

ADHD and Adolescent Transition from Child Development Services

Authors:

Westerman D¹, Ng E², Craig T³

^{1,2,3} Child Development Service, Children's Health Queensland

Background:

Young people (YP) access the child development service (CDS) for diagnostic assessment often resulting in an ADHD diagnosis. Those pursuing ADHD medication are seen in a paediatrician-led clinic. These time pressured clinics generate a high level of non-direct clinical tasks. Discharging YP from these clinics is challenging due to frequent staffing changes, lack of public ADHD management, co-occurring conditions, and health literacy barriers. Thus, many YP remain at CDS into late adolescence with inadequate transition out of paediatrics.

Approach:

Foundations Clinic (FC), was piloted, offering multidisciplinary reviews with a paediatrician, clinical nurse, and advanced occupational therapist (OT). FC adopts a proactive approach, initiating transition planning upon high school entry, goal setting, education, and caregiver support. Sessions begin with the nurse and OT (documenting live in iEMR), covering current functioning (sleep, mealtimes, mood, school/leisure), medication history, and physical observations. A "bedside handover" to the paediatrician occurs after 35-40 minutes. Together any medical issues are addressed, a medication plan is confirmed, and a plan for follow-up is created.

Outcome:

The clinic shifts transition from an overwhelming challenge to an early, positive milestone, fostering self-management skills from diagnosis onward. It builds relationships between families and clinical nurses, who provide medication plan follow-ups, manage escalations and facilitate relationships with GPs. OT addresses routines and skills needed for treatment adherence, emotional regulation, and activities of daily living. If required single session intervention is delivered by CN or OT prior to next review.

Innovation and Significance:

Many YP seen in the FC have other co-occurring developmental conditions. Many aren't eligible for NDIS. FC facilitates clinician skill development in adolescent care, reduces paediatrician workload, and enables tailored transition planning. FC enhances safety through improved patient education and communication, allows caregivers to adjust to transition and identify on-going management approaches (GP, general paediatrician, psychiatry). Families report FC improved their understanding and confidence.

Disclosure of Interest Statement:

"Children's Health Queensland acknowledges the work of colleagues and the AAAH. The 2024 conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations."

Author Bio:

Daria Westerman is an advanced practice occupational therapist at the Child Development Service, CHQ. She has worked with children and young people across developmental, mental health and acute health services in NSW and QLD. Daria holds a Masters in Adolescent Health and Wellbeing and

passionately advocates for an occupational perspective of health and wellbeing through collaborating with clinicians in clinical knowledge generation.