



Psychosocial care is recommended as first-line treatment

For children and adolescents with non-psychotic conditions

Psychosocial care before antipsychotic medication can lead to better outcomes

Psychosocial care can offer better patient outcomes in pediatric patients with non-psychotic conditions, when initiated prior to or within 30 days of prescribing antipsychotic medications.¹⁻³ Attention-deficit disorder and disruptive behaviors are examples of non-psychotic conditions.

Psychosocial care examples

- Behavioral health services (e.g., individual, family, and group psychotherapy)
- Crisis intervention services
- Peer services
- Activity therapy (e.g., music, art, or non-recreational play therapy)

Medication side effects

The American Academy of Pediatrics (AAP) advises that providers take think carefully before prescribing antipsychotic medications because of their adverse effects, which include:¹

- Metabolic syndrome²
- Elevated prolactin levels²⁻³
- Extrapyrimalidal symptoms²
- Cardiovascular changes³

Coordination of care tools and resources

Shared responsibility and coordination of care between mental health and primary care providers is essential. The following resources can help coordinate care for pediatric patients:

1. [Coordination of Care](#): Use the [Confidential Exchange of Information Form](#) to facilitate coordination of care among behavioral health and medical providers. Be sure to ask for contact information for other treating providers.
2. [Live and Work Well](#): Find relevant articles, behavioral health provider search, and resources for patients (guest access code: clinician)
3. Discover severe mental illness educational materials, best practice tips and screening tools:
 - Behavioral Health Providers: [Clinical and Quality Measures Toolkit for Behavioral Providers](#)
 - Primary Care Providers: [Child and Adolescent Behavioral Health Toolkit](#)

¹ Liwei, L., et. al. (2021) Collaborative Care in the Identification and Management of Psychosis in Adolescents and Young Adults. *Pediatrics* 147 (June). Available <https://publications.aap.org/pediatrics/article/147/6/e2021051486/180278/Collaborative-Care-in-the-Identification-and?autologincheck=redirected>

² Pelham, W. E., et. al. (2016) Treatment Sequencing for Childhood ADHD: A Multiple-Randomization Study of Adaptive Medication and Behavioral Interventions. *Journal of Clinical Child & Adolescent Psychology* 45 (February): 396–415. Available <https://www.tandfonline.com/doi/full/10.1080/15374416.2015.1105138>

³ Rajkumar, R. P. (2022) Antipsychotics in the management of disruptive behavior disorders in children and adolescents: An update and critical review. *Biomedicines* 10 (November): 2818. Available <https://www.mdpi.com/2227-9059/10/11/2818>

⁴ Shenkman, E. A., et. al. (2022) Florida Medicaid children's receipt of first-line psychosocial care prior to antipsychotic initiation. *Academic Pediatrics* 22 (April): S100-S107. Available <https://pubmed.ncbi.nlm.nih.gov/35339236/>