Supplement 4: GAD management considerations for children and adolescents

This supplement addresses the principles of care for children and adolescents. As an additional and practical resource for primary and generalist care, the principles presented here are not exhaustive of the subject matter, acknowledging that healthcare professionals in these settings can consult child and adolescent mental health service providers and may also refer or co-manage with specialists as required.

Children (6 to 12 years old) and adolescents (13 to 17 years old)

Assessment

- A comprehensive assessment is important for case formulation and guides the need for referral.
  - This includes social, family, and educational context; developmental level, communication needs, and any learning disability; comorbidities; as well as any mental health problems faced by parents/caregivers/other family members.[78–80]
  - Psychosocial history-taking is often conducted in collaboration with schools and family members.
    - For adolescents, the HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicidal ideation and Safety) framework can be considered.[81,82]
    - Sufficient time should be allocated for assessments.
- DSM or ICD criteria informs the diagnosis of GAD. Note that symptoms may present differently in children and adolescents, e.g. predominantly somatic symptoms, and the content of worries differ across developmental stages.

Principles of management for patients with a diagnosis of GAD (if managing in primary or generalist care)

- Management of children and adolescents with anxiety symptoms will often involve coordinating with families, school personnel (e.g. counsellors, special education needs officers), specialised teams like REACH (Response, Early intervention and Assessment in Community mental Health), and/or social service agencies.
- Treatment is guided by issues identified during assessment and case formulation.
  - Psychoeducation and psychosocial support to address stressors are appropriate for all.
  - CBT adapted for the patient's age, developmental stage, and communication needs can be offered as first-line treatment.[83–85] Family therapy may be included to address parent and family-level factors that perpetuate anxiety.[86,87]
  - For children and adolescents at higher severity, specialist management or advice is needed to discuss the initiation of medication (e.g. an SSRI medication).[88,89] Note that this currently constitutes off-label use as local product inserts do not recommend use in patients under 18 years old.

Clinical and community resources

- School-based counselling services can provide access to multidisciplinary REACH teams. IMH, KKH, NUH REACH teams provide mental health assessment, holistic case management, and therapy services.
- Youth Integrated Teams (YIT) in the community offer assessment and non-pharmacological treatment options.
- IMH's CHAT service provides mental health assessments and supportive help for young persons aged 16–30 years old. Youth Community Outreach Teams (CREST-Youth) are also available islandwide for screening and linking up to relevant services.

CHAT, Centre of Excellence for Youth Mental Health; DSM, Diagnostic and Statistical Manual of Mental Disorders; IMH, Institute of Mental Health; ICD, International Classification of Diseases; KKH, KK Women's and Children's Hospital; NUH, National University Hospital

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Consider specialist involvement