

ST3-YP-AOP-EPA1: Commencing psychopharmacological treatment for a young person

Area of practice	Youth Psychiatry	EPA identification	ST3-YP-AOP-EPA1	
Stage of training	Stage 3 – Advanced	Version	V1.0 EC approved 01.07.2025	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
Title	<p><i>Commencing psychopharmacological treatment for a young person (12-25) who has not previously been treated with psychopharmacology.</i></p>			
<p>Description Maximum 150 words</p>	<p>The trainee:</p> <ul style="list-style-type: none"> • engages with the young person, and family/carers to assist them to understand the rationale for medication treatment within the broader treatment context (in addition to non-medication interventions such as parent, family or individual therapy) • informs the young person, and family/carers of the expected benefits including the likely timeframe of response • informs the young person, and family/carers of the risk of the medication which should include the common, and less common but significant, adverse effects • instigates a review process for benefits and risks • adheres to applicable state/territory/national regulatory requirements • obtains and documents consent of the young person, and family/carers where appropriate. 			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7,8	HA	
	COM	1, 2	SCH	1, 2
	COL	1	PROF	1
	MAN			

<p>Knowledge, skills and attitude required</p> <p>The following lists are neither exhaustive nor proscriptive.</p>	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Knowledge of psychotropic prescribing in young people, including: <ul style="list-style-type: none"> - developmental differences in pharmacokinetics and pharmacodynamics - Consideration of metabolic side effects - legislative requirements as relevant to the medication - off-label prescribing - current evidence base and its limitations - best psychiatric practice in young people - social debate around medication prescribing in young people. • Demonstrates an awareness of the implications for other systems involved with the young person. <p>Skills</p> <ul style="list-style-type: none"> • Undertakes a detailed and comprehensive assessment of a young person to inform prescribing practice. • Encourages discussion, questions and interaction within the clinical encounter to ensure understanding, adapting communication to the developmental stage and background of the young person. • Monitors response, including benefits and adverse effects of treatment. • Documents the rationale for medication treatment and issues related to consent. • Addresses possible stigma and misinformation linked to medication prescribing. <p>Attitude</p> <ul style="list-style-type: none"> • Ethical prescribing. • Demonstrates respect for the views and opinions expressed by the young person and family/carers with regards to the treatment offered and incorporates these views in treatment planning.
<p>Assessment method</p>	<p>Progressively assessed during individual or clinical supervision, including three appropriate WBAs.</p>
<p>Suggested assessment method details</p>	<ul style="list-style-type: none"> • Case-based discussion. • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA).

	<ul style="list-style-type: none"> • Direct Observation of Procedural Skills (DOPS).
References	<p>Offidani E, Fava GA, Tomba E, Baldessarini RJ. Excessive mood elevation and behavioral activation with antidepressant treatment of juvenile depressive and anxiety disorders: a systematic review. <i>Psychotherapy and psychosomatics</i>. 2013;82(3):132-41.</p> <p>Alvarez-Jimenez M, Gonzalez-Blanch C, Crespo-Facorro B, Hetrick S, Rodriguez-Sanchez JM, Perez-Iglesias R, et al. Antipsychotic-induced weight gain in chronic and first-episode psychotic disorders: a systematic critical reappraisal. <i>CNS drugs</i>. 2008;22(7):547-62.</p>

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar