Assessment protocol

Intake/Initial Assessment (all clients)

Complete HEADSS(1) assessment

Risk Assessment (harm to self, harm to others, harm from others)

Previous Mental Health Treatment History

Family History of Mental Health Problems

Psychometrics: Kessler 10 (K10)(2) and Social and Occupational Functioning Scale (SOFAS)(3)

Further recommended assessment for 'complex' presentations (stage 1b and above)

Clinical assessment with senior mental health clinician.

- Current major symptoms (severity, frequency, type); characteristic mental features; age of onset and clinical course of illness prior to presentation; previous 'worst-ever' symptoms and treatments including hospital admissions; current risk of harm; previous suicide attempts/other at-risk behaviour; current (compared with premorbid) levels of functioning across domains

Psychometrics (all clients 1b and above):

- Brief Psychiatric Rating Scale (BPRS)(4); Prodromal Questionnaire (PQ-16)(5); Disability Assessment Schedule (WHO-DAS-12)(6) Quick Inventory of Depressive Symptomatology (QIDS)(7)

Medical assessment, including metabolic screen(8)

- Waist, weight and height measurement, BMI
- Blood pathology: LDL, TG, Tot Chol, BSL, LFTs
- Blood pressure, physical activity (mins per week), smoking.

Neuropsychology

- Attention, psychomotor speed, memory and mental flexibility via computerised Cambridge Automated Neuropsychological Testing Battery (CANTAB)(9) in the absence of a neuropsychologist on staff.

Scans

- Structural MRI for all clients stage 2 and above; (CT not recommended)

1. Goldenring JM, Rosen DS: Getting into adolescent heads: an essential update. Contemporary Pediatrics 21:64-92, 2004
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4. Overall JE, Gorham DR: The brief psychiatric rating scale. Psychological Reports 10:799-812, 1962
5. Ising HK, Veling W, Loewy RL, et al: The Validity of the 16-Item Version of the Prodromal Questionnaire (PQ-16) to Screen for Ultra High Risk of Developing Psychosis in the General Help-Seeking Population. Schizophrenia Bulletin 38:1288-1296, 2012
6. Üstün TB, Chatterji S, Kostanjsek N, et al: Developing the World Health Organization disability assessment schedule 2.0. Bulletin of the World Health Organization 88:815-823, 2010
7. Rush AJ, Trivedi MH, Ibrahim HM, et al: The 16-Item Quick Inventory of Depressive Symptomatology (QIDS), clinician rating (QIDS-C), and self-report (QIDS-SR): a psychometric evaluation in patients with chronic major depression. Biological Psychiatry 54:573-583, 2003
8. NSW Health: Metabolic monitoring, New Mental Health Clinical Documentation Module. North Sydney: Ministry of Health NSW, 2012
9. Sahakian B, Owen A: Computerized assessment in neuropsychiatry using CANTAB: discussion paper. Journal of the Royal Society of Medicine 85:399, 1992

Recommended Interventions by stage and type

(in addition to standard interventions/ supports)

Stage and estimate percentage of clients		Anxious/ Depression type	Circadian-fatigue/ depression type	Developmental type
Stage 1a (approx. 40%)		Clinician supported online CBT (such as ecouch www.ecouch.anu.edu.au) or brief face-face psychological interventions with the young person and their family.		
Stage 1b (approx. 40%)	*Psychological*	CBT IPT Problem-Solving	Behavioural- Interventions Physical Activity Sleep-Wake Cycle Circadian CBT	Problem Solving Social Skills Training Cognitive-Remediation
	Medical	SSRIs (after adequate trial of psychosocial interventions)	Consider the use of stage 2 level medical interventions after 6 months if client has not responded to psychological interventions	
Stage 2 (approx. 13%)	*Psychological*	Use of evidence based psychological interventions for relevant syndrome; with additional emphasis on assertive case management		
	Medical	SNRIs	Melatonin Analogues Lithium Anticonvulsants	Atypical antipsychotics Stimulants Anticonvulsants Fish Oils
Stage 3 (approx. 7%)		Usually specialist mental health service management with strong assertive community-based care coordination.		
Stage 4		As above with emphasis on clozapine, other tertiary treatments and social participation despite ongoing disability		

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