When Should Children See Psychologists for Support?



A conversation with a teacher, a growing struggle with mornings, or a child who seems increasingly overwhelmed can leave families with a difficult question: “when should children see psychologists?” There is no single behaviour that answers it. The more useful starting point is whether a pattern is persistent, affects daily life, or is causing distress for the child or family.

Children have strong feelings, uneven development and difficult phases. A psychologist is not needed for every worry. An appointment may be worth

considering when concerns continue over time, occur across more than one setting, or make it harder for a child to participate at home, school or with peers.

When should children see psychologists?

Psychological support may be considered when a child's emotions, behaviour, learning, sleep or relationships are becoming difficult to manage. The pattern matters more than one isolated incident. For example, a child may be having repeated school refusal, ongoing worries that limit everyday activities, persistent low mood, frequent intense emotional reactions, or changes following a stressful event.

For some families, the concern begins with attention, organisation, impulsivity, social communication or learning. These features can occur for many reasons. They may relate to a child's developmental profile, learning demands, anxiety, sleep, family stress, a medical issue, or a combination of factors. A psychologist's role is not to reach conclusions from a checklist alone. Assessment considers the whole pattern and the child's developmental history.

It is also reasonable to seek an appointment when parents and caregivers are unsure what they are seeing. Uncertainty is often the reason for an assessment, not a sign that anyone has missed something obvious.

Patterns that may warrant a closer look

A referral or self-referral may be appropriate where difficulties are continuing despite ordinary adjustments and support. This can include a child who is regularly unable to settle for sleep, whose worries are taking up substantial time, or who is withdrawing from activities they previously managed.

At school, concerns may involve sustained difficulty beginning work, completing tasks, keeping track of instructions, managing transitions or maintaining friendships. At home, families may notice frequent conflict around routines, extreme distress when plans change, or a level of disorganisation that does not match the demands being placed on the child.

For younger children, developmental differences may be noticed in play, communication, sensory responses, separation, behaviour or adapting to childcare and school. For adolescents, the concern may centre on mood, anxiety, sleep, workload, social pressure, identity, family conflict or increasing difficulty managing independence.

None of these patterns confirms ADHD, autism, anxiety, depression, a learning difficulty or any other diagnosis. They are reasons to understand what is happening more carefully.

When to start with a GP, school or psychologist

Families do not need to choose one pathway perfectly before taking the first step. A GP can consider physical health factors, discuss referral options and coordinate care when medical input is required. A school may provide observations about learning, attendance, peer relationships and classroom demands. A psychologist can assess emotional, behavioural, developmental and functional concerns.

These sources of information serve different purposes. A school report can describe what staff see during the school day, but it does not diagnose a condition. A GP can make medical decisions and, where appropriate, arrange a Mental Health Care Plan. A psychologist gathers psychological and developmental information, uses structured measures where indicated, and provides assessment, diagnostic support and therapy within their scope of practice.

Where ADHD or autism is being considered, a child’s history across development and settings is particularly relevant. Difficulties that appear only in one environment may need a different explanation from difficulties seen at home, school and in other settings. Families do not need to collect every document before making contact, although school reports, previous assessments and relevant health information can be useful.

If there is an immediate risk that a child may harm themselves or someone else, families should seek urgent assistance through emergency services, the nearest emergency department, or their GP or local crisis service. This is different from

arranging a routine psychology assessment.

What a child psychology assessment involves

An assessment is a process rather than a single conversation. The format depends on the referral question, the child's age and the information already available. It may include parent or caregiver interviews, a full developmental history, structured questionnaires, discussion with the child or adolescent, and information from school or other professionals with consent.

For ADHD, autism or learning concerns, the assessment may also include standardised cognitive, behavioural, developmental or academic measures where clinically indicated. The psychologist considers results alongside day-to-day functioning. A score on its own does not describe how a child manages a busy classroom, a friendship group, homework, sleep or family routines.

Children and adolescents are usually given age-appropriate explanations of why they are attending. The aim is to make the process understandable rather than to place responsibility on the child for adult concerns. Parents and caregivers remain an important part of the information-gathering process, while older young people may also need private time with the psychologist.

At the end of an assessment, the next steps depend on the findings. These may include a written report, feedback for parents and caregivers, recommendations for school adjustments, psychological therapy, support for family routines, or coordination with a GP, paediatrician, psychiatrist or other allied health professional. Where nutritional factors appear relevant, a referral for nutritional assessment may be considered.

A diagnosis is not the only useful outcome. Sometimes assessment identifies learning demands, emotional difficulties, sleep problems or environmental pressures that need attention, without supporting a neurodevelopmental diagnosis. Sometimes it clarifies that further medical or specialist input is needed.

What happens after a diagnosis or assessment finding

Families often expect a diagnosis to provide an immediate plan. In practice, planning usually works best when it is specific to the child's daily life. This may involve home routines, school communication, learning supports, therapy for anxiety or mood, sleep strategies, and medical review where required.

ADHD and autism are not conditions psychologists cure. A psychologist may provide assessment, diagnostic support, psychological therapy and practical support for the functional difficulties that can accompany a diagnosis. Medical decisions, including whether medication is considered, sit with a GP, paediatrician or psychiatrist.

Plans may change as children move schools, enter adolescence or face new demands. A support plan that made sense in primary school may need reviewing when secondary school brings multiple teachers, larger workloads and more independent organisation. The same is true when a child's emotional wellbeing changes, even if their developmental profile remains the same.

Accessing child psychology support in Melbourne

Families can contact a psychology clinic directly, or attend with a referral from a GP, paediatrician, psychiatrist, school professional or allied health practitioner. A referral is not always required for an initial appointment. However, Medicare rebates may be available only where the child has an eligible referral and Mental Health Care Plan, and where the service meets current Medicare requirements.

At Behavioural Neurotherapy Clinic in Doncaster, child and adolescent appointments may involve assessment for ADHD, autism, learning difficulties and related developmental presentations, as well as psychological therapy for anxiety, depression, sleep difficulties and functional concerns. In-person appointments are available for metropolitan Melbourne families, with Zoom telehealth available across Australia where suitable for the service involved.

The decision to seek support does not need to rest on certainty. When a pattern is affecting a child's participation, relationships or sense of ease in daily life, a careful assessment can provide a structured place to understand the next step.

For more information

Call (03) 9848 9100

Published: 14/11/2026 and updated on: 14/11/2026 by Dr Jacques Duff-PhD; BA Psych; Grad Dip Applied Psychology; FANSA; Clinical Neuroscientist