

Child and Adolescent Mental Health Service Model of Care

May 2013

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ABBREVIATIONS

AASW	Australian Association of Social Work
AMHU	Adult Mental Health Unit
ACHS	Australian Council on Health Care Standards
ACT	Australian Capital Territory
ACMHT	Adult Community Mental Health Teams
ACTAS	ACT Ambulance Service
ADS	Alcohol and Drug Service
AFP	Australian Federal Police
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Alexander Maconochie Centre
ARC	At Risk Checklist
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
ASUSD	Adolescent Step Up Step Down
ATOD	Alcohol Tobacco and other Drugs
BYJC	Bimberi Youth Justice Centre
CAMHS	Child and Adolescent Mental Health Service
CATT	Crisis Assessment and Treatment Team
CH&HS	Canberra Hospital and Health Services
CNC	Clinical Nurse Consultant
CRA	Clinical Risk Assessment
DBT	Dialectical Behavioural Therapy
ED	Emergency Department
EDP	Eating Disorders Program
EIP	Early Intervention Program
EPPIC	Early Psychosis Prevention Intervention Centre
EPP	Early Psychosis Program
FMH	Forensic Mental Health
GP	General Practitioner
HDU	High Dependency Unit
HIP	Health Infrastructure Program
LDU	Low Dependency Unit
MDT	Multidisciplinary Team
MH-CCP	Mental Health Clinical Care Prevention Model
MHS	Mental Health Services
MHAGIC	Mental Health Assessment Generation Information Collection
MHAU	Mental Health Assessment Unit
MHJHADS	Mental Health Justice Health Alcohol and Drug Services
MHS-ID	Mental Health Services for Intellectual Disability
MoC	Models of Care
MSE	Mental State Examination
NGO	Non Government Organisation
OH&S	Occupational Health and Safety
PND	Post Natal Depression
PMHCS	Perinatal Mental Health Consultation Service
PIMHCS	Perinatal and Infant Mental Health Consultation Service
PTO	Psychiatric Treatment Order
RN	Registered Nurse
SDP	Specialist Day Program
SUSD	Step Up Step Down
SOP	Standard Operating Procedure
YSUSD	Youth Step Up Step Down

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¹ This document details the endorsed model of care only. It is derived from the overarching CAMHS Model of Care document that provides an outline of the project development and processes including the CAMHS current Model of Care and this endorsed Model of Care. A complete copy of this document can be obtained from the CAMHS Operational Director, MHJHADS.

EXECUTIVE SUMMARY

Considerable work has been undertaken by ACT Health to inform the “Health Infrastructure Program” (HIP) a redevelopment of health infrastructure in the ACT. Funds have been allocated under the program for a number of initiatives including the design of inpatient services within Child and Adolescent Mental Health Service (CAMHS). As part of developing a Model of Care (MoC) for a health infrastructure, the CAMHS Redesign Project was undertaken in 2012. The project aimed to review all program areas within CAMHS to deliver a MoC based on contemporary service delivery to inform the health infrastructure design and to include young people in the 18 to 25 years age group. The proposed MoC is the result of information collated from best practice guidelines, evidence based practice and workshops with key stakeholders, including young people, carers, clinicians and senior managers.

CAMHS currently provides services for children and young people² with complex mental health issues which can result in significant psychological, medical and social consequences. Mental health presentations vary between individuals and treatment requires a flexible multidisciplinary approach.

Defining an ACT wide service model for a Child Adolescent and Youth Mental Health Service (CAMHS) is a complex process. The future CAMHS MoC will include:

- The provision of CAMHS across the spectrum of:
 - ✓ Promotion/prevention and early intervention
 - ✓ A range of treatment modalities that focus on recovery
- The service is flexible and responsive for children and young people with a moderate to severe mental health presentations.
- CAMHS operates in a highly responsive manner, providing assessment, treatment, consultation, support/outreach to the ACT community which includes specialised inpatient and subacute facilities.
- Seamless transitions across each program/service to ensure continuity of care.
- The division of CAMHS into three streams: community, inpatient, specialist.
- The division of CAMHS community teams into 3 teams: Child Team (1-12 year olds), Adolescent (11-18 years old) and Young Adult Team (17-25 years old).
- An appropriately skilled workforce where staff can work within their scope of practice.
- Collaboration with stakeholders to ensure best practice and outcomes for children and young people.
- A Perinatal and Infant Mental Health Consultation Service (PIMHCS).
- Consideration for appropriate inpatient facilities to best meet developmental and acute mental health needs.
- A health promotion officer to provide mental health promotion and secondary consultation to government and community agencies.
- A youth worker embedded in the CAMHS community team to engage young people into CAMHS for therapy.
- A behavioural intervention program for the early identification and management of young people presenting with conduct disorders.
- An ACT wide Early Intervention Program to include a specialist Early Psychosis Program (EPP).
- Capacity for peer support work involving a consumer consultant who has a lived experience in supporting young people experiencing a mental illness.
- Ongoing provision of teaching and contemporary and innovative research across CAMHS.

² A child is defined in the ‘*Children & Young People’s Act 2008*’ as ‘anyone under 12 years old’. Young person is defined as ‘a person who is 12 years or older, but not yet an adult’.

4.0 CAMHS FUTURE MODEL OF CARE –

CAMHS will provide mental health care to young people up to the age of 25 years³ experiencing moderate to severe mental health presentations. The future MoC for CAMHS has been developed through the collective work of a number of working groups. The work included an analysis of the current MoC, a gap analysis including legislative requirements for service delivery and an examination and inclusion of evidence based practice. It is anticipated that the future service will ensure enhanced integrated care across each of the different teams, co-location of services to facilitate seamless transitions, expanded service provision to include a focus on outreach, early intervention and health promotion. CAMHS will include peer support through a consumer consultant with lived experience to support service provision to children and young people with mental health presentations. CAMHS will continue to utilise the ‘no wrong door’ philosophy which means that children and young people who are referred directly to the service will be referred to the most appropriate service to address their presenting issues. Services provided by CAMHS will include⁴ :

- Early Intervention
- Trauma informed care
- Individual and family based therapeutic support
- Family therapy
- Early Psychosis Prevention and Intervention
- Outreach to other services
- Health Promotion
- Inpatient Services
- Consultation Liaison
- Perinatal and Infant Mental Health
- Eating Disorders
- Dialectical Behavioral Therapy
- Therapeutic Group Programs

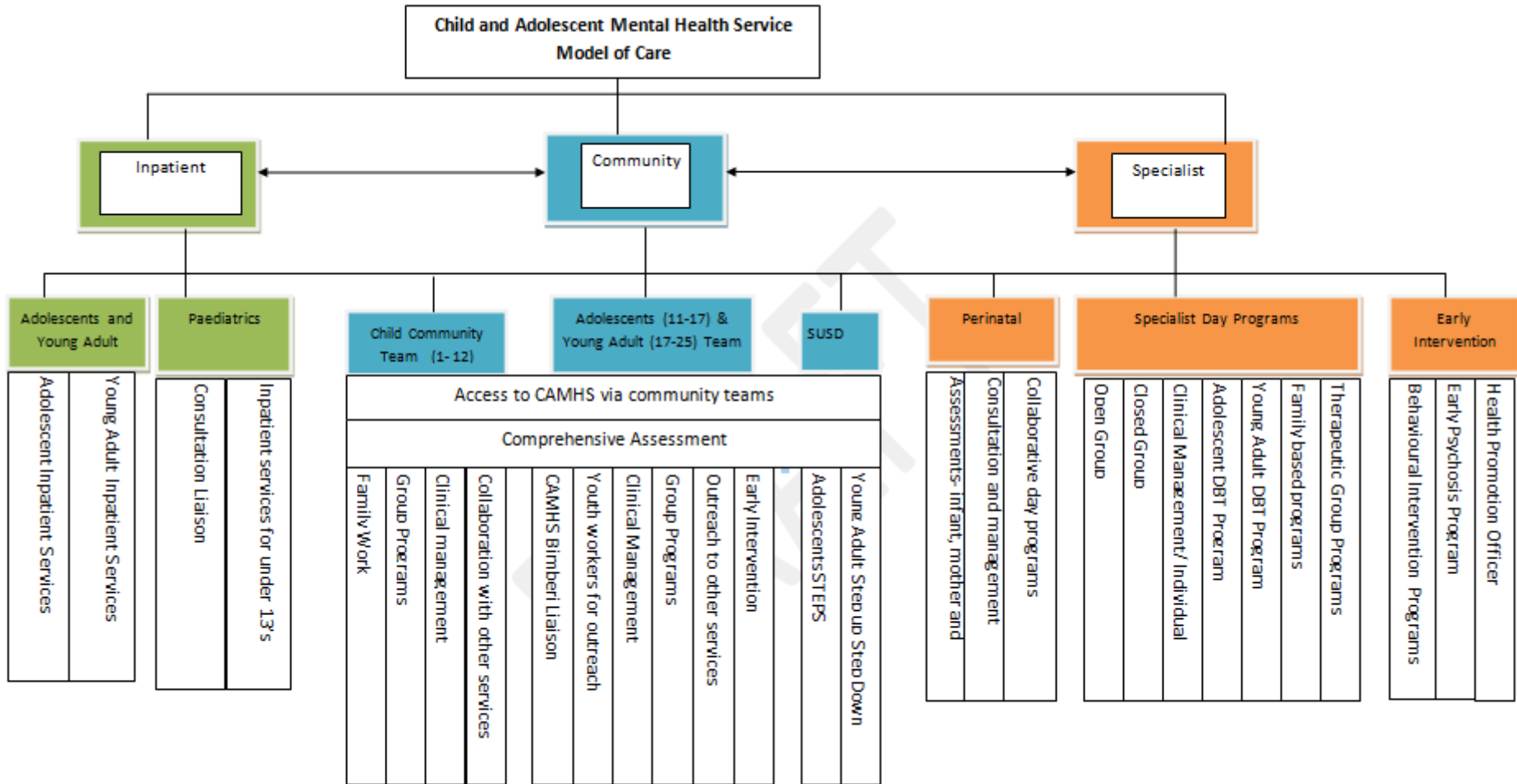
Based on the services provided, it was identified that CAMHS be divided into 3 streams:

- **Community**
- **Inpatient/Acute**
- **Specialist Services**

³ Noting that as key national initiatives such as the Activity Based/Casemix funding models and the National Disability Insurance Scheme start to be implemented, some re-consideration may need to occur of some aspects of this MoC. The intention is to have a flexible MoC that responds primarily to clinical drivers but takes into account external imperatives.

⁴ For a diagram of the CAMHS MoC Framework see Diagram 3

DIAGRAM 3: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES MODEL OF CARE



4.1 CAMHS PRINCIPLES

Service Principles

Service principles for CAMHS were identified by the working groups to identify principles of care. The Service Principles identified for CAMHS are:

Service Principle	Description
Access	Timely access, no wrong door approach, appropriate environment, community aware of the services available, equitable, ensure there is a transitional and discharge plan, outreach is available
Person & family centred	Recovery focused, recognition of family systems and person's needs, takes into account cultural diversity
Collaboration and continuity of care	Services work together, collaboration with person and family, partnership between services, integrated care, community linkages, continuity of care
Multidisciplinary	Service will have a range of expertise and evidence based intervention, holistic care
Recovery focused	<p>A culture of hope and empowerment is fostered, valuing respectful and therapeutic relationships and building on the strengths and resources of the person, their family and their community.</p> <p>Services promote autonomy, self-determination and awareness of rights and responsibilities. Service provision is guided by the aspirations, priorities, needs and preferences of the person and their family. A focus on physical, social and emotional wellbeing. Support to maintain or develop connection to, and participation in, the communities and activities that are valued.</p>
Safety and quality	Evidence based, ongoing development of services including staff development, safe environment for staff and consumers , achieves outcomes, contemporary and innovative research, accountability and working within scope of practice

The CAMHS principles identified by the working groups as part of the project are embedded into the CAMHS MoC. Examples include:

1. **Access:** Access to CAMHS utilises a no wrong door approach and has the ability to provide outreach. Care is provided in an appropriate environment and in an equitable manner and discharge planning includes a transitional and discharge plan.
 - CAMHS will identify the most appropriate service for children and young people referred. Children, young people and their family/carers will be provided with alternate referral options and reasons why CAMHS is not the most appropriate service for them.
 - CAMHS will provide timely access that meets the needs of children, young people and their carers.
 - Outreach will be provided to children, young people and their carers who are difficult to engage or who are in crisis ensuring that the needs and safety of children and young people are met.
 - The care provided by CAMHS will promote independence and recovery.
 - The environment of the services provided within CAMHS will be safe and comfortable for children, young people, family/carers and staff.
 - Discharge planning will include a discharge meeting with the child/young person, carer/family and relevant agencies.
2. **Person and family centred:** There is recognition of the recovery framework which takes into account family systems, person's needs and cultural diversity.
 - The needs of the child/young person and their families/carers will form part of the assessment and treatment process within CAMHS.
 - CAMHS will provide an environment that is child and young person friendly and appropriate.
 - The care provided by CAMHS will be culturally sensitive.
 - CAMHS will work in collaboration with the person to be able to involve their carer and family.
 - Children, young people and their carers/families will receive support in navigating through CAMHS and to other services if CAMHS is not the appropriate service
3. **Collaboration and continuity of care:** CAMHS will work in collaboration with children and young people, carers and relevant stakeholders to allow for integrated and continuity of care.
 - CAMHS will work in collaboration with children, young people, their carers including relevant stakeholder as part of treatment planning and review to ensure continuity of care.
 - There will be clear communication strategies between CAMHS, the child/young person, carer/family and nominated services to ensure quality of care and continuity of care.
 - CAMHS will participate in strategic liaison meetings and specific case conferences with relevant stakeholders and services where appropriate.
4. **Multidisciplinary:** CAMHS will provide a range of interventions which is holistic, discipline specific and evidence based.
 - CAMHS will offer a multidisciplinary approach to service delivery with a range of staff from different health professional disciplines. Care will be provided in a holistic manner taking into account the biopsychosocial needs of the child or young person.
 - Professional support and training will be available to all CAMHS staff to allow for interdisciplinary collaboration to provide evidence based care.
5. **Recovery Focused:** Care is provided with a focus on recovery which empowers children, young people and their carers.
 - CAMHS will be person-centred, family focused and responsive to the unique characteristics of each person and their family, inclusive of age, gender, cultural and spiritual diversity.
 - CAMHS will foster a culture of hope and empowerment, valuing respectful and therapeutic relationships while building on the strengths and resources of the person, their family and their community.

- Staff will promote autonomy, self-determination and ensure children/young people and their carers are aware of their rights and responsibilities.
 - Services provided by CAMHS will promote physical, social and emotional wellbeing and maintain or develop connection to, and participation in, the communities and activities that are valued.
 - CAMHS will take a holistic approach to the planning and delivery of services, guided by the aspirations, priorities, needs and preferences of the person and their family.
 - CAMHS will actively facilitate the development of genuine collaboration and partnership with the person, their family and others identified as important to the recovery process.
6. **Safety and quality:** The care provided will be safe and of sound quality, there is an ongoing development of services and staff are accountable for their actions and work within the scope of their practice.
- Ongoing quality improvement activities will be undertaken to ensure the service continues to develop and improve
 - Staff have ongoing clinical supervision within their discipline of practice and ongoing support from their direct line management.

4.2 CAMHS MODEL OF CARE GOVERNANCE

Model of Care Governance

The ACT Government announced the Your health – our priority: ready for the future health infrastructure initiative as part of the 2008 – 2009 budget marking the beginning of a 10 year redevelopment of health infrastructure in the ACT. Funds were allocated for a number of initiatives; among these was the construction of the AMHU at the southern end of the CH&HS campus.

The Governments announcement was based on projections that the demand for health care will grow significantly over the next 10 to 15 years and the need to increase the capacity of the health system. The principles underpinning the Governments Health Infrastructure Program (HIP) are that health facilities are planned, designed, constructed and to operate so that they are:

- Person centred and focused on patient needs
- Aligned with agreed priorities for the future
- Safe and high quality evidenced based and supported by appropriate infrastructure
- Equitable- access to care is based on an individual’s clinical need, not capacity to pay
- Innovative - driven by innovation in the fields of clinical care, information, communication technology and logistics
- Integrated- health professionals and services working together in multidisciplinary teams to provide comprehensive and coordinated care
- Affordable- services will be cost effective providing local access to top quality health care
- Flexible so they can accommodate future models of care and expansion
- ACT Health’s vision of “good health for all” is underpinned by a set of values that guide services and models of care.

Clinical Governance Framework

Clinical governance is the mechanism by which the public can be assured that organisations have comprehensive and robust systems in place for continuously improving the quality of their services and safeguarding high standards of clinical care.

A robust and sustainable clinical governance framework ensures systems through which organisations are accountable for continuously improving the quality of their services and for safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Through this framework, organisations are accountable for continuously improving the quality of their services, safeguarding high standards of care and tackling poor performance.

Clinical governance activity is not an option but a core function for every staff member. It is important to recognise that time and attention must be given to strong leadership development, communication, team work, values and culture change in addition to quality improvement activities such as clinical audit, critical incident reporting, risk asset and management and complaints handling.

Clinical governance aims to integrate all the activities that impact on health care into one strategy. This involves improving the quality of information, promoting collaboration, team work and partnerships, as well as reducing variations in practice, and implementing evidence based practice.

Clinical governance also recognises the importance of teams, organisations and systems in health care rather than individuals working on their own. It upholds the concept that everyone has something to contribute and no one has a monopoly over knowledge or experience.

Clinical governance aims to assist practitioners in developing person-centred leadership strategies to deal with the realities of day-to-day practice. The building block of any system of standards and quality is information.

Collecting and using information from consumers and carers helps staff to deliver the kind of services that service users and the general community want.

Clinical governance is underpinned by a duty to quality that makes it possible to create a culture of openness and honesty where we can learn from our successes and our mistakes and sustain and share good practice. Success and excellence should be acknowledged and celebrated but equally lessons learned must be shared and addressed to benefit all involved.

People are entitled to have expectations about the quality of care and treatment they receive and it should be consistent with good practice that is based on sound evidence. They are integral to determining if the services provided are “fit for purpose” in terms of accessibility, acceptability, effectiveness and equity. The CAMHS will constantly strive to maintain and improve high standards of health care and safety through all phases of the patient journey.

People should be given opportunities to be involved in decision-making because they are the experts on receiving health care. Strategies for individual and carer involvement in the planning and organisation of care should occur at both the clinical and organisation level.

Opportunities will be provided to make sure that service users are able to contribute to a range of activities - including evaluating care and treatment planning new services, staff training and education, and the development of information systems. These strategies are based on an established commitment to equality and to partnerships between consumers, carers and health professionals.

A focus on clinical governance provides a framework which draws together initiatives, processes and systems and ways of working which ensures that consumers are at the centre of the recovery and treatment process. Improving the person’s experience of mental health care is central to the purpose of the clinical governance program. While people will encounter health care in many ways the focus will remain fixed on the person’s health and recovery journey.

4.3 DATA MANAGEMENT SYSTEM

The Mental Health Assessment Generation Information Collection (MHAGIC) system is a comprehensive electronic medical record system built around the workflow of mental health practitioners. This system has a complete coverage of all aspects of mental health management to ensure accuracy and consistency of the assessments, outcome measures and clinical documentation.

This software program supports the effective communication of clinical information when presenting to the public mental health system in Canberra including the ED's at CH&HS and Calvary Hospital.

Information provided by accessing MHAGIC can facilitate clinical decision-making and the efficient flow of clinical information.

Staff receive training on MHAGIC and any MHAGIC breach reports concerning confidentiality are monitored by the MHAGIC support team and action is taken by senior management consistent with ACT Government IT policy.

4.4 CAMHS COMMUNITY TEAMS

This section provides information on the structure and functions of the community teams within CAMHS. The community teams will provide services from the Community Health Centres in the ACT.

The CAMHS community teams will include:

- Child Community Team (1-12 years old)
- Adolescent Community Team (11-18 years old)
- Young Adult Team (17-25 years old)
- Step Up Step Down- Adolescent (13-18 years) and Young Adult (18-25 years)
- Bimberi Youth Forensic Mental Health (through Forensic Mental Health)

The division of children and young people in the above age group is appropriate given the needs of each age group.⁵ The rationale for the overlapping of age group in each of the community teams is to ensure flexibility for each team to accept children or young people who fall between the age groups to reduce the stress of transitioning to different teams.

Children and Young People Characteristics

CAMHS will provide services for children, adolescents and young people who experience moderate to severe mental health presentations.

It was identified that a clear definition of moderate to severe can be difficult in the mental health context and that a framework should be conceptualised. The New South Wales Mental Health Clinical Care and Prevention Model (MH-CCP) Version 1.11 defines the terms moderate to severe which is based on using comprehensive population epidemiology in mental health.

According to the MH-CCP severe mental illness is defined as⁶:

Severe mental illness was defined in terms of recent treatment, symptoms, and social/occupational/school functioning.

For individuals diagnosed as having schizophrenia, schizoaffective disorder, bipolar disorder or autism in the year with a marked disturbance in functioning during an active episode of illness. Individuals diagnosed with major depression bipolar disorder, obsessive compulsive disorder evidence of severity in the past year. Evidence of severity for this group included inpatient psychiatric hospitalization, psychotic symptoms, use of antipsychotic medications or a GAF⁷ scale rating of 50 or less.

⁵ McGorry, P., Newman, L., Moran, J. Hetrick, S., Cox, Georgina. 2011. Models of collaborative care for children and youth (0-25 years) final report. National Advisory Council on mental health and the commonwealth department of health and ageing. Parkville, VIC.

⁶ Definition from NSW Mental Health Clinical Care Prevention Model (MH-CCP) Version 1.11 pg.44

⁷ Global Assessment of Functioning

It was identified diagnosing children and adolescents are particularly difficult as difficult and disruptive behaviours may occur in the context of developmental growth. Therefore, in the context of the MoC moderate and severe mental health presentations can be identified as:

- Not based on diagnosis
- Symptoms based
- Should be based on level of dysfunction and its impact on functioning
- Does not solely rely on a mental health diagnosis

Access:

Access into CAMHS will be via CAMHS Access which is embedded within the community teams. Once a referral is received by CAMHS a triaging process will occur and an initial assessment over the phone provided. If CAMHS is deemed as an inappropriate service, efforts will be made to link the person into an appropriate service. If further assessment is required, a full assessment will be offered with one of the community team clinicians at the first available appointment time. Following the full assessment a multidisciplinary team discussion will occur to determine the most suitable service to assist the child or young person.

4.4.1 CHILDREN'S COMMUNITY MENTAL HEALTH TEAM

This team will focus in providing specialist child mental health services for children up to the age of 12 years. The recommendation is for this team to comprise of two sub teams (1-5 and 6-13 years) as children in these groups demonstrate potential mental health issues differently and require different intervention programs and clinical approaches to treatment.

The main focus for the Children's Community Mental Health Team is 'comprehensive assessment' including the child, family and parents and providing secondary consultation to other services or collaboration with other services. The service will provide secondary consultation to schools, other health professionals and medical professionals (GP and paediatricians). Clinical management for this age group will also be provided as required. Children with moderate to severe mental health presentations will be provided with a comprehensive assessment and clinical management and evidence based therapeutic interventions including: family therapy, group based therapy, individual therapy. This team will focus on family systems and integrated service delivery to provide holistic care for these children.

4.4.2 ADOLESCENT COMMUNITY MENTAL HEALTH TEAM

The Adolescent Community Mental Health Teams will provide assessment, intervention and therapeutic programs for adolescents and young people aged between 11—18 years. The Adolescent Community Mental Health Team will form the interface between ASUSD service and include the provision of mental health services to young people at the BYJC.

Current statistics indicate that children and young people in these age groups can be difficult to engage. Where the development of significant mental health symptoms are indicated innovative models to engage adolescents and young adult have been identified⁸. A youth worker will become a community team member to assist in engaging young people for therapy. The youth worker role will include participation in multidisciplinary team (MDT) activities. The utilisation of youth workers in mental health services has been

⁸ ABS National Survey of National Survey of Mental Health and Wellbeing: Summary of Results (2008).

widely documented⁹. Collaboration with other services for young people with complex needs and assertive follow up (eg. Home visiting) will be functions undertaken by this team.

Group based interventions including carers will be provided by this team including relevant therapeutic groups (eg. Anxiety Programs).

4.4.3 YOUNG ADULT COMMUNITY MENTAL HEALTH TEAM

The Young Adult Community Mental Health Team will provide assessment, intervention and therapeutic programs for young people aged 17-25. The Young Adult Community Mental Health Team will form the interface between YSUSD service.

Similar to the Adolescent Community Mental Health Team, a youth worker will become a community team member to assist in engaging young people for therapy. The youth worker role will include participation in multidisciplinary team (MDT) activities. Collaboration with other services for young people with complex needs and assertive follow up (eg. Home visiting) will be functions undertaken by this team.

4.4.4 STEP UP STEP DOWN SERVICES

A clinician from the Adolescent and the Young Adult Community Mental Health Teams (also called the SUSD clinician) will provide the interface between CAMHS inpatient services, the SUSD program and the CAMHS community teams. SUSD programs provide an interface between hospital and community life for Adolescents (13-17) and Young Adults (18-25). The SUSD facilities are managed by a community agency working in partnership with ACT Health. The SUSD clinicians from CAMHS community teams in collaboration with the community agency will assess children and young people who have been referred to the program, monitor their mental health status and provide consultation and feedback for the community agency operating the SUSD facility. The SUSD clinician will participate in MDT activities with the community team and inpatient service to ensure active communication across all teams.

4.4.5 BIMBERI YOUTH FORENSIC MENTAL HEALTH

Mental Health services for young people will continue to be offered by the FMH Service within MHJHADS. To facilitate care coordination from Bimberi to the community, a CAMHS Bimberi Liaison Clinician will attend the Bimberi Services meeting on a weekly basis to facilitate referrals for young people who are detained but who are not CAMHS consumers or for the discharge planning for young people who are known to CAMHS.

For CAMHS consumers detained in Bimberi, the clinical manager will continue to provide support and therapy (whilst the young person is detained). The Bimberi Psychiatrist and the young person's community treating Psychiatrist will liaise closely on treatment regimes. A Justice Health Nurse will also assist with the care

⁹ Rickwood, D. 2010. Engaging young people in mental health care: The role of youth workers. Headspace ACT and University of Canberra. <http://www.groups.psychology.org.au/Assets/Files/SKYS-Presentation-10May2010.pdf>

Getting Through: Responding to young people's mental health issues in the youth sector. 2006. The Youth Affairs Council of South Australia. http://www.yacsa.com.au/documents/mental_health_paper111006.pdf

Patel, V., Fisher, AJ., Hetrick, S. & McGorry, P. 2007. Mental health of young people: a global public-health challenge. *The Lancet*; vol. 369 pp. 1302-1305.

coordination of young people from Bimberi to the community and provide outreach to these young people who are considered most vulnerable post discharge from Bimberi.

4.4.6 SERVICE PRINCIPLES

Person and family centred

The CAMHS community teams will provide person and family centred care. CAMHS acknowledges that families are generally the main support and strength for children and young people with moderate to severe mental health presentations. Families and carers will be invited to participate in decision making with their child or young person. Great value is placed on the child and young person's opinion and their perceptions of their recovery. The CAMHS community team will endeavor to empower children, young people and their families through the care provided. Clinicians will support families and carers in their caring role and respect people from different cultural backgrounds including their values and belief systems. The involvement of children and young people, their carers and families in the planning, delivery and evaluation of the services will be encompassed throughout their involvement with CAMHS.

Collaboration and continuity of care

The CAMHS community teams will work in partnership with relevant stakeholders to ensure the best possible care for children, young people and their families and carers who access CAMHS. CAMHS will work with services who are engaged with the children, young people and families via regular case conferences, telephone contacts /support and the invitation of these stakeholders to case reviews.

CAMHS will participate in regular networking meetings with other community agencies to ensure that the relevant linkages are maintained and that CAMHS clinicians are aware of services that are provided in the community in order to inform children, young people and their families of relevant supports that are available elsewhere.

Multidisciplinary

CAMHS community teams will utilise a MDT model that includes psychiatrists, psychiatry registrars, registered mental health nurses, psychologists (clinical and registered), social workers, occupational therapists and youth workers. The team will provide a range of expertise including but not limited to: assessment of occupational function; standardised psychometric and occupational therapy assessments; evidence based interventions; supportive counseling and therapy; medication management/review, and family based therapy.

All relevant staff within the teams will be registered under the Australian Health Practitioner Regulation Agency (AHPRA). In the case of Social Workers, they will be eligible for membership of the Australian Association of Social Work (AASW).

Recovery Focused

Recovery means different things to each person. According to the National Standards for Mental Health, recovery means: gaining and retaining hope, understanding one's abilities and limitations, engaging in an active life that has value and meaning, a sense of personal autonomy, and a positive sense of self. The CAMHS community teams will work in collaboration with the young person and their carer/families and other stakeholders to identify their recovery goals and will aim to achieve these goals through a range of intervention strategies.

Safety and Quality

Within the CAMHS community teams, evidence based interventions will be provided as part of the care package provided to children, young people and their family. The environment in which CAMHS services are provided will be safe and children and young people friendly.

A high quality service will be maintained through ongoing feedback from the children, young people, family/carers, and stakeholders and ongoing review and quality improvement activities within the service.

4.4.7 CO-MORBIDITY STRATEGY

CAMHS will provide a holistic and consistent approach in the management of young people experiencing both mental health and alcohol, tobacco and other drug (ATOD) problems. Consistent with the *ACT Comorbidity (Mental Health and Alcohol, Tobacco or Other Drug Problems) Strategy 2012-2014* CAMHS will provide the following to young people with mental health and co-occurring ATOD issues:

- Young people who are referred to CAMHS will receive a Youth Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)¹⁰.
- For young people who have been screened as mild to moderate ATOD issues and experiencing a moderate to severe mental health issues, brief interventions will be provided.
- Work collaboratively with Alcohol and Drug Services (ADS) in supporting young people with severe ATOD issues.

Clinicians will be skilled in the provision of brief interventions for mild to moderate ATOD issues through further training. For more complex ATOD issues CAMHS will consult and work collaboratively with ADS.

4.4.8 KEY PARTNERSHIP GROUPS

CAMHS is committed to a collaborative approach to service delivery to facilitate the recovery of children and young people and meet the needs of their families/carers. CAMHS has a number of key partnership groups with both government and community agencies including headspace ACT and the ADS within the Division of MHJHADS.

School Counsellors

CAMHS will work collaboratively with school counsellors within the Education and Training Directorate which will include secondary consultation to support children and young people maintain their schooling and provide mental health promotion.

General Practitioners

Ongoing involvement of General Practitioners, in the assessment and treatment of young people within CAMHS will continue. GPs will be updated on the young person's progress, including outcome of assessments and discharge planning. Secondary consultation to GPs on complex mental health presentations will be provided as an ongoing CAMHS service.

¹⁰ Youth Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) screens all levels of problem and risky substance use. A risk score is provided at the end of each substance and scores are grouped into low, moderate or high risk.

headspace ACT

A clinician will provide outreach to Headspace ACT to complete assessments and/or provide therapeutic interventions for children and young people whose mental health presentation may have deteriorated not reaching the threshold for a moderate to severe mental health presentation. If the young person continues to deteriorate and further support is required a direct referral and allocation is made to the CAMHS community teams by the CAMHS Headspace Clinician.

Alcohol and Drugs Services

For young people who present with mental health and alcohol and drug issues, CAMHS will provide joint assessments for children and young people who present with mental health and alcohol and other drugs issues.

Community Agencies

CAMHS will work in partnership with community agencies in the provision of clinical mental health services to children and young people.

Private Mental Health Care Providers

CAMHS will work collaboratively with private mental health care providers under the Better Access to Mental Health Care Initiative. This includes facilitating referrals to and from private therapists (including private Psychiatrists) and secondary consultation.

DIAGRAM 4: REFERRAL TO CAMHS COMMUNITY TEAMS

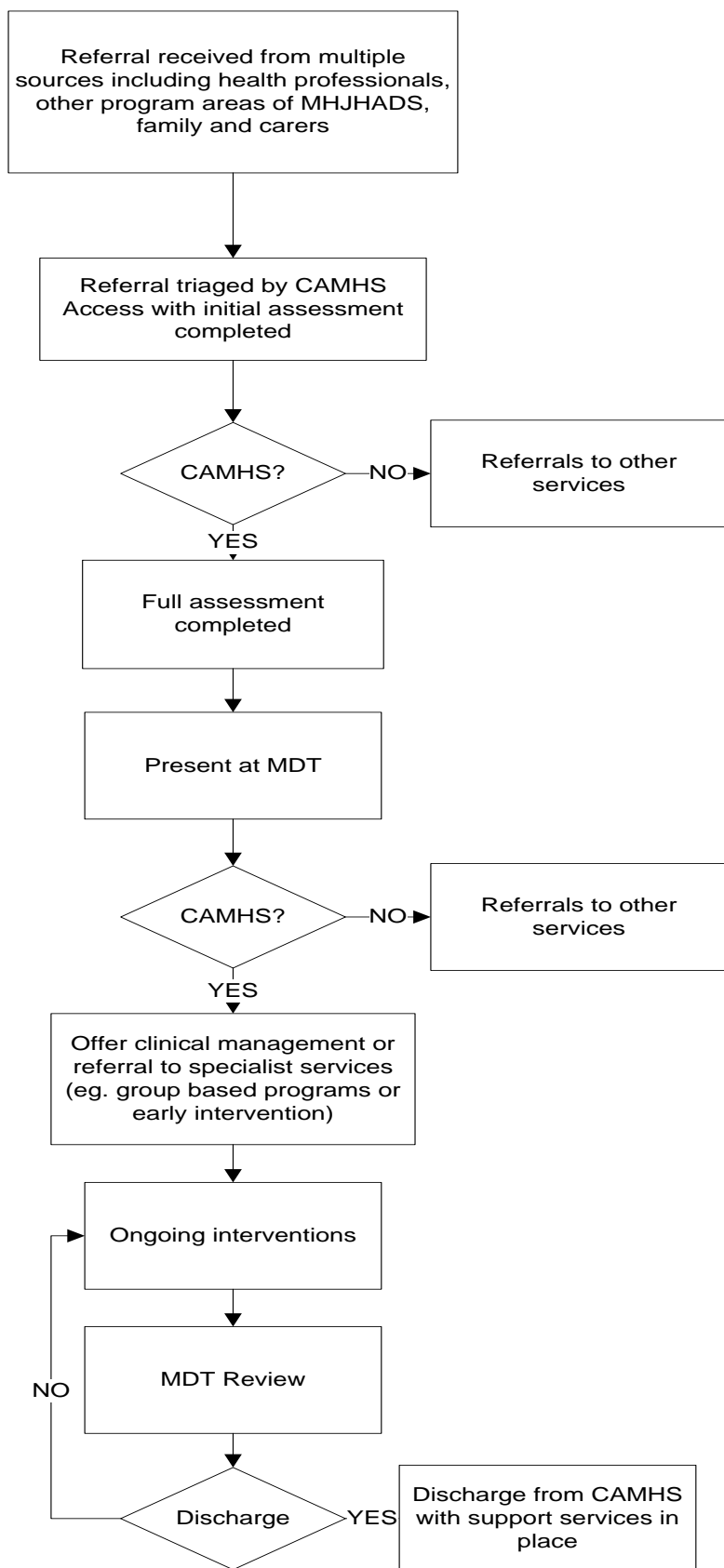
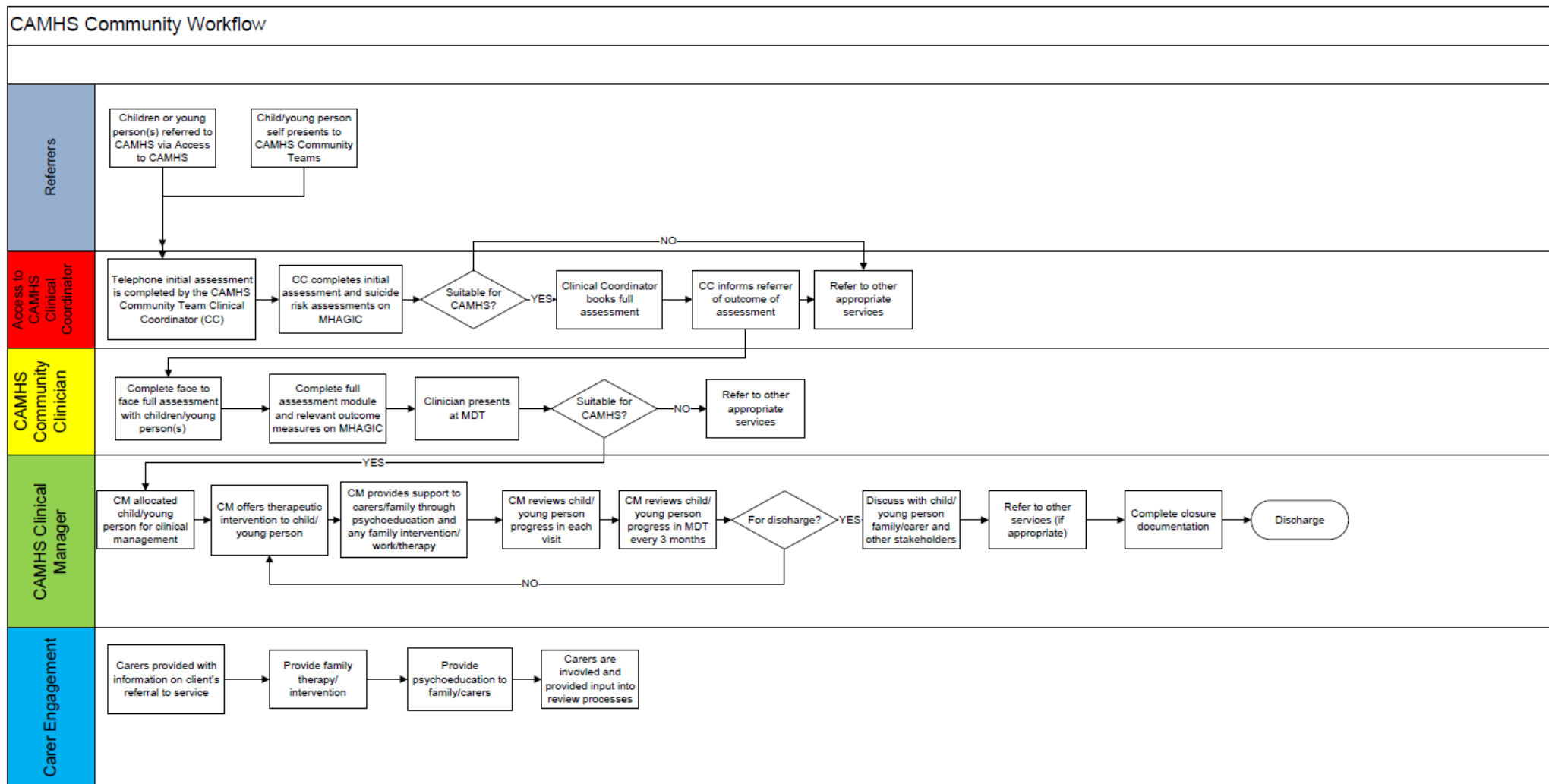


DIAGRAM 4.1 CAMHS COMMUNITY TEAMS WORKFLOW



4.5 CAMHS INPATIENT SERVICES

CAMHS will provide care and treatment for young people age between 13-25 years of age who require an inpatient admission. Children under 13 will continue to access mental health inpatient care via the paediatric ward at CH.

Children and young people of the ACT currently do not have access to mental health specific inpatient services. The Mental Health Services Plan¹¹ identified the need for specific dedicated acute mental health beds to meet the needs of the adolescent and young adult population.

CAMHS Inpatient Services

Initial Models of Care development for inpatient services within CAMHS highlighted the need for the services to be located on the CH&HS campus to retain close service integration with paediatric inpatient services and the AMHU. An analysis of the current supply and demand for inpatient beds for children and young people up to the age of 25 has been completed¹² and incorporated into the planning of inpatient services within CAMHS.

CAMHS will continue to explore community options prior to making a decision on whether hospital admission is required. A multisystem and a multidisciplinary approach to care will be utilised for CAMHS inpatient services. CAMHS inpatient services will provide short term care and treatment in a safe and therapeutic environment to enable to focus on their recovery plans/goals. Medical, social and psychological approaches to managing symptoms and education for the young person, family and carers about their mental health and recovery will be part of the services provided.

Young People Characteristics

The CAMHS Inpatient Service will provide short term inpatient care and treatment to young people aged between 13-17 and 18-25 who are:

- Experiencing severe mental illness and are unable to be supported in an intensive community support environment
- Presenting with a severe psychotic episode or severe mood disorder where a lesser restrictive option is not available or appropriate
- Treatment resistant and a supportive environment required due to medication complications (eg. Young person coming off clozapine or on numerous psychotropic medications and change required in supportive environment)
- On orders under the *Mental Health (Treatment and Care) Act 1994*

Mother and Babies

Women and their infants who require hospital admission due to a perinatal mental health presentation will access the AMHU in the vulnerable persons area or Ward 2N at the Calvary Hospital.

¹¹ ACT Mental Health Services Plan 2009-2014

¹² Further information on the supply and demand for inpatient beds see appendix 6

Developmental vs. Physical Age

There will be times when young people who are of a certain age may behave developmentally differently than their physical age. In such situations the most appropriate inpatient setting will be determined in consultation with the relevant unit consultants, carers /families and the young person.

Web Based Bed Management System

A web based bed management tool has been developed by MHJHADS to provide a 'snapshot' on all mental health beds (acute and sub-acute) within the Division for patient flow coordinators. A decision for hospital admission will be made in collaboration with the young person, carer, psychiatrist and clinical manager. An inpatient bed will be booked via the patient flow coordinator for the division who has access to the web based bed management tool. If a hospital bed is unavailable in AMHU, information regarding vacancies in other areas such as the Step up Step down Programs or other Inpatient Units of MHJHADS can be ascertained.

Access:

Access¹³ for young people to the inpatient service will be via a number of pathways including:

- Via the ED (Calvary or CH&HS)
- Directly from the CAMHS Community/Specialist Teams/Programs
- Direct transfers from other hospitals

Via the emergency department:

Young people who are to be admitted to CAMHS inpatient services can be assessed at the CH&HS ED via the MHAU. Children and young people may be directed to attend the CH&HS ED from GP, school counsellors, other health professionals. An assessment will be completed by the CAMHS Assessment Liaison Nurse or the MHAU Assessment Team after hours. Prior to considering a hospital admission, the suitability for intensive community supports will be identified. If the decision for hospitalisation is required, a review by the Psychiatry Registrar will be required to proceed. Once the Registrar completes the assessment and determines that hospitalisation is required, a discussion with the Psychiatrist of the unit occurs to confirm the decision. Relevant physical assessment and documentation will be completed for the admission to progress.

Directly from the CAMHS Community Teams:

Young people who are assessed at the CAMHS community teams or specialist programs can be admitted directly into CAMHS inpatient services. Children and young people will need to be assessed by a CAMHS Psychiatrist who makes a decision on whether hospitalisation is required. The CAMHS community Psychiatrist will liaise with the inpatient Psychiatrist regarding admission and a bed can be booked via the patient flow coordinator. The young person and/or their carer will then make their way directly to the Inpatient Service.

Transfer from other wards within CH&HS/Calvary Hospital:

Young people can be directly transferred to CAMHS inpatient services from other wards within CH&HS or Calvary Hospital. If a young person is deemed requiring an acute mental health admission following medical clearance, an assessment will be required from CAMHS Assessment Liaison Nurse and/or Consultation Liaison

¹³ Access for consumers to the Inpatient Unit will be via the pathways indicated. See the Access points in the Inpatient Services Workflow Diagram in Diagram 5.

Service. If admission is required the CAMHS or the Consult Liaison Psychiatrist will liaise with the inpatient Psychiatrist and a bed booked via the Patient Flow Coordinator.

Direct transfers from other hospitals:

Children and young people who are inpatients from another hospital can be directly admitted into the Inpatient Service following referral from the relevant hospital.

Arrival/assessment/treatment initiation

When the young person arrives at CAMHS inpatient services, they will enter via reception. For children and young people who are on Mental Health Orders, entry can be via the unit's assessment area. Once the young person arrives at the unit they will be accompanied to the assessment area where the admission process, including orientation to the unit, and their rights and responsibilities will be explained. At this time, if a young person has not been physically examined, a Psychiatry Registrar will complete a physical examination.

Upon arrival, the young person will be involved in a nursing assessment where basic admission paperwork is completed. The young person will participate in completing a recovery and de-escalation plan.

Stabilisation

Once the basic admission process is completed, the young person will be reviewed by a Psychiatrist in the next ward round. This could be the next day depending on when the young person has been admitted into the unit.

Treatment Planning

Treatment planning will occur via the MDT ward round, where a discussion will be made on the therapeutic options available. This discussion will occur with the team/young person/carer. If a clinical manager is involved within the community, they will attend the unit to assist with treatment planning and support.

Treatment Engagement

Within inpatient services, the young person will be allocated a nurse who will ensure that daily reviews are completed, that the young person is on track with his/her therapeutic activities. Specific allied health staff will provide the relevant therapeutic activities. The young person's clinical manager will also attend the Inpatient area to provide support.

Review Process

Children and young people's progress will be reviewed daily with a formal MDT meeting twice per week when admitted into CAMHS inpatient services. A formal MDT meeting will occur with the young person's clinical manager, the treating team within the unit in conjunction with the young person, their families, carer and relevant stakeholder around the progress of the young person. Areas of review will include current mental state, psychosocial status and medications. If consent is obtained, relevant agencies can be invited to this multidisciplinary team meeting as required (e.g. youth worker, school counsellor).

Daily review by the nurses and psychiatrists will occur as part of ongoing management and therapeutic planning for the young person.

Therapeutic Interventions

A number of therapeutic interventions will be provided within CAMHS inpatient services. Structured activities and therapeutic interventions will form part of the MoC. The design of therapeutic programs will utilise a

strength based and recovery oriented approach. Therapeutic programs that will be provided within inpatient services for CAMHS will include:

- Schooling (via the PATCH school)
- Individual therapy with clinical manager
- Therapeutic programs-eg. sensory modulation, stress management etc
- Allied Health support- outsourced from CH&HS or within the service
- Vocational support/Centrelink
- Housing/Accommodation support
- Creative arts therapy
- Physical activity-eg. gym
- Internet usage
- Visits from friends/families/other workers
- Visits from Public Advocate
- For young people (18-25 years) to attend therapeutic activities at AMHU

Discharge Planning

Discharge Planning will occur from when the young person is admitted into the CAMHS inpatient services. This will include liaising with relevant stakeholders, clinical managers, the young person, families and carers. Effective discharge will promote continuity of care for young people within the health system. There will be daily reviews by nurses in the unit and/or the MDT.

Paediatric Ward

Children 12 years and under whom require an inpatient admission to hospital for mental health reasons will be admitted to the paediatric ward. Admission to the paediatric ward will be a joint decision between a CAMHS consultant psychiatrist and a consultant paediatrician.

Children and young people, who are admitted into the paediatric ward for medical reasons and have a mental health issue, will have access to CAMHS support via the CAMHS Consultation Liaison clinician. After medical stabilization, and if a mental health admission is still required, arrangements will be made by between the CAMHS Psychiatrist and a bed booked via the Patient Flow Coordinator.

Consultation Liaison

CAMHS will continue to provide consultation liaison to the paediatric ward for any mental health concerns identified with inpatients on the ward.

4.5.1 SERVICE PRINCIPLES

Person and Family Centred

CAMHS inpatient services will provide safe and effective person centred care. Young people in collaboration with their families and carers will have the right to timely and ongoing information about their health status, treatment regime and the services that are available to them.

Treatment for young people will be provided in the least restrictive environment, guided by principles of recovery and as determined under the Human Rights Act 2004 and the Mental Health (Treatment and Care) Act 1994.

Each person is an individual with rights to respect, dignity and privacy. Cultural and gender sensitivity is required for young people who identify with various cultural and/or ethnic groups or have diverse family and social networks, educational backgrounds, religion, belief systems or socio-political views. The Inpatient Unit will have the capacity to meet cultural, gender and spiritual needs of young people.

Collaboration and Continuity of Care

There will be clear communication pathways between the CAMHS inpatient service, the young person and their family, other inpatient services, CAMHS community teams, relevant government and community agencies to ensure collaboration and continuity of care.

Multidisciplinary

A flexible and integrated multidisciplinary staffing model will enable staff to rotate between the adolescents and young adult sections of the service. Clinical leadership will be provided by the Psychiatrist of the service through the Clinical Director of CAMHS.

CAMHS inpatient services will offer a range of therapies by a range of disciplines including staff specialists, psychiatrists, registered nurses (RN), and allied health staff. Allied health services such as dieticians and physiotherapists will be sourced from the CH&HS. Social workers, psychologists and occupational therapists will form an allied health team providing a range of interventions.

The team will work collaboratively and participate in the multidisciplinary ward rounds to review the progress of young people in the unit.

Recovery Focused

All health professionals, community agencies and nominated support people involved with the young person during their recovery journey participate in planning and implementation. There will be clear communication pathways between inpatient services, the young person and their family, other inpatient services, community mental health teams, young person, their families and carer, organisations and community agencies to ensure continuity of care and quality collaboration.

When a young person is admitted to the inpatient service, a recovery plan will be completed. The aim is to provide systems and supports to assist the young person on their journey of recovery by offering flexible and diverse range of service options to suit the young person's and their family/carer needs.

Safety and Quality

CAMHS inpatient services will be safe for children, young people, their families and carers. The service's therapeutic requirements are designed to facilitate a feeling of safety with good visibility, logical flows, comfortable amenities and waiting areas that are designed to promote recovery.

A high quality service will be offered through ongoing feedback from children, young people, family and carers and stakeholders. There will be ongoing review and quality improvement activities within inpatient services. Staff will have up-to-date information on mental health issues and effective interventions for children and young people through staff development activities and continuing professional development activities.

DIAGRAM 5: CAMHS INPATIENT SERVICES WORKFLOW

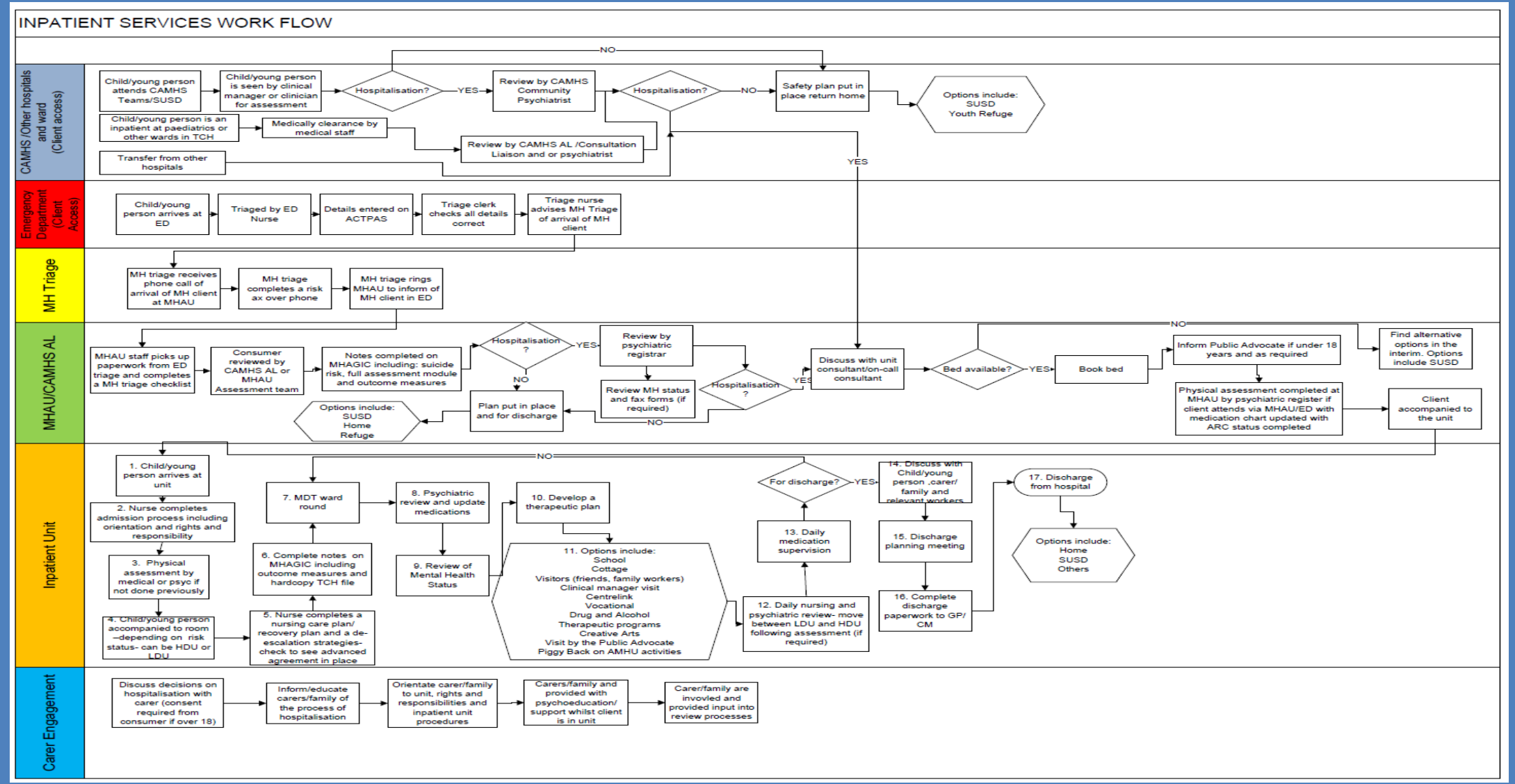
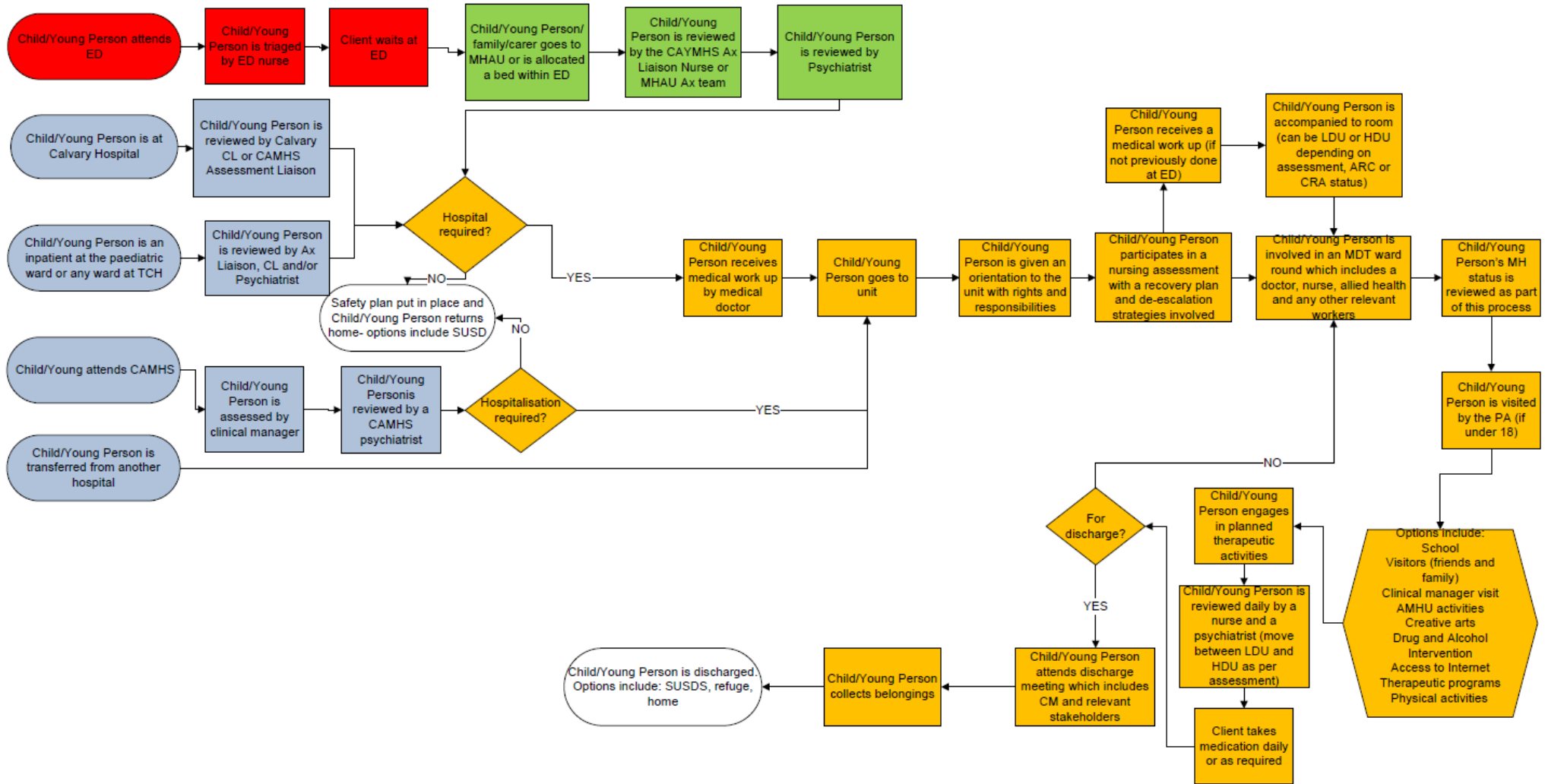


DIAGRAM 6: CAMHS INPATIENT SERVICES PATIENT JOURNEY



4.6 CAMHS SPECIALIST SERVICES

CAMHS specialist services that will be provided include:

- Early Intervention Program (EIP)
- Specialist Day Programs (SDP)
- Perinatal and Infant Mental Health Consultation Service (PIMHCS)

Access

Access into the 3 specialist services within CAMHS is via CAMHS Access. For the PIMHCS, referrals are accepted from multiple referral sources and a phone/face to face screening will be provided by one of the clinical staff.

The EIP and SDP will remain as tertiary services where referrals are taken from the CAMHS community teams via CAMHS Access or CATT.

4.6.1 EARLY INTERVENTION PROGRAM

Mental health promotion and early intervention is an essential component of an evidence-based child and young person's mental health framework. It is the early identification of people with emerging signs and symptoms of mental health problems and mental disorders to enable timely, effective and appropriate treatment in order to prevent diagnosable illness and reduce the disability associated with symptoms.

The Early Intervention Team will provide assessment, consultation and health promotion for young people up to the age of 25 presenting with a range of mental health conditions in the early stages. The EIP will work in collaboration with the Mental Health Services for Intellectual Disability (MHS-ID) within MHJHADS to provide assessment for people with comorbid developmental and mental health conditions and illness. The EIP will provide assessment and early intervention sessions to complement primary care with GPs, Community Child and Family Centres and Youth Health Services. Strategic partnerships with stakeholders, conducting collaborative group programs and secondary consultation will be a key function of the team.

The EIP will provide the following functions:

- Early Psychosis Program (EPP)- based on Early Psychosis Prevention and Intervention Centre (EPPIC) Guidelines
- Health Promotion Officer
- Behavioral Interventions Program
- Early Identification and treatment of children and young people presenting with early mental health issues

Health Promotion Officer

The Mental Health Promotion Officer will provide health promotional activities to relevant community agencies to increase awareness of mental health issues to populations most in need.

The role of the Mental Health Promotion Officer will include:

- Providing education and training sessions for schools, other elements of the education system and health and welfare sector and the general community
- Organising education and training sessions when requested

- Providing information and resources on mental health issues and illness
- Working collaboratively to develop and implement mental health promotion programs
- Offering consultation to the health, welfare and education sectors

Behavioral Intervention Program

Conduct problems affect around 3% of young people (Sawyers, et al, 2000). Data indicates that the optimal management of conduct problems in children needs to be based on an early intervention strategy, emphasising the role of parent-child interaction factors in the development of conduct disorders. There is growing evidence that suggests added benefits when child-focused and school-focused interventions are included.

The Behavioral Intervention Program will provide early intervention through group programs within schools (by the Health Promotion Officer) for early identification and management of young people presenting with conduct issues. A range of evidence based interventions will be provided including child focused, parent/family sessions and school based interventions. The provision of these services will be done in collaboration with other services such as Child and Family Centres, School and other community agencies.

Early Psychosis Program (ACT wide)

The EIP will provide a specialist EPP for young people aged 16-25 presenting with an early psychosis. Early psychosis is defined within the Clinical Practice Guidelines for Early Psychosis¹⁴ as:

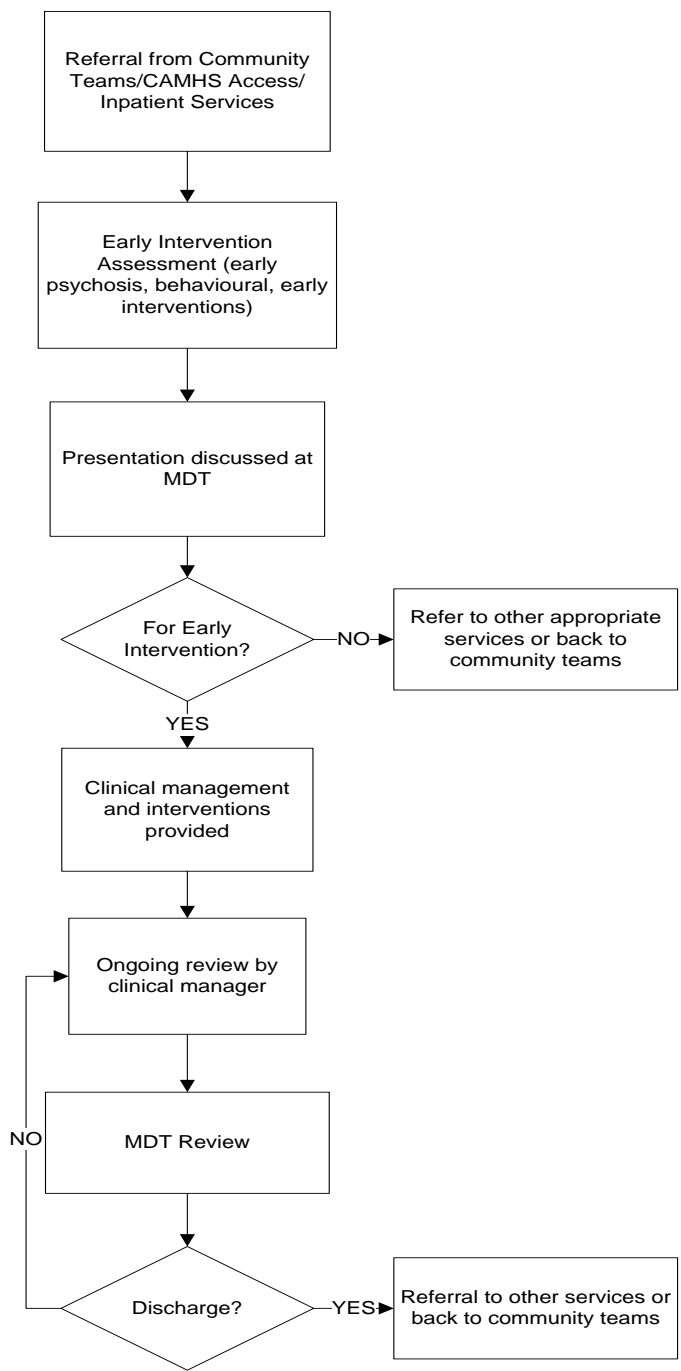
While there is no single authoritative definition of early psychosis it clearly has an onset focus. It includes the period described as the prodrome and is also considered to include the criteria period up to five years from entry into treatment for the first psychotic episode.’

The EPP will provide assessment, treatment to young people age between 16- 25 years who present with an early psychosis ACT wide. This will include the screening of young people who are presenting with symptoms suggestive of an early psychosis and providing community education and partnerships to increase awareness of the signs and symptoms of psychosis. Comprehensive therapeutic programs will be provided as the care package including a range of medical, psychological and psychosocial interventions. Early engagement from the EPP will be provided whether the young person has been referred from inpatient services or community teams or the community. Key components of the service will include:

- Community education and awareness
- Easy access to service
- Assertive treatment model including mobile outreach
- Continuing case management
- Psychological interventions
- Medical interventions
- Functional Recovery Programs (through Day Program within the Specialist Program)
- Access to youth-friendly inpatient care (through CAMHS inpatient services)

¹⁴ Australian Clinical Guidelines for Early Psychosis.2010. Orygen Youth Health Research Centre, 2nd edn. Parkville.

DIAGRAM 7: REFERRAL TO CAMHS EARLY INTERVENTION PROGRAM



4.6.2 SPECIALIST DAY PROGRAM

The SDP will provide specialist programs for children and young people who access CAMHS. The specialist day programs will have the following functions:

- Specialist assessments and programs (eg. Eating Disorders)
- Family based therapy/programs
- Clinical Management
- Dialectical Behavioral Therapy
- Open and Closed groups

Young People Characteristics

Children and young people who access CAMHS experiencing severe mental health and who are no longer able to pursue their pre-morbid activities in the community and require intensive support.

Specialist assessments/programs

The Eating Disorders Program will align with CAMHS SDP and will provide services to people of all ages who have complex eating issues. Services provided are:

- Comprehensive eating disorders assessment
- Individual Therapy
- Family based therapy/programs
- Group therapy- eg. carers group, the severe and enduring group, day program

Inpatient services for children and young people with an eating disorder will be provided by CAMHS inpatient services in collaboration with medical officers (eg. paediatrician or others). The child or young person will need to be medically cleared before they are able to be admitted into the inpatient service for mental health care.

Dialectical Behavioral Therapy

The DBT program provides therapeutic intervention to young people aged between 13-18 years and in future aged 18-25 years. The full program includes: individual therapy, group program, consultation group and phone coaching. An Adolescent DBT program will be provided to young people aged between 13-18 years and a young person's program for those aged 18-25 years.

DBT is seen as an important skill for clinicians to have in the treatment and engagement of adolescents and young people and staff will be rotated into the DBT program every 12 months so the skill set is transferred across the CAMHS community teams.

Open Groups

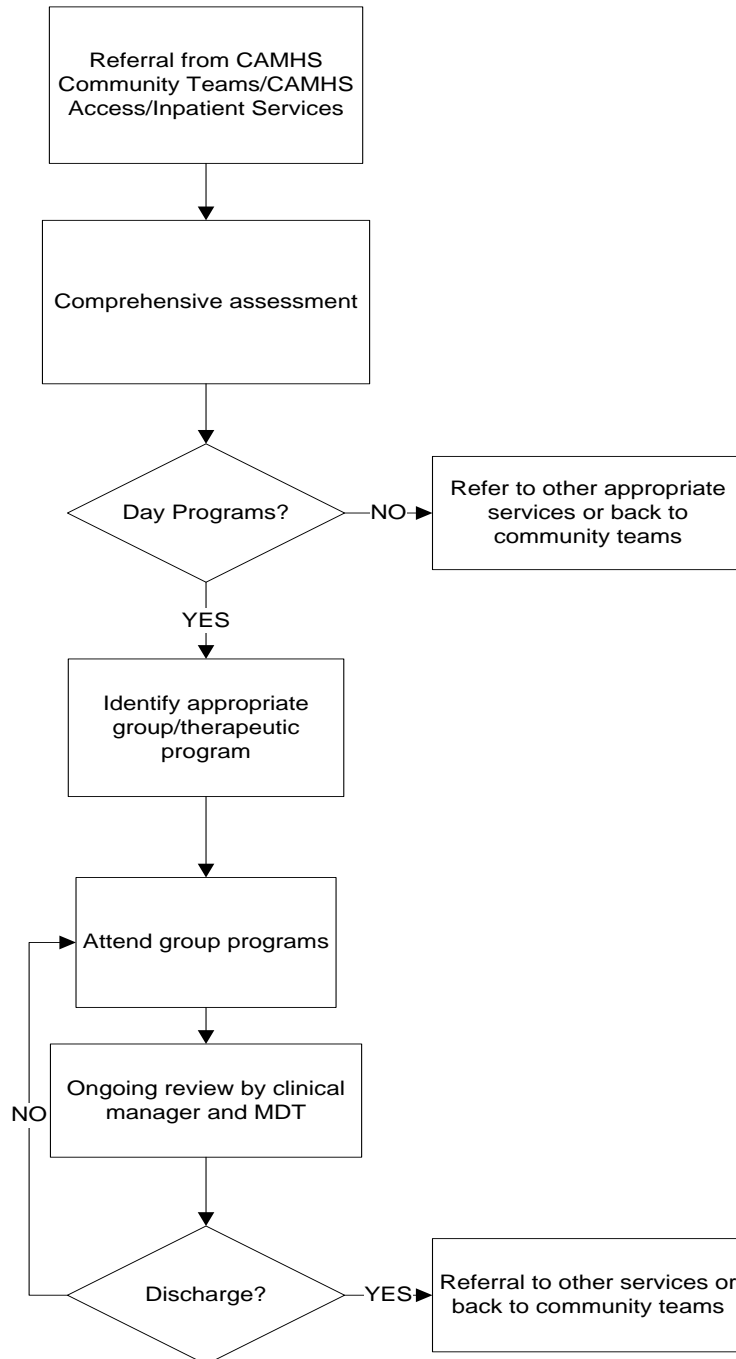
Open groups will be developed for children and young people who may require intensive support post discharge from hospital, from the SUSDS or who are currently not able to engage in a closed group program. This group program is to provide children and young people with intensive support post discharge from hospital or where short term intensive support is required. The open group will provide intensive supportive group programs with a focus on life skills and therapeutic activities.

Similar to the DBT Program, open group programs will be divided into a child, adolescent and young adult groups to ensure developmentally and age appropriate therapeutic group programs.

Closed Groups

Closed groups will be available for children and young people who are referred to the SDP for a period of one term who are experiencing difficulties in their daily life due to a severe and persistent mental health condition. The group programs are structured into 3 streams: 1. Therapeutic 2. Educational 3. Life Skills. The day program has an educational component with the view of transitioning adolescents back to full time schooling. Children and young people who are referred to this closed group will be clinically managed by the SDP Team for the duration of the program and referred to community agencies or back to the CAMHS community team after the completion of the program.

DIAGRAM 8: REFERRAL TO SPECIALIST DAY PROGRAMS



4.6.3 PERINATAL AND INFANT MENTAL HEALTH CONSULTATION SERVICE

The PIMHCS will provide consultation, assessment and brief intervention for women across all ages and their infants during the perinatal period.

Consumer Characteristics

Women during the perinatal period who present with a moderate to severe mental health condition and their infants. The Perinatal period is defined as conception and up to 12 months postnatal.

Services provided

The following services will be provided by the service:

- Assessment of the mother, infant and family system
- Short term/brief interventions
- Collaborative group programs with stakeholder agencies
- Mobilising supports for the person and family

In order for the service to provide assessments for infants up to the age of 1 years old, it was recommended that a Perinatal and Infant Mental Health Advisory Group will be established to focus on mapping services for mothers, babies and families in order to increase the potential for collaborative work for these children or young people and their families.

4.6.4 SERVICE PRINCIPLES

Person and Family Centred

CAMHS specialist programs will provide person and family centred care through partnerships involving the child, young person, women in the perinatal period and their families/carers in their treatment planning and review. The program will build on individual and family strengths and respect the values beliefs and cultural diversity of the individual and family.

The SDP will offer family based programs that support the role of the family when a young person is experiencing a mental health issue. The SDP will work collaboratively with the young person and their family in a recovery framework to identify their goals for recovery. The EPP will work with children, young people and their families/carers in the treatment of a range of first onset mental health disorders. This will include the provision of a range of different therapies and interventions to meet the needs of the child, young person and their family. The PIMHCS will work with women, their carers/family and their infants in identifying needs and the support required for the family.

Collaboration and continuity of care

CAMHS specialist programs will work with a number of different agencies and teams to provide a holistic range of services for people accessing the service. The PIMHCS will engage with the Perinatal and Infant Mental Health Network and work in collaboration with other services to provide specialist group programs for Women and their infants during the perinatal period.

Recognising the educational needs of children and young people, the SDP will work in collaboration with the Education and Training Directorate and a range of community agencies in the delivery of group programs. The

PIMHCS will work in collaboration with a range of services in providing group based programs to women, their families and infants who access the service. There will also be collaboration between the antenatal clinic and maternity and child health nurses in the delivery of mental health services for women and their infants. The EIP will collaborate with a range of different services to provide psychosocial support and services that are identified by the young person in which they have been working with.

Multidisciplinary

The CAMHS Specialist Programs will offer a multidisciplinary approach to the delivery of care to people who access the service. The EIP will offer a range of different interventions and services through CAMHS programs to provide an integrated mental health service approach to treatment. These include group based programs, collaboration with non-government agencies in psychosocial support and the invitation of services to participate in reviews to promote continuity of care.

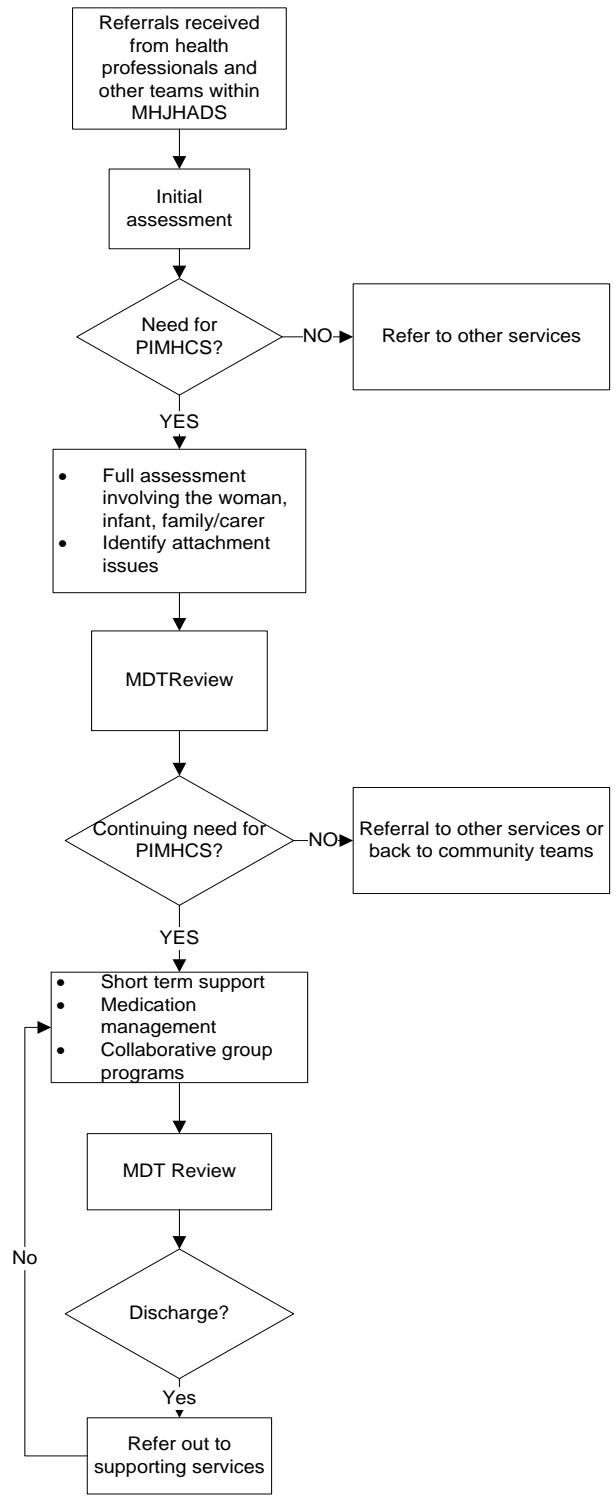
Recovery Focused

Promoting recovery commences from a strengths-based perspective. It aims to empower people by offering opportunities and tools that enable them to identify what works in their life, what gives them purpose, satisfaction and meaning. The focus of recovery is not purely on symptom reduction. It is about working together: a clinician and the person with a mental health presentation to promote understanding of the person's experience and develop a plan to assist them in achieving their goals. The CAMHS specialist program will work in collaboration with the person, their identified supports, families and carers to deliver recovery focused services and interventions.

Safety and Quality

The care provided by CAMHS specialist programs will be evidenced based and consistent with relevant National and Territory legislation. The environment in which the CAMHS specialist program is provided will be safe for children and young people. High quality service will be offered through ongoing feedback.

DIAGRAM 9: DIAGRAM FOR PERINATAL AND INFANT MENTAL HEALTH CONSULTATION SERVICE



5.0 CARER AND FAMILY ENGAGEMENT

The inclusion and engagement of carers and family is essential in the delivery of mental health services to children and young people within CAMHS. The engagement of carers is identified in the National Standards for Mental Health Services (NSMH) 2010¹⁵ (Standard 7). Carers and family will be provided with information and education around their caring roles, general psychoeducation about mental health issues and treatments, the availability of support services and strategies to care for these children or young people. The Assessment of Carer Needs will be provided by CAMHS to ensure that the identification of the effective support for carers occurs.¹⁶

CAMHS will maintain ongoing engagement with carers in the delivery of care to children and young people. Carer support can include:

- Assessment of carer needs
- Information on treatment plans
- Process of hospitalisation
- Orientating carers to their rights and responsibilities
- Seeking support for carers and referral to carer specific services (eg. Carers ACT) and information on how to contact these services
- Psychoeducation
- The inclusion of carers in discharge planning and review

If a young person withdraws consent for the involvement of carers or family members staff can continue to provide non-personal information (National Standards for Mental Health Services 7.9- *The MHS provides carers with non-personal information about the consumer's mental health condition, treatment, ongoing care and if applicable rehabilitation*) and to consider the concerns of the carer that may aid in the treatment planning and recovery of the young person (pg.17)¹⁷.

¹⁵ National Standards for Mental Health Service 2010- Commonwealth Government of Australia

¹⁶ Caring for Carers Policy, 2003. Department of Disability, Housing and Community Services, ACT Government. Canberra.

¹⁷ National Standards for Mental Health Service 2010- Commonwealth Government of Australia

6.0 SERVICE RELATIONSHIPS

CAMHS will provide an integrated mental health service under this model of care. The need for the integration of the delivery of mental health services has been well documented.¹⁸

The three service areas in CAMHS will work together to provide the best care for children and young people accessing CAMHS. Current mental health programs are aligned to a range of different services (eg. ADS) and utilise a MDT approach including social workers, RN's, psychologists, occupational therapists and psychiatrists. CAMHS clinicians will work collaboratively when young people require services from other providers or areas.

As an integrated mental health service, CAMHS will work collaboratively with all other areas to provide the best practice interventions for children and young people. If children and young people who access CAMHS require services that are not limited to CAMHS, care coordination principles will be applied. A coordinated management system between inpatient care and community is integral to CAMHS. This includes clinical managers and treating doctors being actively involved in the care of the child or young person whilst in the inpatient setting. Inpatient staff will also be actively involved in collaborating with community services to commence discharge planning at admission utilising a collaborative approach with all service providers (internal and external).

¹⁸ England, E. & Lester, H. 2005. Integrated mental health services in England: a policy paradox. *International Journal of Integrated Care*. Vol. 5.

8.0 GLOSSARY

Access	Ability of consumers or potential consumers to obtain required or available services when needed within an appropriate time.
Assessment	Process of gathering information about a person with the purpose of making a diagnosis. The assessment is usually the first stage of a treatment process.
Clinical Case Review	Clinical case reviews are meant to comply with National Standards for Mental Health Services where the current progress of the consumer is being discussed. The review is undertaken in consultation with the consumer, carer/parent, community agency, treating doctor and General Practitioner. These reviews are conducted at a minimum every three months.
Clinical Coordinator	A clinical coordinator is also known as the duty officer who is responsible for all referrals to CAMHS during the day and also responds to any crisis calls from the community.
Clinical Handover	Handovers are key events in transitions between shifts and treating teams, including General Practitioners and the community teams or inpatient services, as well as within teams as part of how they divide their tasks.
Clinical Management	The provision of case coordination that includes the bio-psychosocial model with the inclusion of discipline specific therapeutic interventions.
Clinical Supervision	Clinical supervision (CS) facilitates the professional and practice development of clinicians and clinically related staff e.g. team leaders, educators, researchers, professional leaders, ACT Health peer workforce through a process that includes reflection, education and discussion.
Collaboration	A way of working together/co-operating to ensure consumers receive the services they most need.
Continuity of Care	Linkage of components of individualised treatment and care across health service agencies according to individual needs.
Consultation Service	Consultation services are specialist services that provide specialist input into the care of consumers.
Documentation	Process of recording information in the health record and other documents that are a source of information; a written tangible record of care and services provided.
Integration	The process whereby inpatient and community components of a mental health service become coordinated as a single, specialist network and include mechanisms which link intake, assessment, crisis intervention, and acute, extended and ongoing treatment using a case management approach to ensure continuity of care.
Multidisciplinary Team	A team that is made up of a number of different disciplines such as psychiatry, psychology, social work, nursing and occupational therapy from both within and outside of the Division.

Outreach	The provision of mental health services outside of their offices/clinics. This can be in schools, community health or youth centres.
Person centred	Approaches to service that embrace a philosophy of respect for partnership with people receiving the services. They involve a collaborative effort from consumers, their family and carer, friends and mental health professionals.
Recovery	Gaining and retaining hope, understanding one's abilities and limitations, engaging in an active life that has value and meaning, sense of personal autonomy, positive sense of self.
Rights	Something that can be claimed as justly, fairly, legally or morally one's own. A formal description of the services that consumers can expect and demand from an organization.
Referral process	Systems and protocols that ensure linkages between services to support continuity of care and ensure that consumers of services are able to negotiate the system in a seamless and timely manner.
Safety and Quality	The safety of a health care system is defined by the <i>National Health Performance Committee</i> as relating to the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered. Quality is a guiding principle in assessing how well the health system is performing in its mission to improve the health of Australians.

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