

Child Mental-Health Pathways in NSW

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Who to see, at what age, and why it matters

Quick age guide (general rule of thumb)

Age band	Child Psychologist	Paediatrician	Child & Adolescent Psychiatrist
0-2 yrs (infant/toddler)	Only a small subgroup of <i>infant mental-health</i> or <i>perinatal</i> psychologists offers parent–baby attachment and early behaviour support.	Lead doctor for all health and development checks.	Rarely involved unless severe regulation or attachment disorder.
3-5 yrs (preschool)	Play-based therapy, early autism & anxiety screening; behavioural coaching for parents.	Developmental paediatricians co-ordinate autism and global-delay work-ups.	Seen only when extreme aggression, safety risk or diagnostic uncertainty.
6-12 yrs (primary school)	Core age for CBT, social-skills training, ADHD/learning assessments.	Still the main doctors for ADHD, autism and physical–behavioural links; most private clinics see children 0-16 yrs .	Added for complex ADHD, severe anxiety/OCD, mood disorders or when medication beyond stimulants is needed.
13-17 yrs (secondary school)	Therapy for anxiety, depression, school	Many paediatricians continue to 16-17 yrs ; some keep	Formal remit is up to 17 yrs, but some support youth until

	refusal, identity issues.	Year-12 students until graduation.	transition to adult care is safe.
18-25 yrs (young adults)	Care may be handed over to a psychologist that works with adults (depends on the clinician).	Care usually hands over at 18 yrs (depends on the clinician).	Some child psychiatrists now follow patients to 24 yrs to ensure smooth hand-over.

Heads-up: individual clinicians set their own cut-offs. Some child psychiatrists see up to 21 yrs; a few paediatricians stop at 14. Always check when booking.

Why age is only one part of the puzzle

*Start with the least-complex, most age-appropriate option, then **escalate by complexity**, not just by birthdays.*

- **Milder emotional or learning issues** → psychologist first.
- **Developmental or medical questions (e.g., ADHD, autism, growth, sleep)** → paediatrician.
- **Severe, multi-layered or medication-dependent disorders** → child psychiatrist, often alongside the others.

Meet the specialists

1. Child Psychologist

Therapy & assessments – no prescriptions

- **Strengths:** CBT for anxiety, behaviour programs, cognitive/educational testing, parent coaching.
- **Limits:** Cannot order blood tests or prescribe medication; will refer to a doctor if needed.
- **Access:** Direct booking OK, but a GP *Mental Health Care Plan* unlocks up to 10 Medicare-rebated sessions per year.
- **Good for:** School refusal driven by anxiety; mild-to-moderate depression; social-skills work in autism.

2. Paediatrician

Medical doctor for child health & development

- **Strengths:** Diagnoses ADHD & autism, rules out medical mimics, prescribes stimulants or basic SSRIs, coordinates allied reports.
- **Limits:** Short appointment times; psychotherapy is not their primary skill.
- **Access:** GP referral required for Medicare rebate; wait-lists can be 3-12 months in NSW public & private sectors. Rural areas may have much longer waitlists.
- **Good for:** First ADHD assessment; combining physical and mental-health management.

3. Child & Adolescent Psychiatrist

Specialist doctor for complex mental illness

- **Strengths:** Treats severe anxiety, depression, OCD, bipolar disorder, psychosis; expert in multi-medication plans; integrates therapy.
- **Limits:** Scarce, higher fees, wait times can be between 1-12 months; may need a psychologist or paediatrician's involvement.
- **Access:** GP referral essential; public CAMHS take the most serious cases without charge.
- **Good for:** Suicidal teens, treatment-resistant OCD, ADHD with severe aggression, autism plus mood disorder.

Common scenarios & who to see first

Condition	First stop	Add-ons / Escalation
Straightforward ADHD	Paediatrician	Psychologist for behaviour coaching; psychiatrist if meds tricky or co-morbidities.
Autism traits	Paediatrician	Psychologist for diagnostic testing & therapy; psychiatrist for severe anxiety or aggression.
Severe anxiety/OCD	Psychologist	Psychiatrist if not improving after therapy or if daily life is crippled.
School refusal	Psychologist (exposure therapy)	GP/paediatrician to check health factors; psychiatrist if depression or self-harm risk.

New ADHD reforms: GPs in the driving seat

From **2026**, specially trained NSW GPs will be able to **diagnose and prescribe for straightforward ADHD** across the age span – a game-changer for families stuck on specialist wait-lists. Complex or unclear cases will still funnel to paediatricians or psychiatrists. [The Guardian](#)

Getting in the door (NSW)

- **Start with your trusted GP.** They can triage urgency, issue referrals and create Care Plans for Medicare rebates.
 - **Ask about fees and age cut-offs when you call a clinic.** A “child” service may actually stop at 14 or 16.
 - **Public services:** CAMHS (0-11 & 12-17 streams) accept high-severity cases without cost, but need a referral and have criteria. [Health NSW](#)
 - **Headspace (12-25).** Free/low-cost counselling; ideal while waiting for specialist slots.
 - **Cancellation lists & telehealth.** Tell reception you’re flexible; many NSW clinicians now offer video sessions statewide.
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Take-home tips for parents, carers & GPs

- **Match the problem’s complexity to the clinician’s scope.**
- **Age matters, but comfort & expertise vary.** Always confirm the provider’s preferred range.
- **Therapy + medical care beats either alone.** Multidisciplinary teamwork gets the best outcomes.
- **New GP ADHD pathway can speed care,** but don’t skip specialists for multi-layered conditions.

With the right match and a bit of persistence, your child can get the support they need to thrive.