

(02) 8552 7393 | hello@lionheartclinic.com.au | lionheartclinic.com.au

This evidence-based guide helps GPs identify when psychiatric referral is appropriate for children and adolescents (ages 5-18). Lionheart Clinic provides outpatient assessment and treatment for stable mental health presentations via telehealth across Australia.

RED FLAGS - EMERGENCY/CRISIS (Not suitable for Lionheart)

Presentation	Action
Active suicidal ideation with plan or intent	Direct to ED or call 000
Acute self-harm requiring medical attention	Direct to ED
Psychotic symptoms (hallucinations, delusions)	Acute mental health team / ED
Acute eating disorder with medical instability	Paediatric ED (BMI <15, vital instability)
Severe aggression / violence risk	Crisis team or ED
Substance intoxication or acute withdrawal	ED for medical stabilisation

Crisis Resources:

000 (Emergency) | Lifeline: 13 11 14 | Kids Helpline: 1800 55 1800 | Local Mental Health Crisis Team

APPROPRIATE REFERRALS - What Lionheart Treats

We provide comprehensive outpatient assessment and treatment for stable presentations of:

Condition	Key Features
ADHD	Inattention, hyperactivity, impulsivity affecting 2+ settings for 6+ months
Autism Spectrum Disorder	Social communication difficulties, restricted interests, sensory issues
Anxiety Disorders	GAD, social anxiety, separation anxiety, specific phobias, panic disorder
Depression	Major depressive disorder, persistent depressive disorder (stable)
OCD	Intrusive thoughts, compulsive behaviours causing distress/impairment
Trauma/PTSD	Post-traumatic presentations (1+ month post-trauma, stable)
School Refusal	Persistent non-attendance with underlying anxiety/mood disorder
Mood Disorders	Bipolar disorder (euthymic/stable), cyclothymia, DMDD

WHEN TO REFER - Clinical Decision Criteria

Factor	Threshold for Referral
Duration	Symptoms persist despite 3-6 months of primary care management
Severity	Moderate-severe functional impairment (school, home, social, sleep)
Complexity	Comorbidity (e.g., ADHD + anxiety + learning difficulties)
Diagnosis	Diagnostic uncertainty requiring specialist assessment
Medication	Medication consideration, initiation, or optimisation needed
Treatment Resistance	Failed adequate psychological intervention (6-12 sessions)
NDIS Evidence	Formal psychiatric assessment required for NDIS access
Family Request	Reasonable family/school request for specialist opinion



ADHD - Attention Deficit Hyperactivity Disorder

When to Refer:

- Symptoms present in 2+ settings (home AND school) for 6+ months
- Vanderbilt Parent score: 6+ items rated 2-3 on either Inattention OR Hyperactivity/Impulsivity subscale
- Vanderbilt Teacher score: 6+ items rated 2-3 on corresponding subscale
- Functional impairment on Performance Questions (academic, relationships, classroom behaviour)
- Failed behavioural interventions or classroom accommodations
- Comorbid anxiety, mood, or learning concerns requiring differentiation

Free Screening Tool:

lionheartclinic.com.au/assessments

Online Vanderbilt with instant scoring - parent and teacher forms

ANXIETY DISORDERS

Screening Thresholds:

Tool	Moderate	Refer
GAD-7 (adolescents)	10-14 = moderate	15+ = severe (refer)
SCARED (children)	25+ total = significant	Subscale 7+ = specific disorder
RCADS (6-18 years)	T-score 65-69 = borderline	T-score 70+ = clinical (refer)

Clinical Indicators for Referral:

- School refusal or significant attendance issues (<80%)
- Avoidance impacting normal activities (sports, social, family events)
- Physical symptoms: frequent headaches, stomach aches, sleep disturbance
- Panic attacks (unexpected, recurrent)
- OCD features: intrusive thoughts, rituals/compulsions taking >1 hour/day
- Failed psychological intervention (6-12 sessions of CBT)

DEPRESSION

Screening Thresholds:

Tool	Moderate	Refer Threshold	Urgent
PHQ-A	10-14 = moderate	15-19 = mod-severe	20+ = severe
PHQ-9	10+ = clinical	-	Q 9 "e 1 = assess
SMFQ	8-11 = mild-mod	12+ = likely depression	-

Clinical Indicators for Referral:

- Duration: Symptoms 2+ weeks with functional impairment
- Severity: Social withdrawal, academic decline, anhedonia, sleep/appetite changes
- Suicidal ideation: Any passive or active thoughts (requires safety assessment first)
- Self-harm: Any self-harm behaviour (stable for Lionheart; acute to ED)
- Recurrent episodes or treatment resistance
- Family history of mood disorder or suicide

AUTISM SPECTRUM DISORDER (ASD)

Indications for Specialist ASD Assessment:

- Social communication difficulties reported by parents AND school
- Restricted/repetitive behaviours, interests, or activities
- Sensory sensitivities or sensory-seeking behaviours
- Rigid thinking, difficulty with transitions or change
- AQ-10 score 6+ (screening threshold)
- Social Communication Questionnaire (SCQ) score 15+
- Previous assessments inconclusive or requiring formal ADOS-2 evaluation
- NDIS evidence requirements for autism funding

Note: Lionheart provides comprehensive ASD assessments including ADOS-2 (gold standard), developmental history, cognitive screening, and detailed diagnostic reports.

TRAUMA / PTSD

Refer When:

- Symptoms persist 1+ month following traumatic event(s)
- Re-experiencing symptoms: flashbacks, nightmares, intrusive memories
- Avoidance of trauma reminders affecting daily function
- Negative mood/cognition changes: guilt, shame, detachment
- Hyperarousal: hypervigilance, exaggerated startle, sleep disturbance
- Complex trauma: multiple/prolonged traumatic experiences
- CRIES-13 score 17+ (indicates probable PTSD)

WHAT TO INCLUDE IN YOUR REFERRAL

Category	Information Required
Essential	Patient demographics, Medicare number, parent/guardian contact
Presenting Concern	Primary symptoms, duration, severity, functional impact
Clinical Question	Specific questions you want addressed (diagnosis? medication?)
History	Developmental milestones, medical conditions, family psychiatric history
Current Treatment	Medications, psychology/allied health, school supports
Previous Assessments	Attach prior psych, paediatric, or educational reports
MHTP	Mental Health Treatment Plan (for Medicare rebate eligibility)

TIMELINE EXPECTATIONS

Stage	Timeframe
Referral received	Family contacted within 2 business days
Intake assessment	Completed within 5 business days
Initial appointment	3-6 weeks from intake completion
GP report	Sent within 5 business days of assessment

HOW TO REFER

Email referral: hello@lionheartclinic.com.au

GP Portal: lionheartclinic.com.au/gp/upload-referral

Phone: (02) 8552 7393



QUICK DECISION MATRIX

Condition	Referral Threshold	Primary Care First
ADHD	Vanderbilt 6+ items 2-3; 6+ months, 2+ settings	Behavioural strategies, school supports
Anxiety	GAD-7 10+ SCARED 25+; school refusal/panic	Mild: psychology; Mod: refer if no response
Depression	PHQ-A 10+ SMFQ 12+; 2+ weeks impairment	Safety first; psychology if mild
ASD	AQ-10 6+ SCQ 15+; social + restricted interests	Refer for ADOS-2 if 2+ settings concerned
Trauma	CRIES-13 17+; symptoms 1+ month	Trauma therapy; refer if complex
OCD	Rituals 1+ hour/day; significant distress	ERP trial first; refer if severe

RECOMMENDED SCREENING TOOLS

Domain	Tool	Access/Notes
ADHD	Vanderbilt (Parent + Teacher)	Free: lionheartclinic.com.au/assessments
Anxiety	GAD-7, SCARED	Standard validated tools
Depression	PHQ-A, SMFQ	Standard validated tools
ASD	AQ-10, SCQ	Positive screen = refer for ADOS-2
General	SDQ	sdqinfo.org
Trauma	CRIES-13	Standard validated tool

KEY REMINDERS

- Ages 5-18 years - we do not see adult patients
- Outpatient only - not for acute/crisis presentations
- Telehealth Australia-wide - no travel required
- GP referral recommended for Medicare rebate eligibility
- \$1,300 deposit required to secure booking (applied to first appointment)
- You remain central to ongoing care - detailed reports within 5 business days

QUESTIONS? CONTACT OUR GP LIAISON TEAM

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