

STANDARD TREATMENT WORKFLOW (STW)

Childhood Emotional Disorders

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CITATION

Gangadhar BN, Sharan P, Thirthalli J, Chakrabarti S, Chandra P, Reddy J, Dhawan A, Girimaji S, Vijayakumar L, Jacob KS, Sagar R. Childhood Emotional Disorders. Journal of the Epidemiology Foundation of India. 2024;2(1Suppl):S181-S182. DOI:

<https://doi.org/10.56450/JEFI.2024.v2i1Suppl.091>

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October 2024


Department of Health Research
Ministry of Health and Family Welfare, Government of India


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Standard Treatment Workflow (STW) for the Management of CHILDHOOD EMOTIONAL DISORDERS

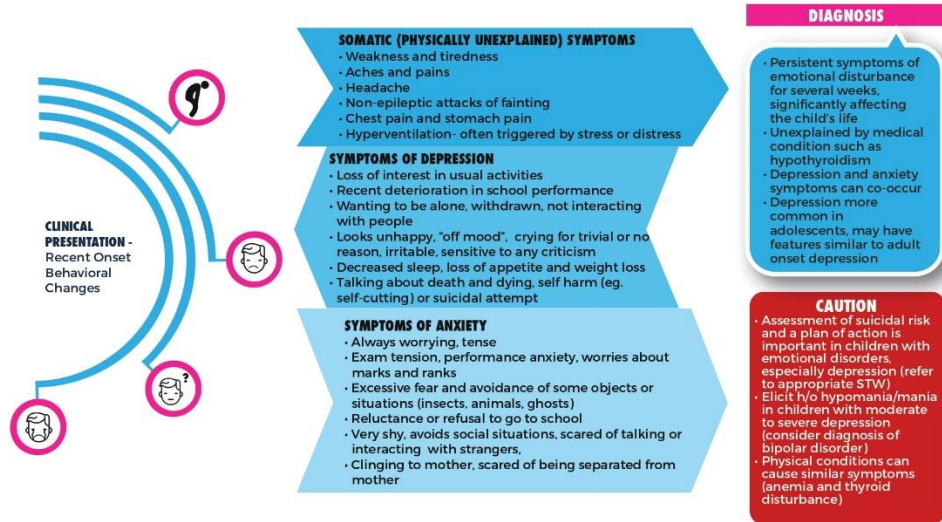


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ASSESSMENT		
PARENT INTERVIEW AND HISTORY TAKING <ul style="list-style-type: none"> Onset, duration, severity and full range of symptoms Home environment, family life and relationships, parenting practices and stressors Information (from parents and school) about school performance, behavior, school refusal, bullying experiences, peer relations and any recent change 	CHILD INTERVIEW <ul style="list-style-type: none"> Develop rapport Ask subjective distress (low mood, irritability, sadness, lack of enjoyment of activities, worries, fears, tensions, autonomic symptoms) Stressful events (loss, death in the family, separation, frightening experiences, traumatic abusive or shocking events, humiliating experiences, bullying in school, academic stress) and interpersonal difficulties Explore parent-child relations and interactions and any undue punishment or criticism 	PHYSICAL EXAMINATION (Rule out) <ul style="list-style-type: none"> Post-viral syndrome Recurrent attacks of malaria Chronic infections, chronic physical illness, anaemia, PCOD or thyroid disturbance
MANAGEMENT		
WORK WITH PARENTS <ul style="list-style-type: none"> PSYCHOEDUCATION: <ul style="list-style-type: none"> Child is emotionally disturbed and not able to function well Not the child's fault Avoid undue criticism, over expectation, unfair comparison, scolding and punishment Parents' support, encouragement and understanding is important Counsel about suicidal risk in depression and to be alert to pointers to suicidality Evaluation and management of the mental health issues in parents Discuss about specific steps to reduce undue stress the child is facing 	WORK WITH THE CHILD <ul style="list-style-type: none"> Psycho-education of the child- explain they are suffering from an emotional problem and it is not their fault and they will get better with proper treatment Anxiety management and emotional regulation skills <ul style="list-style-type: none"> Muscle relaxation Deep breathing exercises Praanaayaama / yoga Substituting distressing thoughts with more comforting thoughts Counsel the child to confide any distressing thoughts, including thoughts of death and dying Encourage the child to gradually return to the usual life and activities in a step-by-step manner with parental support and encouragement 	WORK WITH SCHOOL <ul style="list-style-type: none"> Give feedback to the school about child's condition and stress, need for support, encouragement and school's cooperation. If school refusal, graded return to school: encourage child to return to school gradually with the support of family and cooperation of school (e.g. initially for a few minutes in school compound, later for 1 period in school and moving on to longer duration)

MEDICATION (MODERATE CASE OF DEPRESSION OR ANXIETY IN ADOLESCENTS)

- Tab Fluoxetine - start at 10 mg OD morning, increase to 20 mg OD after 2 weeks depending on response
- Inform adverse effects: behavioral activation (marked restlessness and irritability), onset of hypomanic symptoms, and worsening of suicidal ideas. Stop drug if they are troublesome
- Avoid benzodiazepines (except as temporary measure for few weeks in severe anxiety attacks or panic attacks - Clonazepam 0.25-1 mg/day)

REASONS FOR REFERRAL

- Frequent expression of suicidal ideation/ attempted suicide / self-harm behavior such as self-cutting
- Severe symptoms
- Complicated picture, or features of obsessive compulsive disorder (OCD)
- No response to interventions in 4-6 weeks

SECONDARY CARE (DISTRICT HOSPITAL)

- Review and reassess diagnosis through detailed clinical examination using Rutter's multi-axial system
- Review the treatment received and plan multi-modal treatment.
- Reconsider medications, and augmentation strategies
- Review child's and family's awareness of the illness and do psycho-education
- Ascertain the presence of psychosocial factors : disturbed home environment, parent-child relationships and severe stressors
- Screen parents for mental health problems and manage accordingly
- Individual therapy** focussing on identifying and challenging negative thoughts, anxiety management and coping with stress, helping them face difficult situations in small steps, improving interpersonal relationships
- Parent counselling** to address family issues, communication and interaction patterns
- Collaborate with school wherever necessary (get school report; explain problem in simple terms, and suggest ways by which school can help)
- Recognize and manage less common problems such as obsessive compulsive disorder, psychoses and bipolar disorders
- Manage adolescents with mild / moderate suicidal risk

TERTIARY CARE (MEDICAL COLLEGE / REGIONAL REFERRAL CENTRE)

- Thorough diagnostic evaluation
- Manage severe mental disorders - psychoses, recurrent mood disorders, adolescents with severe depression, & treatment resistant cases, persistent suicidality, recurrent self-cutting, if necessary in inpatient setting
- Family therapy for dysfunctional / discordant families contributing to child's condition
- Cognitive behavior therapy for older children with severe OCD, depression, and anxiety disorders
- ECT on case to case basis (older adolescents with severe depression, mania, psychosis or catatonia unresponsive to adequate pharmacological management)
- Appropriate psycho-social steps if there is abuse, maltreatment or neglect
- Neurology referral in suspected cases of epilepsy and organicity

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (www.icmr.org.in) for more information.
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