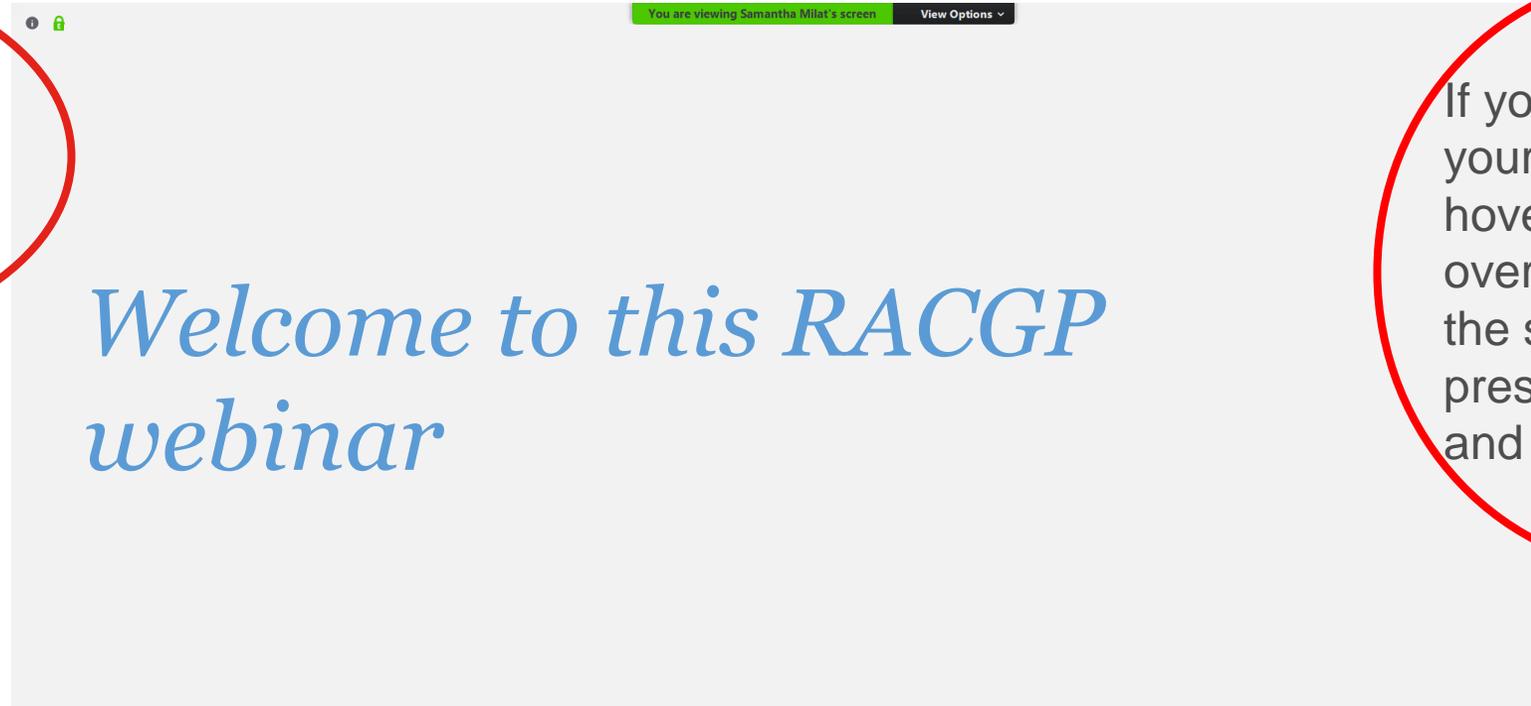
A graphic badge for CPD activity. It features a yellow border. The top right section is black with the RACGP crest and 'RACGP' in white. Below this, 'CPD Activity' is written in white and yellow. The bottom left section is white with '2020' and '22' in black boxes. The bottom right section is light blue with a large '3' and the word 'points' written vertically.

EventsGPSI@racpg.org.au

Where is my control panel?

Your control panel will appear as a bar at the bottom of the presentation screen

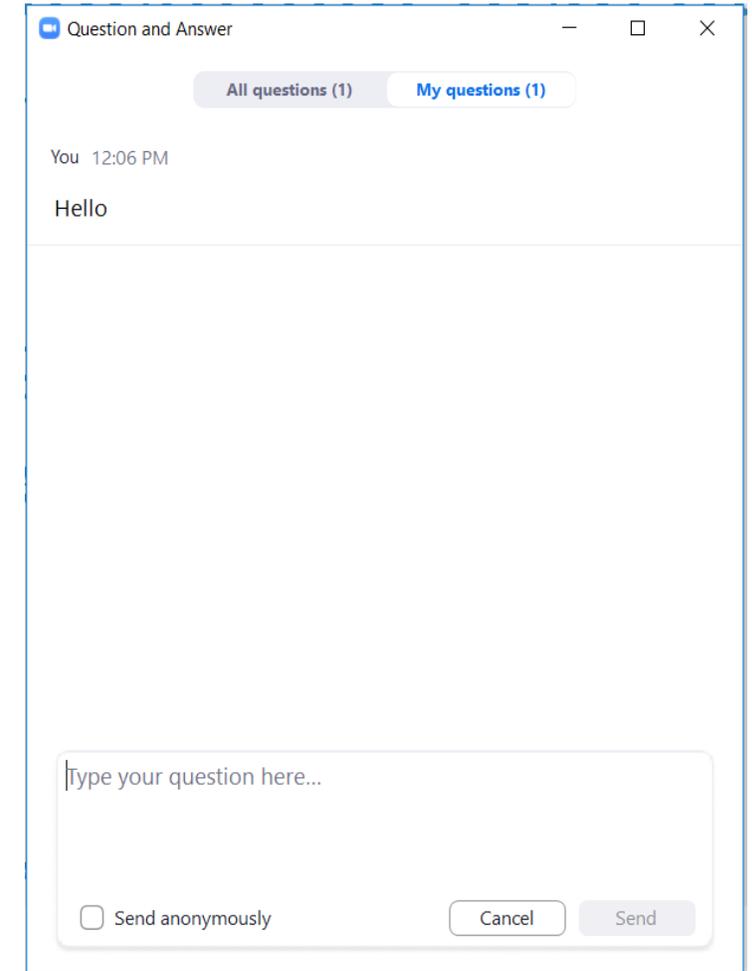
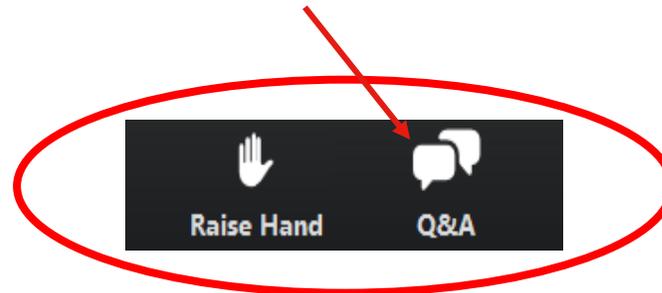
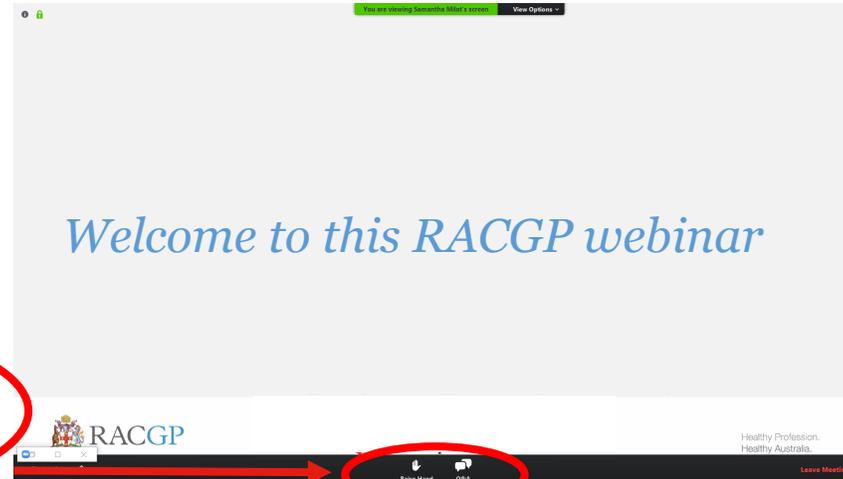
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Listen only mode

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Use the question box function to talk to us.





Dr James Best

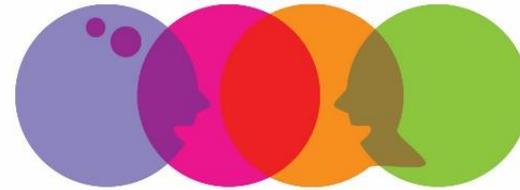
Chair – RACGP Specific Interests
Child and Young Person's Health

Acknowledgment of country

I would like to acknowledge the traditional owners of the lands from where each of us is joining this webinar today.

I wish to pay my respects to their Elders past, present and emerging.

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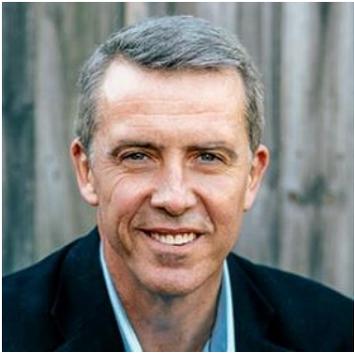
Poll

Had you heard of Emerging Minds before registering for this webinar?

Poll

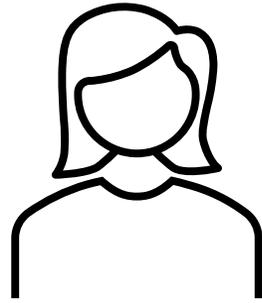
Have you used the Emerging Minds website resources or previously completed an Emerging Minds eLearning course?

Who are we?



Dr James Best
GP host & Facilitator

Chair, RACGP Specific Interests Child and Young Persons
Health



Tegan Moran
Lived experience



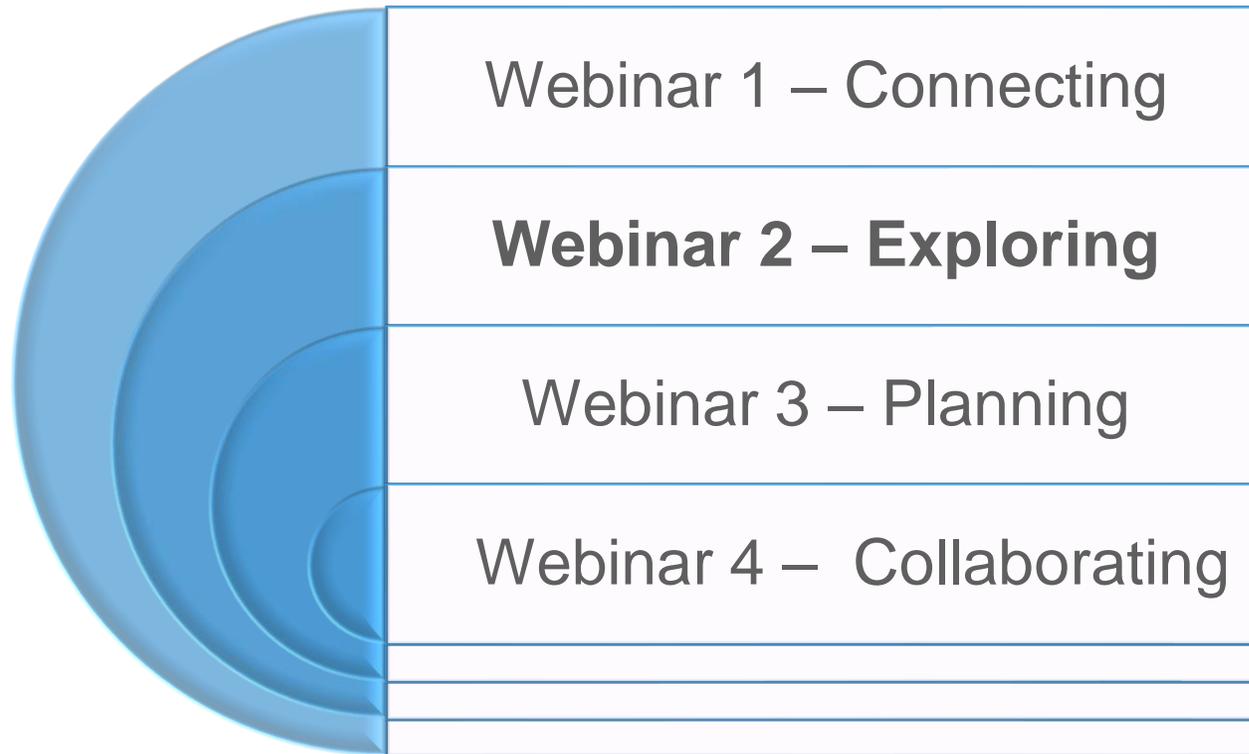
Dr Andrew Leech
GP



Dr Nick Kowalenko
Child & Adolescent Psychiatrist

Learning outcomes

1. Describe how a biopsychosocial approach contributes to better outcomes in child mental health
2. Apply skills in assessment and biopsychosocial formulation to common mental health difficulties in infants and young children aged 0-5.



Case Study

Dylan (2 years old)- continued

At a previous consultation, Charlotte had come to see the GP to review how her two-year old son Dylan had responded to antibiotics prescribed due to an ear infection. At that time Charlotte had reported that there had been incidents at childcare and at home due to Dylan's aggressive behaviour. At that consultation the GP actively connected with both Charlotte and Dylan, and invited Charlotte back for a longer consultation to explore her circumstances and concerns further. The video depicts a part of this consultation. As you watch the demonstration, consider how the GP **explores** Charlotte's concerns for Dylan.

<https://vimeo.com/668436706/756e76ed5c>





Tegan Moran

Lived Experience



Infant and early childhood mental health: Exploring, assessing and formulating

Lived experience perspective

Tegan – Single Mother of twin boys (4 years old)



Making the most of an appointment

- It is most helpful when GPs interact with a child with play with them
- Help keep the child engaged when observing and assessing them, or busy when you need to talk with the parent about their health and development
- Parents are more relaxed when their children are happy or somewhat settled and can speak about their health and development a little easier

Relationships matter

- Continuously building a doctor patient relationship is important
- This way parents feel more comfortable speaking about any concerns, and doctors can get a better idea of family dynamics, relationships, home life, and social or mental health.





Families need compassion when their child is struggling

- It is helpful when GPs listen to the parent, as they do know their child best
- Consistency and having humanity is the key
- Having a GP that listens without judgement is most helpful
- It is hard for parents to ask a professional for help when they feel that their child or family is struggling

Referral and treatment pathways

- Parents often are not aware of the help and support that is available
- Sometimes it can become overwhelming or confusing
- It is important to refer families to support services they are able to access
- It is just as important to continue to see the family during and after the family has engaged with services





Having a GP to remind parents that we are all human and we all can experience struggles with parenting, mental health and children with social and emotional difficulties can be a huge positive for families.

Families that have connections and supports have more positive outcomes. GPs are at the centre of all services for the family. We see you as the most valuable and important support for families and children.

Dr Andrew Leech

GP with Paediatric Specialist Interest
BSc (UniMelb), MBBS (NDU), DCH (Syd), FRACGP



Infant Mental Health

Exploring, assessing, formulating

Engaging young children in GP

Four tips to engaging young children in GP

1. Start from the waiting room (hi-fives, comments about clothing, ask about who brought them in)
2. Remind the child that it is great to see them and you're happy they came!
3. Get down to their level – it might mean kneeling or using child friendly language
4. Use sensory distractions – bubbles, toys, colouring in, squeeze balls, Disney characters

How do we know if a young child has a psychiatric illness?

Young children often express their emotions through ***behaviour*** therefore it can be difficult to tell what is going on.



What are the barriers?

- Not knowing help exists
- Stigma
- Cost
- Labels
- Availability of GP, psychology, psychiatry
- Parents feeling they are super parents

What is bio-psycho-social?



It means we consider the 'whole child'

- Developmental milestones
- Potential for medical causes
- Behaviours and emotions
- Eat, Sleep, Play
- Social skills with peers
- Family connections

Developmental milestones

Exist on a continuum

- Every 3-year-old is different
- Assess development in context of a child's medical history, gender, genetics and family situation
- 'Milestones' are a guide but not concrete
- Refer back to the 'whole child' to figure out if there is a problem

Developmental milestones

Despite all of this -

Early intervention is they key to success!

Developmental milestones

Always consider the possibility of

- Autism Spectrum Disorder
- ADHD
- Specific learning disorders like dyslexia
- Trauma
- Mental illness

Is there a medical issue?

Medical problems can co-exist (and often do)

- Sleep apnoea
- Asthma and Eczema
- Chronic inflammatory conditions such as Coeliac disease, Crohn's
- Endocrinological conditions such as thyroid disease
- Neurological conditions such as epilepsy



Behavioural milestones

A young child's behaviour is an expression of how they are *feeling*.



Behavioural milestones

Children **don't have the words** to explain how they are feeling.

This can lead to displaying difficult and at times **challenging behaviours**.

As health professionals, we need to try and figure out where all this is coming from!

Eat, Sleep, Play

The three key ingredients that GP's can make a difference with

- Diet – what is their diet like?
- Sleep – how well do they sleep?
- Play – what is their favourite thing to do?
(Outdoor play is best for all children)

Screens

National guidelines =

- No screen time for children younger than two years
- No more than one hour per day for children aged 2-5 years
- No more than two hours per day for children and teens aged 5-17 years (excluding school work)

aifs.gov.au

Socialising

Young children are not developmentally ready to make close friends

Ask:

- How do they interact with other children the same age?
- Do they withdraw or connect?
- What are they like at home?
- What are they like with adults?

What can a GP do in 15 minutes?

Make small tweaks.

You can't 'fix' everything!



Tips for GP's

Focus on the key variables

- Diet – small, simple changes such as breakfast
- Sleep – assess the routine (screens), promote mindfulness, consider melatonin
- Play – reduce screens, increase outdoor play, join a local play group or activity



Tips for GP's

Not every child needs a psychologist

- Sometimes, the best care, comes from seeing you, the GP
- Regular intervals for longer appointments
- Build rapport and connection with that family

Tips for GP's

Screen for medical causes along the way

- Bloods and urine
- Sleep studies
- Imaging such as MRI



Screening tools can help

- Strengths and difficulties questionnaire
- Conors Assessment
- Venderbelt
- SNAP screening
- Spence anxiety score

Mental health care plan

- Can be used for psychology, OT and speech therapy
- Diagnosable mental health condition
- Rebate up to 20 sessions of psychology

Also consider parenting programs such as the circle of security and PPP.

Summary

- Take a bio-psycho-social approach to all consultations with children
- Regular intervals, long appointments
- Small changes can go a long way
- Not every child needs a psychologist but when they do, consider a MHCP



Dr Nick Kowalenko

*Child and adolescent psychiatrist
Emerging Minds NSW Director
Senior clinical lecturer, University of Sydney
MBBBS, FRANZCP*



This presentation will include:

- Introduction: role of General Practitioners in early intervention
- Wellbeing continuum
- General Practitioner's Framework
- The Biopsychosocial approach
- The Biopsychosocial formulation



Access to services



53%

of children with mental illness used **health services** for emotional or behavioural struggles¹

The following were the most commonly seen health professionals:

- **General practitioner**..... **35.0%**
- **Psychologist** **23.9%**
- **Paediatrician** **21.0%**
- **Counsellors or family therapist** **20.7%**



40%

of children with mental illness used or attended **services provided by their school** for emotional or behavioural struggles¹



Rates of mental illness were higher in those **living outside of greater capital cities** (12.6% for greater capital cities, 16.2% for those outside) but service use was similar (56.7% for those in greater capital cities, 55.1% for those outside)¹

¹ Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

Age	Prevalence	Multiple risk factors indicative of requiring specialist mental health support (3+)	Current level of access to specialist mental health services
0-4	<p>No current data</p> <p>A range of international studies indicate up to 16-18% meet levels of dysfunction highly suggestive of diagnosis</p>	<p>16.1% (0-1 yrs)</p> <p>12.1% (2-3 yrs)</p>	<p>MBS Any provider 0.9% (0-4 years)</p> <p>ATAPS 0.3% (0-11 years)</p> <p>State</p> <p>Ambulatory 0.4% (0-4 years)</p>
5-11	<p>13.6% meet criteria for diagnosis</p>	<p>19.2% (4-5 yrs)</p> <p>25.2% (6-7 yrs)</p> <p>28.9% (8-9 yrs)</p> <p>32.8% (10-11 yrs)</p>	<p>MBS Any provider 5.7% (5-11 years)</p> <p>ATAPS 0.3% (0-11 years)</p> <p>State</p> <p>Ambulatory 1.4% (5-11 years)</p>

Guy, S., Furber, G., Leach, M., & Segal, L. (2016). How many children in Australia are at risk of adult mental illness? Australian & New Zealand Journal of Psychiatry, 50(12), 1146– 1160. <https://doi.org/10.1177/0004867416640098>

Common Mental Health difficulties Risk factors, and access

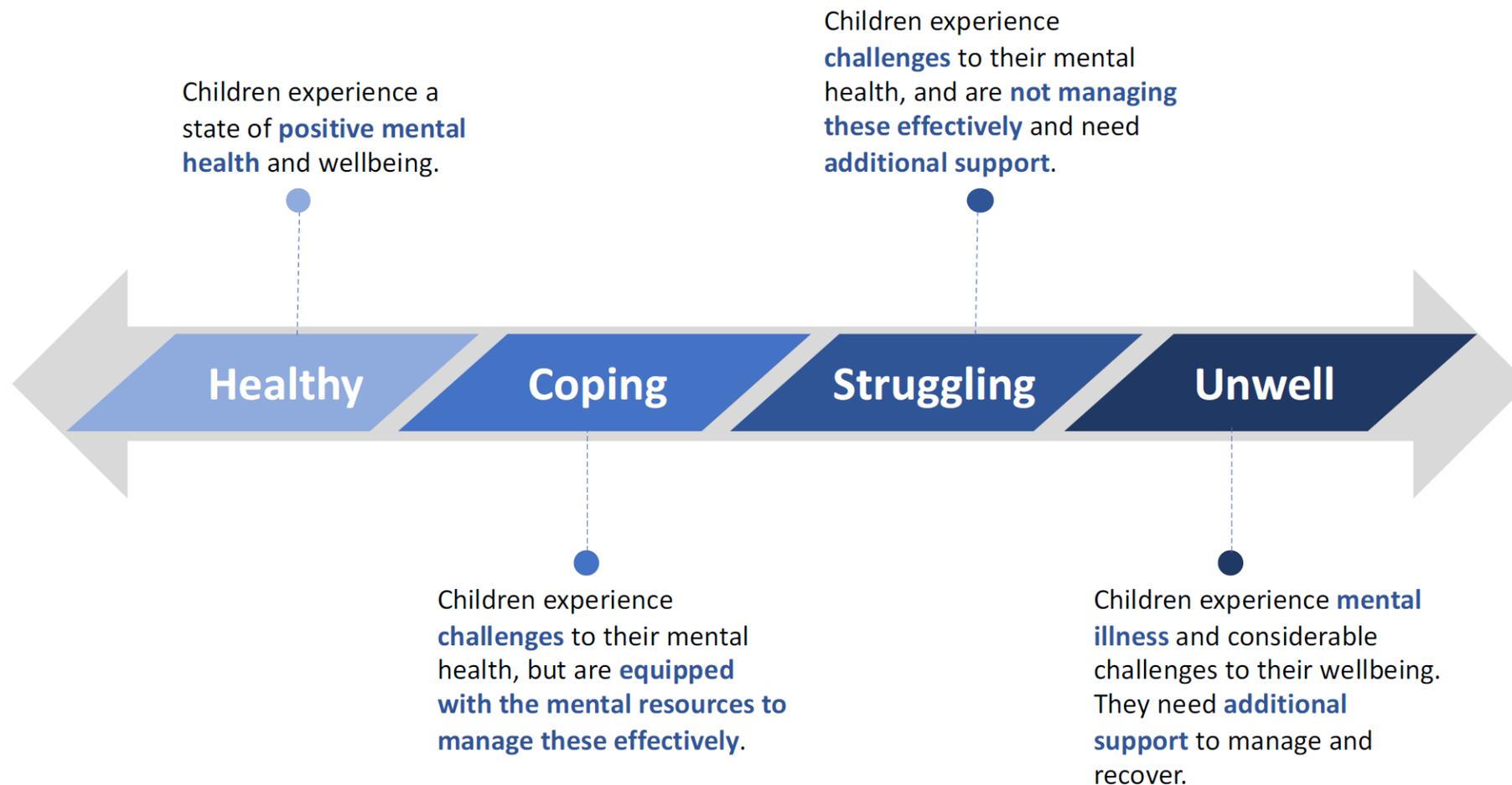


Image source: Draft National Children's Mental Health and Wellbeing Strategy, Draft December 2020, p. 6

*Wellbeing continuum
National children's mental health & Wellbeing strategy*



Polls

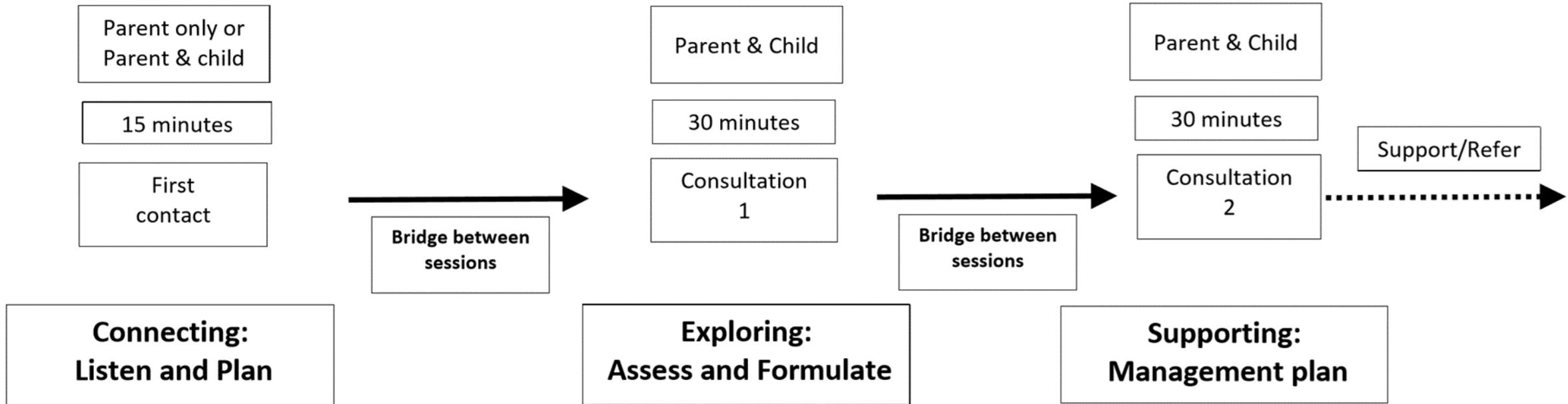
Where do you think Dylan would sit on this spectrum?

(Thriving/ Some challenges/ Significant challenges/ Significant disruption)

Are you confident applying a biopsychosocial assessment?

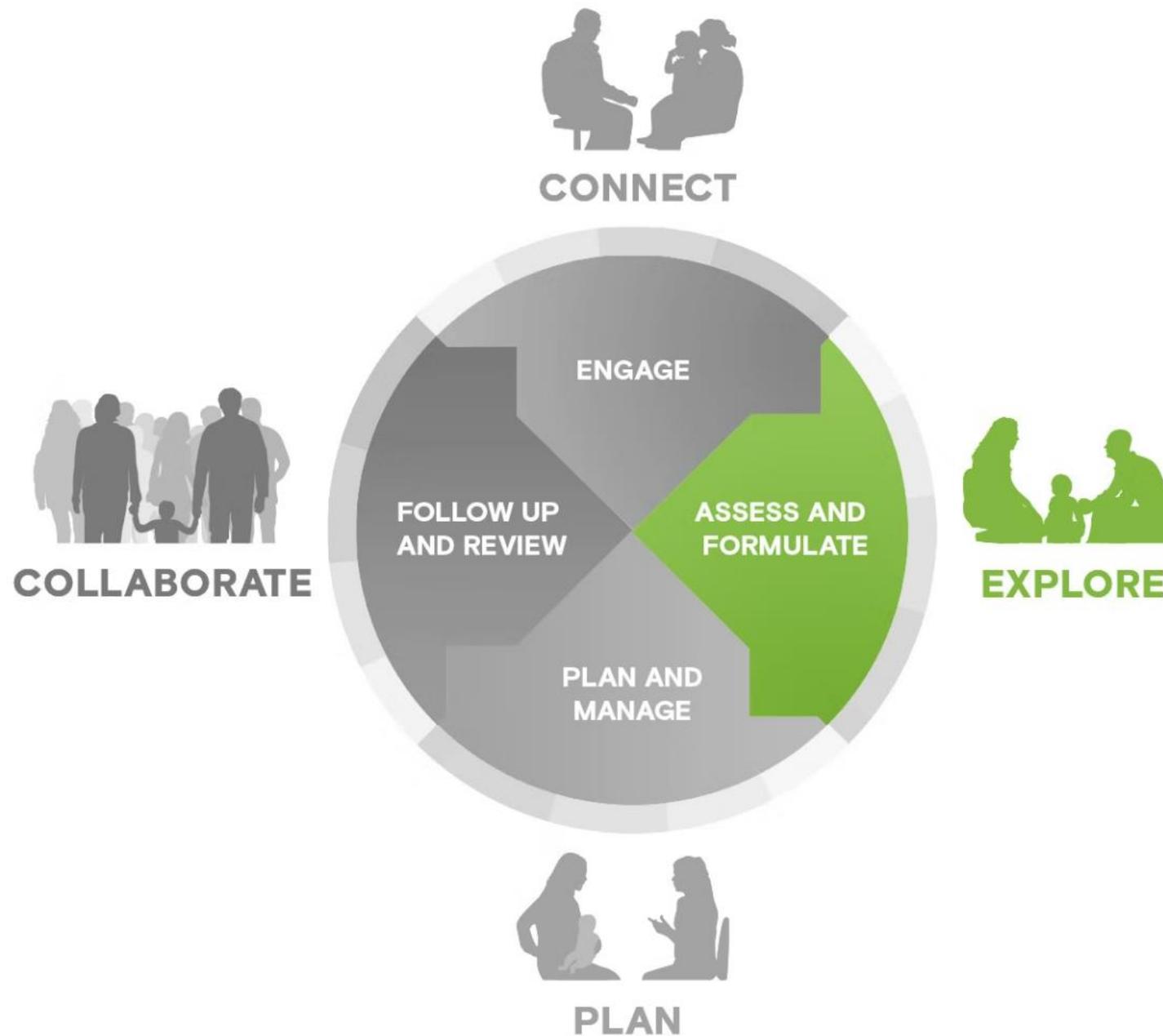
Yes/ No

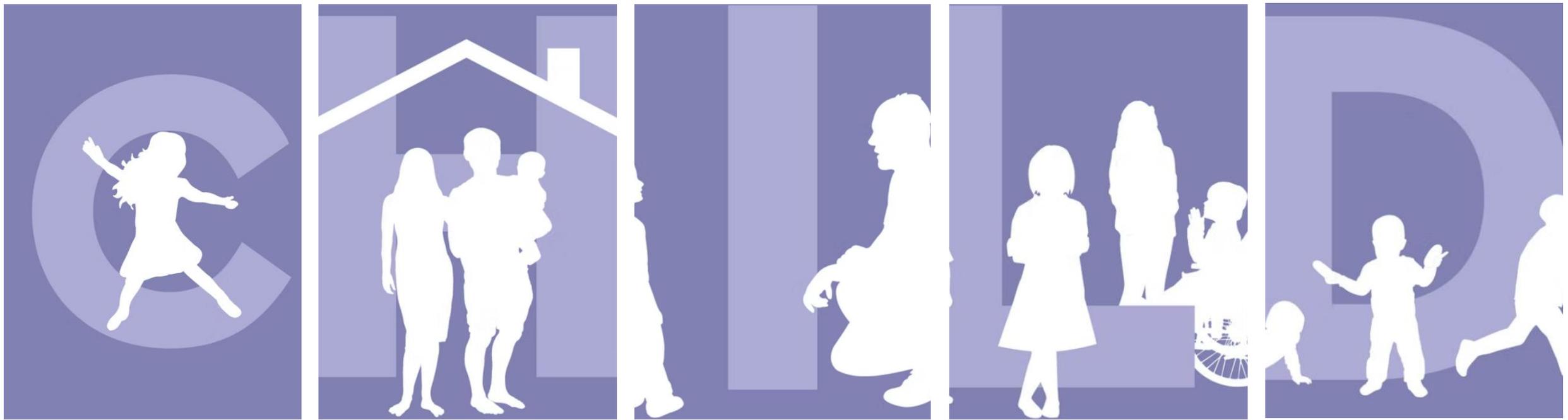
Framework



GP consultation structure for GP consultations in child mental health

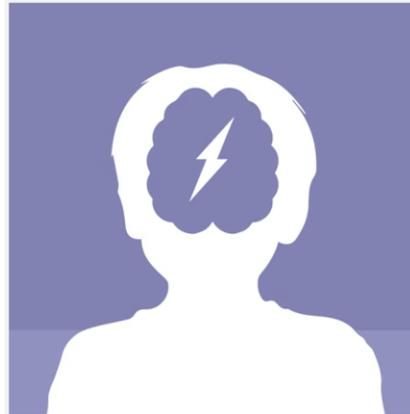
*Explore:
Assess and
Formulate*





*Exploring concerns with the parent:
Child 360 App*

A biopsychosocial approach



Psychological

Separation anxiety at four years old, seen at day care and other social settings; sister's illness led to loss of sister playing with him; delayed social play skills due to limited experience and anxiety at day care.



Biological

Born full term; healthy pregnancy; no complications identified in pregnancy or as a baby; quiet baby; met gross motor milestones within normal limits.



Social

Some stress and tension identified within the family, exacerbated by the challenge of having three children at different developmental stages; busy parents and carers for their daughter's illness; strong family relationships despite these challenges; extended family support; limited opportunities for social interaction with other children due to concerns of sister's compromised immunity.

Aim: Applying biopsychosocial approach to promote better outcomes in child mental health

What are better outcomes? (and to whom do they matter most?)

1. Trust, good relationship, reliability, feeling safe and secure?
2. Behavioural targets (e.g. less outbursts, improved sleep routine)

GP5: "Prioritising and goal-setting with a child involved."

3. Improving sibling relationships, mother-child relationship, or family functioning?

The **smorgasbord** in action





Four Ps to understand a child's biopsychosocial profile

- **predisposing** factors which may put an infant or young child at risk, including biological, environmental, and psychological factors
- **precipitating** factors which may have triggered mental health difficulties
- **perpetuating** factors which maintain current difficulties; and
- **protective** factors or strengths which may mitigate the impact of the mental health difficulties.

Biopsychosocial formulation

	Biological	Psychological	Sociocultural
Predisposing			
Precipitating			
Perpetuating			
Protective			

Biopsychosocial assessment and formulation

Learning outcome: biopsychosocial approach for better outcomes in child mental health 1.

Depends on

- a) good clinical skills
- b) appropriate biopsychosocial assessment
- c) structuring GP's synthesis of problems, and strengths
- d) sets foundation for comprehensive holistic care



Biopsychosocial formulation integrates biopsychosocial assessment

1. Prioritises recovery (collaboratively) and anticipates it: step by step
2. Can outline stages to a recovery plan (makes a friend of time)
3. Focuses review, and monitoring of recovery
4. Organises thinking of GP & scaffolds ongoing relationship

GP2: “I think the formulation grid, I would use it quite a bit. It helps to marshall your thoughts appropriately and in a Prioritising way... I mean you do it anyway, but its not a structured process”

Bridging

Bridging is an important transferable skill which you can draw on to encourage families to return for a follow-up appointment. The core objectives of bridging include:

- supporting the infant's/child's and parent's motivation to return for a follow-up appointment
- giving the parents an opportunity to obtain additional information, which can support your assessment and formulation – for example, observations from day care; and
- giving yourself time to monitor any natural changes in the infant's/child's mental health or functioning.





GP knowledge base: relationships matter

1. From the time of birth, children need stable and responsive attachment with caring adults
2. The most important influence on early brain development is the responsive interplay between child and parent
3. Children naturally reach out for interaction and emotional support
4. Relying on the adult to respond in meaningful way
5. Parents learn to read their child's signals
6. Reflection
7. The interdependent nature of the parent-child relationship means that difficult child behaviour or simply the demands of parenting on a vulnerable parent, can in turn unsettle the nurturing environment and parent's capacity and skills in reading their child's signals clearly (without interference)

(ref: Emerging Minds Elearning (module 1, slide 15)

Additional Emerging Minds Resources

The case study from this webinar comes from Emerging Minds eLearning

'A GP Framework for Child Mental Health Assessment (5-12 years)'

This course is accredited with the RACGP as a CPD Accredited activity, and is also accredited with the GP Mental Health Standards Collaboration as a stand-alone Clinical Enhancement Module (as part of the MHST modular pathway)

The **Child 360 App** has been developed for parents who have concerns about their child's social and emotional wellbeing. Using this app, practitioners can partner with parents in the process of identifying and implementing changes in one of the areas covered by the app.

Supporting children's mental health during a pandemic toolkit has factsheets and tips for parents and practitioners

Emerging Minds has a range of toolkits, practice papers, webinar recordings, and podcasts for GPs.

www.emergingminds.com.au



Emerging Minds



4+ hours

A GP framework for infant and early childhood mental health assessment (0-5 years)

www.emergingminds.com.au

Accreditation

This course is accredited with the RACGP as a CPD Accredited Activity and will attract 40 CPD points.

The course is also accredited by the General Practice Mental Health Standards Collaboration (GPMHSC) as a stand-alone Clinical Enhancement Module (as part of the MHST modular pathway) and with ACRRM as a PDP Accredited Activity.



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Specific Interest Group
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A red banner with a network diagram background. The text on the banner includes the RACGP logo, the title 'Specific Interests', contact information (1800 090 588 and GPSI@racgp.org.au), and a button to join the Facebook group.

RACGP
Specific Interests

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✉ gpsi@racgp.org.au

JOIN RACGP SPECIFIC INTERESTS FACEBOOK GROUP 

<https://www.racgp.org.au/the-racgp/faculties/specific-interests/become-a-member>

Q&A and panel discussion

Please type your question in the Q&A box below or upvote a favourite question

Thank you



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