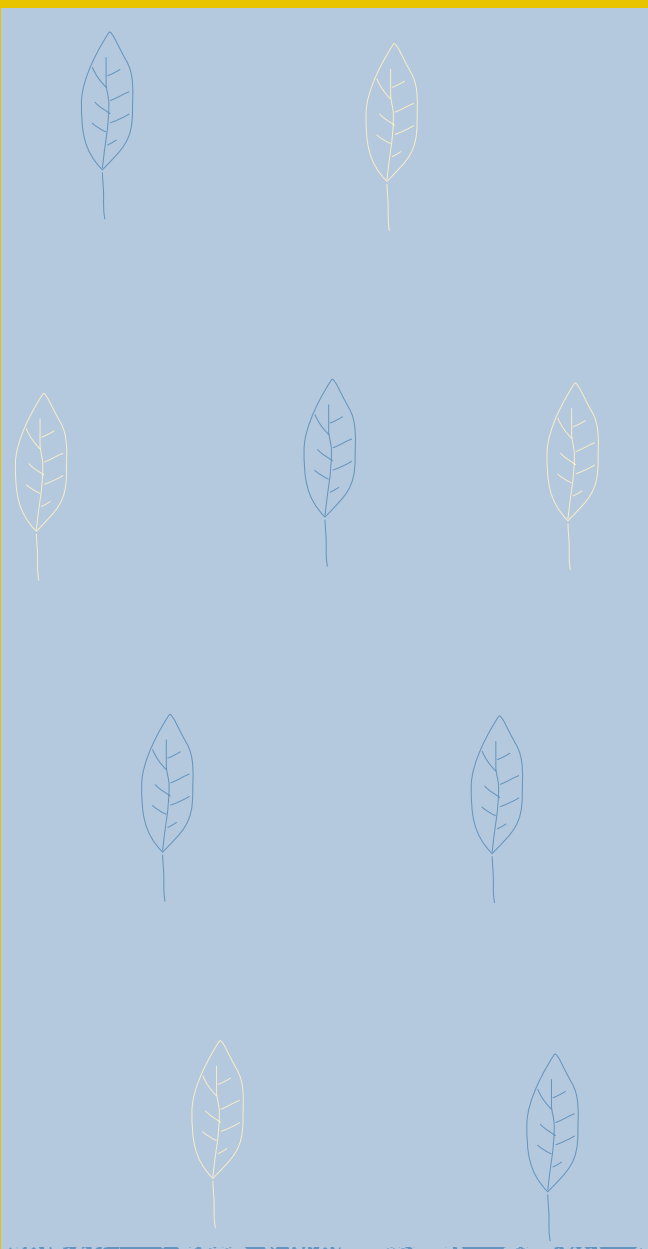


Infancy to Young Adulthood

A MENTAL HEALTH POLICY FOR WESTERN AUSTRALIA



FEBRUARY 2001



Mental Health Division
Department of Health, Government of Western Australia



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Foreword

Ensuring the mental health and wellbeing of children and young people is a high priority for the Western Australian Government.

Most children, with support from family, friends and other social institutions, cope with the stresses and challenges of growing up and have good physical and mental health. At any one time, however, one in six children will have a mental health problem. Some problems can be relatively mild and self-limiting, while others can be life threatening. Most lie somewhere in between.

The impact of mental health problems on children, young people, their families and the community can be significant. Families who have children with a mental health problem experience increased levels of parental frustration, marital discord and divorce. The direct cost of medical care can be substantial and represent a serious burden for the family. Children with a mental health problem are more likely to experience problems at school and with education, have poor employment prospects, and have difficulties in forming relationships and becoming good parents. At a community level they can consume a disproportionate share of resources and attention from school, health services, the criminal justice system and other social service agencies.

There is much that can be done to reduce the risk or prevent the onset of mental health problems and disorders, and reduce the impact of the problems where they do emerge.

It is important we work in a positive and preventive manner to ensure that the majority of children and young people maintain high levels of mental health. We need to continually promote positive mental health and provide prevention and early intervention services for those children and young people who develop, or are at risk of developing, mental health problems. For those children and young people who have persistent and severe problems, specialist mental health services need to provide appropriate and accessible assessment, treatment and support. This policy represents an important step in achieving these outcomes and through this, improving the mental health and wellbeing of Western Australian children and young people.

I would like to acknowledge the work of the Child and Adolescent Mental Health Policy Reference Group which spent many hours considering crucial issues, assisting with the extensive consultation processes associated with the development of this policy and providing advice to the Mental Health Division about key policy directions. Their support and guidance was invaluable.

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Glossary

Aboriginal: A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community with which he or she is associated.

'Children', 'young people' or 'children and young people': These terms are used somewhat interchangeably within this document to refer to people generally under the age of 18 years or, in some cases, young people up to 25 years. Where age is an important issue, or a particular age group is being referred to, the age group is specified.

Cultural competence: A set of congruent behaviours, attitudes, practices and policies that come together in a system or agency or among professionals and enable that system or agency or those professionals to work effectively in cross cultural situations.

Epidemiology: The study of statistics and trends in health and disease across communities.

Evidence based (practice): Use of the best available evidence integrated with professional expertise to make decisions about the care of an individual. This concept is widely promoted in the medical and allied health fields. It requires practitioners to seek the best evidence from a variety of sources; critically appraise that evidence; decide the outcome to be achieved; apply the evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in this process.

Mental disorder: Refers to severe and/or persistent mental health problems. This term implies a clinically recognisable set of symptoms or behaviours associated in most cases with distress and which interfere with personal functioning. Social deviance or conflict alone without personal dysfunction is not included in the term 'mental disorder'.

Mental health problem: Refers to diminished cognitive, emotional or social abilities that may cause concern or distress. Includes conditions that range in severity from minor and/or transitory in nature to more complex, severe and long term conditions.

Mental health services: Specialist health services for the treatment and support of people with mental disorders. Often refers to all types of mental health services including those targeting children, adults and older people.

Outcome: A measurable change in the health of an individual, or group of people or population, which is attributable to an intervention or series of interventions.

Specialist mental health services for children and young people: Services that provide assessment, treatment and care of children and young people under 18 years of age who have mental health problems and disorders. Often referred to as Child and Adolescent Mental Health Services (CAMHS). The term 'CAMHS' has not been used in this document in recognition that many agencies provide mental health services and programs. 'Specialist mental health services for children and young people' provide skills that require a greater degree of specialist mental health training and expertise. This term has also been used to ensure there is a recognition that these services are for children from birth to 18 years and, when developmentally appropriate, up to 25 years of age.

System of care: In this document, refers to a comprehensive spectrum of mental health and other necessary services organised into a coordinated network to meet changing and multiple mental health needs of children, young people and their families.

1. Introduction

Improving mental health outcomes for Western Australian children and young people is an important objective for the Department of Health and over the past three years there has been a 54 percent increase in funding to specialist services in this area. Even with this increase, there is still a significant unmet demand - a demand that cannot be addressed by simply increasing resources. There is a need to redefine the way services are provided and a need to ensure resources are allocated to those services that provide the most effective mental health outcomes.

Infancy to Young Adulthood: A Mental Health Strategy for Western Australia ('Infancy to Young Adulthood') outlines new directions for specialist mental health services for children, young people and their families. It provides a framework for service delivery and evaluation that identifies the types of services and supports that will be available. It recognises the need for a greater range of services that has the diversity to meet the mental health needs of children and their families, and to provide them with an individualised system of care - a system that is flexible, adaptable and that reflects good practice.

Key directions include:

- an increased emphasis on prevention and promotion
- a focus on children and young people with severe mental health problems
- stronger partnerships with families
- better service planning and more integrated service delivery.

Regional and collaborative service planning and delivery is also a central theme. While the Department of Health purchases 'specialist' mental health services for children and young people, there are many agencies that provide services that contribute to their mental health and wellbeing. This includes public and community health, childcare agencies, schools, the Department for Community Development, the Department of Justice, Disability Services Commission and other government and non government agencies. Paediatricians and other private practitioners also play a significant role.

It is clear that no agency in this current climate can afford to develop services in isolation. An interagency approach will be underpinned with a commitment to secondary consultation, training and the development of referral processes that will assist other service providers.

The collaborative experience from a wide range of children, young people and their families, professional groups and community organisations and agencies has been used to develop this policy. This high level of consumer and interagency involvement will continue to be an integral part of the ongoing development of specialist mental health services for children and young people.

2. The Broader Policy Context

Under the National Mental Health Strategy, the Commonwealth, States and Territories have committed themselves to reforming mental health services in Australia.

This policy acknowledges the first phase of the National Mental Health Strategy that provides a generic framework for mental health service delivery and draws extensively on the second phase of the strategy with its focus on: prevention and promotion; services for children and adolescents; partnerships in service reform; and quality and effectiveness of service delivery.

Infancy to Young Adulthood is also congruent with the Department of Health's strategic directions.

Central to development of this policy is the Department of Health's strategic planning statement *Health 2020, North West and South West Plans, Ministerial Taskforce on Mental Health (1996), Mental Health Plan for Western Australia (1996) and Mental Health Services: A Framework for Reform (1998)*.

3. Defining Mental Health for Infants, Children and Young People

Mental health for infants, children and young people has a strong interrelationship with normal growth and development. It includes *a capacity to enjoy and benefit from satisfying relationships and educational opportunities, and to contribute to society in a number of age appropriate ways*. It includes *freedom from problems with emotions, behaviours or social relationships that are sufficiently marked or prolonged to lead to suffering, risk to optimal development in the child, or to distress or disturbance in the family or community*¹.

The term 'mental health problem' is used to describe a broad range of emotional and behavioural difficulties that may cause concern or distress. Mental health problems are relatively common and encompass 'mental disorders' which are more severe and/or persistent mental health conditions. The term 'disorder' is used to imply a clinically recognisable set of symptoms or behaviours associated in most cases with distress and which interfere with personal functions. Social deviance or conflict alone without personal dysfunction is not included in the meaning of mental disorder.



The strong connection that the mental health of children and young people has with their normal growth and development has been associated with the emergence of specialist sub-streams:

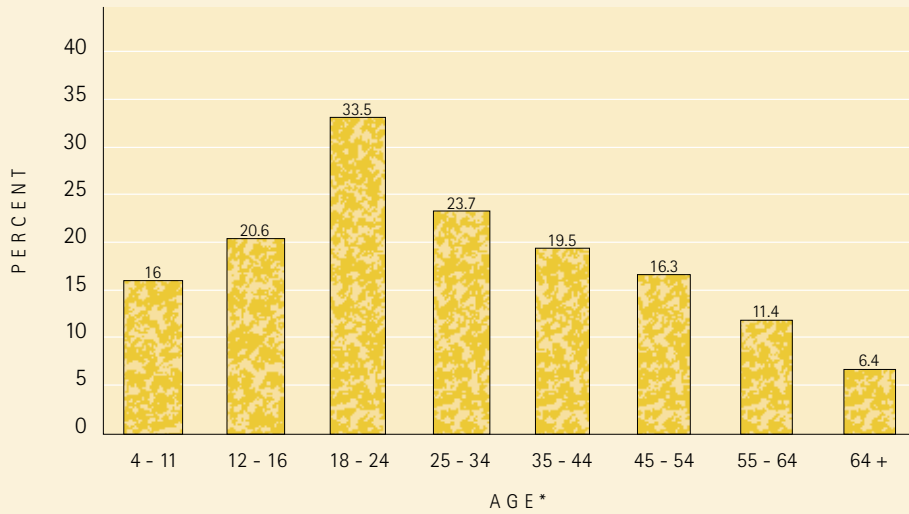
- *Infant mental health* which responds to the needs of children from conception up to primary school age. This is a specialty emerging in response to the increased knowledge about early childhood, parent relationships and the growing understanding that the early years of development, particularly for the first three years, are the basis for competence and coping skills that will affect learning, behaviour and health throughout life.
- *Mental health for primary school aged children* which has a particular focus on the development of cognition, emotional regulation, language, play and social relationships. The sorts of disorders arising at this time of life include anxiety, depression and conduct problems.
- *Adolescent mental health* addresses the developmental needs of children approximately 12-16 years and mental health problems increasingly merge into that of adults. Treatment methods are influenced by the greater independence and responsibility of the young person.
- *Mental health of young adults* addresses the needs of young people aged 16-25 years. The mental health problems for this group are similar to adults, however, the transition to adulthood for young people with severe mental health problems may be particularly difficult. They may encounter high levels of unemployment, dependence, economic hardship and social isolation, especially when they exit the education system. Effective treatment and support at this time in their life is crucial.

4. Prevalence of Mental Health Problems in Western Australia

Epidemiological studies consistently show throughout the world that between 10-20 percent of children and young people in urban settings suffer from a diagnosable mental health problem. The recent national report, *Mental Health of Young People in Australia (2000)*, indicates a prevalence rate of 14 percentⁱⁱ. The *Western Australian Child Health Survey (1995)* indicates that 16 percent of children 4-11 years and 21 percent of young people 12-16 years had a mental health problem. Collectively, 18 percent of this age cohort or one in six children (4-16 years) had a mental health problem. One in five adults are estimated to have a mental disorder with young adults 18-24 years having the highest prevalence rate of one in three. (Refer to figure 1.)

The Child Health Survey found that children with mental health problems often had more than one type of problem. Of the 18 percent of children identified as having a mental health problem, 22 percent had one problem, 21 percent had two problems and 47 percent had three or more problems.

FIGURE 1. PREVALENCE OF MENTAL HEALTH PROBLEMS, ALL AGES, WA



* Statistics on young people aged 17 years were not available in this analysis

Source: Australian Bureau of Statistics and Institute of Child Health Research (1995), Western Australian Child Health Surveyⁱⁱⁱ and Australian Bureau of Statistics (1997), Mental Health and Wellbeing: Profile of Adults^{iv}

Using distress or impairment, or the need to seek professional help as indicators of severity of mental health problems, the survey found that of the 18 percent of children with mental health problems, 57 percent had severe problems.

5. Policy Objectives

Infancy to Young Adulthood aims to improve the mental health and wellbeing of Western Australian infants, children, adolescents and young adults through:

- preventing, where possible, the development of mental health problems and mental disorders
- reducing the onset, severity, duration and recurrence of mental disorders through early identification and intervention
- providing effective treatment, support and continuing care for those experiencing mental health problems and disorders to ensure optimum quality of life for themselves and their families
- improving the capacity of the broader system of care to respond to their mental health needs.

6. Target Population

Many agencies provide mental health services for children and young people. Within this context, specialist mental health services will provide direct services for children who have severe mental disorders. These are children and young people who:

- have a diagnosable condition based on ICD-10
- experience substantial impairment in functioning due to the mental disorder for the past year on a continuous or intermittent basis, or
- have exhibited severe symptoms within the past 30 days coupled with substantial impairment in functioning at the current time⁽¹⁾.

Specialist mental health services for children and young people will, in the first instance, develop appropriate service responses for young people from conception up to and including 17 years of age.

Young people over 18 years have, in the past, been considered best served by adult mental health services. There are significant variations in the maturation rates of people at this age and some young people over 18 years will be better served through child focused services. Similarly, adult mental health services will provide services to young people under the age of 18 years where it is developmentally appropriate or where there are no specialist services for children and young people.

The transition to adulthood for young people with severe mental health problems may be particularly difficult. Specialist mental health services for children and young people will share responsibility with adult mental health services to ensure that support for these young people is maintained during this period.

7. Principles for the Provision of Specialist Child and Adolescent Mental Health Services

Key principles for the provision of specialist child and adolescent mental health services are that:

- services will be available to all age groups spanning across infancy, childhood, adolescence and young adulthood
- priority will be given to those children and young people with severe mental disorders
- services will be child centred and family focused with the needs of the child and family dictating the type and mix of services provided
- early identification and intervention for children with mental disorders will be promoted to enhance the likelihood of positive outcomes and to reduce suffering

⁽¹⁾ These criteria are described in more detail in Appendix One.

- children and young people will receive services in the least restrictive, most normative, stable environment that is clinically appropriate
- a comprehensive and integrated mix of specialist mental health services for children and young people with severe mental disorders will be provided that addresses their individual physical, emotional, social, cultural and educational needs
- services will be predominantly community based with management and decision making responsibilities resting at the regional level
- specialist mental health services for children and young people will be planned and delivered within a broader system of mental health care that will provide promotion, prevention, early intervention, treatment and continuing care, and community support
- services across the system of care will be integrated and mechanisms for joint planning, development and coordination developed
- families, consumers and carers will be involved in all aspects of service planning, delivery and evaluation
- mental health care will be provided in a timely, effective, efficient and high quality manner to achieve optimal outcomes for children, young people and their families
- services will be culturally competent and responsive to the cultural, racial and ethnic differences of the populations they serve
- development of services and clinical care will be evidence based.

Services across the system of care will be integrated and mechanisms for joint planning, development and coordination developed.



8. Strategic Directions

Specialist mental health services for children and young people in Western Australia have undergone a significant period of expansion and development. Funding to this program has increased by 54 percent over the past three years and there are now services in all regions.

In 1995, 0.4 percent of the total child population under 18 years attended specialist mental health services. By 1998, this had doubled to 0.8 percent, or more than 4000 children and young people. It is expected this rate will be increased to 2 percent by 2003. This target will be achieved first through the consolidation of the services resulting from the significant funding increases provided to specialist mental health services for children and young people since 1998 and secondly, through changes to service delivery as outlined in this policy.

Specialist mental health services for children and young people will have a role in each of the following areas:

- supporting the development of an interagency system of care
- providing a comprehensive range of specialist mental health services for children and young people
- developing community based and regionally planned services
- supporting the development of promotion and prevention services
- developing rural and remote services
- responding to cultural diversity
- improving the quality of services, and
- increasing training and education opportunities.



Specialist mental health services for children and young people in Western Australia have undergone a significant period of expansion and development.

8.1 Supporting the Development of an Interagency System of Care

Specialist mental health services are a small but vital component of a broader system of care that promotes the mental health and wellbeing of children and young people.

Central to this system of care are families and carers. They are invariably the single most important resource for children and young people who have mental health problems and their participation in the child's treatment and support can significantly enhance outcomes. Adequate family and carer support can reduce the need to place children in more intensive and restrictive services. Even the most troubled families have strengths that can be built upon.

Other agencies and professionals that play a role in promoting the mental health and wellbeing of children and young people include childcare agencies, schools, private mental health practitioners, Department for Community Development, paediatricians, family doctors, non government organisations and other child and youth services. The National report on the mental health of young people in Australia identified that family doctors, school based counsellors and paediatricians provide the services that are most frequently used by children and young people with mental health problemsⁱⁱ.

The range and type of services provided by specialist mental health services needs to be determined within this broader context, taking into consideration the roles undertaken by other agencies and professionals.

A tiered system of service delivery that reflects the framework within which specialist mental health services for children and young people will be developed in Western Australia is detailed in figure 2. It recognises that children and young people presenting with mental health problems and disorders will require different types and levels of support.

Figure 2 identifies four tiers. These are not intended as rigid prescriptions of service design but serve to identify the styles and levels of specialisation of work involved in offering comprehensive coordinated mental health services for children and young people.



FIGURE 2. A TIERED SYSTEM OF CARE TO PROMOTE THE MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

TIER ONE		TIER TWO
PRIMARY SERVICE PROVIDERS		INDEPENDENT PROFESSIONALS AT VARIOUS AGENCIES AND IN PRIVATE PRACTICE
<p><i>In this tier, services work effectively with children who manifest mild emotional and behavioural difficulties or the early stages of a disorder.</i></p> <p>Personnel in this tier have a unique opportunity to engage with children and families in early identification and management of mental health problems. Some have acquired specialist training and expertise and work regularly and closely with specialist services.</p> <p>Tier 1 services make a valuable contribution in that they are not perceived as stigmatising by parents or young people. Workers in these services often know a good deal about the children's families and their wider situation.</p> <p>Service providers must operate with a level of skill necessary to identify and refer children with mental health problems who are likely to need ongoing and more skilled attention.</p> <p>Services at this level are provided by non mental health specialists who are in a position to:</p> <ul style="list-style-type: none"> - provide developmental opportunities that promote mental health and wellbeing - initiate prevention strategies - identify mental health problems and disorders early - refer children with symptoms of mental health problems and disorders for assessment - offer general advice - in certain cases provide treatment - manage cases. <p>Types of services and service providers can include:</p> <ul style="list-style-type: none"> - childcare - pre schools - schools - general practice - paediatric services - community health services (incorporating a range of health professionals) - youth services - Department for Community Development - Disability Services Commission - juvenile justice services - accommodation services - other non government services 	<p>PARENTS AND CARERS NEED TO INVOLVED AT ALL TIERS</p>	<p><i>Services at this level work with children and young people who have moderately severe problems that will need attention by professionals trained in children's mental health.</i></p> <p><i>Conditions will tend not to be complicated by comorbidity or serious risk factors.</i></p> <p>Tier 2 is a level of service provided by professionals who relate to others through a network (rather than within a team). Personnel often identify mental health problems and disorders in children who are presenting with problems. They can provide assessment for cases that are not complicated by comorbidity or severe risk factors and can be mitigated by health and mental health professionals with the relevant skills and experience from any one of a number of disciplines. More complex mental health disorders will often need to be assessed by a third tier team, although management may occur in tiers 1 and 2. Key roles and responsibilities can include:</p> <ul style="list-style-type: none"> - identification of children with mental health problems and disorders - assessment of less complex, severe and persistent cases - provision of treatment for problems not complicated by comorbidity or serious risk factors - case management - training and secondary consultation to tier 1 personnel - outreach services to identify severe or complex needs which require more specialist interventions but where specialist services are not accessible - counselling, liaison and advocacy - screening and referral to tier 3 and 4 services. <p>Types of services and service providers can include:</p> <ul style="list-style-type: none"> - paediatricians - mental health practitioners - educational services - adult mental health services - general practitioners with specific skills - Department for Community Development - Disability Services Commission - juvenile justice services. 

FIGURE 2. A TIERED SYSTEM OF CARE TO PROMOTE THE MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

TIER THREE		TIER FOUR
SPECIALIST MENTAL HEALTH SERVICES		SPECIALIST AND SUPRA REGIONAL MENTAL HEALTH SERVICES
<p><i>Children and young people with more severe, complex and persistent disorders.</i></p> <p>Assessment and treatment are informed by a number of specialists with differing expertise who may be working as a team or close network. Treatment may be by one specialist but all specialists involved may monitor the progress of the child.</p> <p>Key roles and responsibilities can include:</p> <ul style="list-style-type: none"> – provision of emergency services – assessment and provision of some aspects of treatment for complex, persistent and more severe cases – case management of multi-modal service provision – screening and referral to tier 4 – training and consultation with personnel in tier 1 and 2 services – undertaking research and development programs. <p>Types of services and service providers can include:</p> <ul style="list-style-type: none"> – a multidisciplinary team working in a community clinic or outpatient service – Child and Adolescent Mental Health Services – specialised paediatric services – educational psychological services – emergency services – adult mental health services – other specialists as required. 	PARENTS AND CARERS NEED TO INVOLVED AT ALL TIERS	<p><i>Children and young people with the most severe and persistent disorders.</i></p> <p>Tier 4 services are often provided in particular settings such as inpatient units or specialist outpatient clinics for children who have unusual, very severe, complex or persistent disorders, almost always complicated by risk factors. This tier also includes tertiary services that are supra regional as not all regions can expect to offer this level of service.</p> <p>Key roles and responsibilities can include:</p> <ul style="list-style-type: none"> – complex assessment – treatment of the most complex, persistent or severe cases – contribution to services, training and consultation at tiers 1, 2 and 3 – undertaking research and development programs. <p>Types of services can include:</p> <ul style="list-style-type: none"> – highly specialised outpatient teams – specialist treatment programs – inpatient services for older children and young people who are severely ill or suicidal. 
<p>Source: Proceedings from the Metropolitan and Rural/Remote Child and Adolescent Mental Health Service Mapping Exercise (1999) and Kurtz,Thornes and Wolkind (1995)</p>		

Strategies will need to occur at two levels to enable mental health services to work effectively within this system of care:

1. The Department of Health will continue its work with other relevant agencies to improve the State Government framework for the delivery of mental health services for children and young people. State level inter-service plans, protocols and agreements will be developed, where relevant, which will clarify service delivery roles of various agencies, define referral pathways and develop ways of providing integrated service delivery.
2. At the operational level, mental health services will take a lead role in collaborating with other relevant service providers and professionals to develop an integrated system of care. This will be best achieved through regional planning. Section 8.3 discusses this in more detail.

State and regional level frameworks will identify methods of service delivery across the spectrum of intervention including prevention and promotion, early intervention and treatment, and continuing care. They will also identify agencies best placed to deliver the various types of services. (Refer to figure 3.)

FIGURE 3. THE MENTAL HEALTH SPECTRUM OF INTERVENTION

	PREVENTION			TREATMENT		CONTINUING CARE	
Intervention level	Universal	Selective	Indicated	Case Identification	Treatment	Compliance	Rehabilitation
Delivery agency	Primary service providers (Tiers 1 and 2)			Mental health services (Tiers 2, 3 and 4)		Mental health services (Tiers 1, 2, 3 and 4)	

Source: Adapted from Munoz, R, Mrazek, PJ and Haggerty, RJ (1996)^{vii}

8.2 Providing a Comprehensive Range of Specialist Mental Health Services for Children and Young People

Within the broader system of care, specialist mental health services for children and young people will make available a comprehensive suite of services. This will be available to children and young people from conception to 17 years and up to 25 years, where appropriate, who have severe mental health problems.

Key components of a comprehensive model will include:

- emergency services
- individual and family clinical services
- consultation and liaison services
- specialist treatment and school based programs
- intensive psychiatric treatment services
- family support and treatment services
- inpatient services
- services for population groups with specific needs.

Appendix Two provides a detailed description of each of these service components.

To achieve this comprehensive service delivery model, it is important to continue to expand the capacity of specialist mental health services for children and young people.

A shift to higher tier service provision by specialist mental health services will be a significant strategy to ensure children with severe mental disorders have better access to services. Specialist mental health services for children and young people will primarily operate in tiers 3 and 4. At present, a significant component of the work undertaken by these services occurs in tier 2. This shift will need to occur over time and will require a broadening of roles and responsibilities of specialist mental health services. Capacity building, secondary consultation, support and training to tier 1 and 2 service providers will be required to increase their ability and confidence to work with children with less severe mental health problems.

It is also important that specialist mental health services for children and young people address the needs of children and their families from conception to 25 years of age. Currently, children under 5 years and over 14 years are under-represented. In 1997/98, only 3.5 percent of children seen by mental health services were between the ages of 0-4 years. The majority of children were in the 10-14 year age range, followed by the 5-9 year age range. Country young people (15-19 years) were more likely to receive specialist mental health services than their counterparts in the metropolitan area⁽²⁾.

Achieving a comprehensive service delivery model will require the development of services and training of staff to ensure expertise and skills are available in all specialist sub-streams – infant mental health; mental health for primary school aged children; adolescent mental health; and mental health for young adults (see section 3 for a description of these specialist sub-streams).

⁽²⁾ These figures relate to community based specialist mental health services.



8.3 Developing Community Based and Regionally Planned Services

The majority of specialist mental health services for children and young people will be regionally planned and predominately community based. Regional planning will determine the best mix of services and identify priorities for service delivery and development. Resources will be redirected where necessary. This will ensure that services are more accessible, flexible and responsive to local needs and will allow children and their families to stay in settings close to their social networks.

Where population numbers do not enable the cost effective provision of services at the regional level, supra regional services may be developed.

Children and young people presenting with problems that are complex, severe, uncommon or life threatening may require specialist expertise. Due to the small numbers of individuals involved in these circumstances, these services will be organised on a statewide basis. This has the benefit of facilitating specialist research and education.

Currently there are very few specialist services. Models for the development of these types of services need not be limited to teaching hospitals nor do they need to be centre based. Specialist expertise and teams can be developed across regions, within community based clinics and in other settings.

The referral of children, young people and their families to supra regional or statewide services will be through community based specialist mental health services for children and young people. Statewide services and supra regional services will need to develop a range of strategies to ensure children in all regions have access. Secondary consultation, visiting specialists, outreach services and education and training will need to be developed as an integral part of the support that is provided through these services.

To ensure a comprehensive service model that is integrated within a broader system of care, regional mental health services will take a lead role in collaborating with other relevant service providers to develop regional mental health service plans for infancy to young adulthood.

These plans will include:

- models of service required for an effective and efficient multi-agency system of care within the region
- models of service required to provide a comprehensive specialist mental health service for children and young people within the region
- roles and responsibilities of relevant agencies and services
- effective and seamless referral pathways between services, and
- development of shared care protocols between various agencies and providers.

Regional plans will take into account geographic, demographic and socioeconomic factors in determining regional needs and will identify the mix of services required for the region. Planning for the development of services must examine current service provision across all relevant agencies, taking into account the current and future distribution of the 0-25 year old population, areas of population growth and the location of people with special needs. Services and purpose-built facilities need to be planned with the capacity to expand and change with the future needs of the population.

A priority in the development of these regional plans will be to strengthen the inter-relationship between relevant services provided through the Department of Health. This is particularly important for specialist mental health services for children and young people and adult mental health services, and includes the interface between paediatrics and other child and youth health services.

8.4 Enhancing Promotion and Prevention

At the National and State levels, a significant focus is being placed on the promotion of mental health and the prevention of mental illness. Increasing evidence shows that promoting mental health and providing preventive interventions can be more effective than treatment of more established disorders and can diminish vulnerability to mental health problems.

The *Second National Mental Health Plan (1998-2003)* emphasises promotion and prevention as key themes and the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000)* has been developed to provide a national policy framework.

The Department of Health has developed a *State Mental Health Promotion and Illness Prevention Policy*. This policy is a joint project between the Mental Health and Public Health Divisions and the Office of Aboriginal Health. It has a whole of population focus and a significant component will be targeting children and young people.

The aim of the policy is to focus on mental health promotion and mental illness prevention strategies that have been proven to work.

The development of effective partnerships with families and communities, and enhanced linkages between all services responsible for the wellbeing of children, families and individuals are integral to its implementation.

The majority of promotion and prevention activities will be provided by tier 1 and 2 services. It is important that the *Mental Health Promotion and Illness Prevention Policy* be used to guide the inclusion of promotion and prevention responses within regional mental health service plans and the State level mental health framework for infancy to young adulthood.

The Department of Health
has developed a State Mental
Health Promotion and Illness
Prevention Policy.



8.5 Developing Rural and Remote Services

An increase in resources to specialist mental health services for children and young people in rural and remote regions has been an important strategy to improve service delivery.

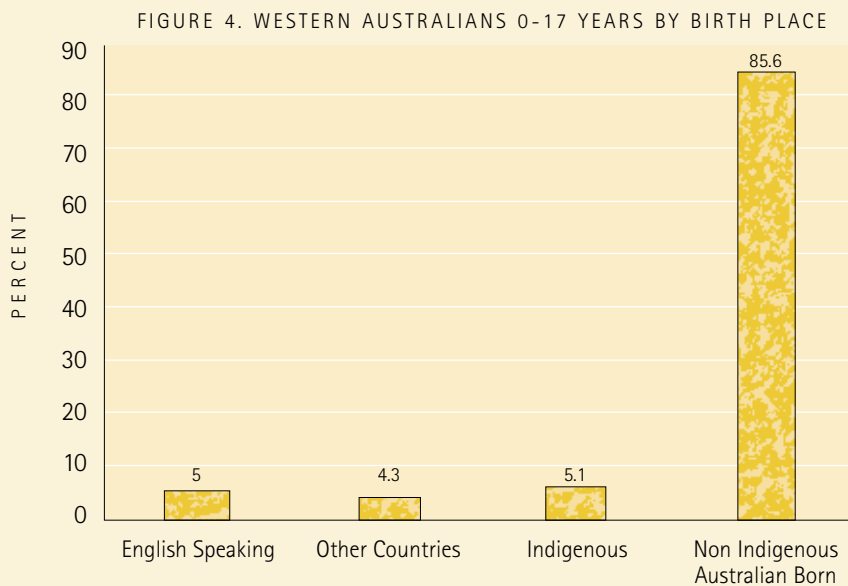
It is not yet possible to provide full specialist teams for children and young people in all rural and remote areas. In most rural and remote regions, services team members see clients of all ages with the support of a few child and adolescent mental health specialists. This indicates a greater involvement of adult mental health services and other primary service providers to enable the provision of a comprehensive range of services. In some instances, out of region services may need to be utilised. Regardless of the service models, the focus of specialist mental health services for children and young people must move towards tier 3 of the care model, with participation in tier 4 services as appropriate. Examples of strategies include:

- providing outreach services
- establishing specialist treatment programs in concert with agencies such as the Department for Community Development, the Department of Justice, the Department of Education and non government organisations
- using adult inpatient facilities where appropriate, for example, rooming-in facilities
- establishing collaborative networks with other local services for the provision of ongoing management and support between visits by specialised mental health professionals
- developing strategies to improve the capacity for recruitment and retention of highly skilled rural and remote mental health workers including supra regional and regional level training, professional development and clinical supervision
- using modern communication technology to support the delivery of mental health services
- supporting the primary health sector in addressing mental health issues in rural and remote areas including training, and the development of mental health referral and support networks
- formalising arrangements with metropolitan specialist services in those instances where city based specialist services will be required by the child or young person and their family, and
- establishing formal partnerships with specialist services in, for example, the metropolitan area for the purpose of consultation, training, mentoring of program development and backup personnel when recruitment service gaps occur in rural areas.



8.6 Responding to Cultural Diversity

Nearly 10 percent of young Western Australians aged 0-17 years are born overseas (5 percent in English speaking countries and 4.3 percent in all other countries). Five percent of young people aged 0-17 years are Indigenous Australians.



Source: Health Information Centre, Department of Health

Mental health data for the culturally diverse population is limited due to their small representation in many of the available studies. Aboriginal children and children from culturally and linguistically diverse backgrounds (CALD) are under-represented in specialist mental health services. Less than 0.7 percent of all children using specialist mental health services are Aboriginal and less than 0.8 percent of young people are from CALD backgrounds.

It is important policies, services and practices address this under-representation. Services need to understand the importance of culture and develop systems that recognise, incorporate, value and respond to diversity.

The cultural competence of services is reflected by a number of key elements:

- *Valuing diversity* includes acknowledging and respecting the different cultures that underpin Western Australian communities.
- *Undertaking cultural assessment* to understand the values and attitudes reflected by the service which will allow a better understanding of how to work with people from other cultures.



- *Understanding and acknowledging the dynamics* of different cultures includes understanding the differences across culture in critical attitudes, values, communication patterns and history. Knowing there are different understandings of mental health and different help seeking patterns so that children and families are not misinterpreted or misjudged.
- *Cultural knowledge as a integral part of the service* is reflected in many ways, for example, in-service training, using traditional healers, linking with key leaders from these communities, establishing advisory committees and linking with relevant organisations.
- *Adapting to diversity* involves using the above elements to adapt practices, change approaches and develop services to better respond to the mental health needs of these children and their families^{viii}.

Services will work towards incorporating these elements in the development of service standards and assessing them through outcome measurement.

A number of specific strategies are outlined below for Aboriginal and Torres Strait Islander children and young people, and for children and young people from CALD backgrounds.

Aboriginal and Torres Strait Islander Children and Young People

Aboriginal and Torres Strait Islander children and young people experience significant social adversity and poor health outcomes. The importance of culture, family and land within Aboriginal communities and their holistic view of health and mental health dictate the need for culturally secure services. A number of strategies will be employed to ensure better mental health outcomes for this population group:

- Specialist mental health services will work closely with Aboriginal community based organisations to develop a better understanding of the mental health needs of Aboriginal children and their families, to develop culturally secure referral processes and to provide secondary consultation and support to workers in these organisations.
- Culturally specific services will be developed to meet the special needs of Aboriginal children, for example, the regional youth counsellor program. This program was established to promote youth mental health and reduce the risk of suicide and was jointly developed by the Mental Health Division and the Office of Aboriginal Health. Half the program is directed to services for Aboriginal young people in recognition of their elevated risk for suicide.
- Services will be adapted to meet the needs of Aboriginal young children where appropriate. An example includes the adaptation of the Positive Parenting Program for Aboriginal families.
- There is a need for better research and data about the mental health needs of Aboriginal children and young people. The Mental Health Division in conjunction with other agencies is providing support to an Indigenous child health survey being undertaken by the TVW Telethon Institute for Child Health Research. The results of this study will be used to guide future service development.
- The development of statewide measurement of outcomes for specialist mental health services will ensure data is collected on the outcomes for Aboriginal children and their families.

- The capacity of services to provide culturally secure services that provide the necessary mental health outcomes will be, to a large degree, driven by the skills and experience of the staff in these services. All regional services will provide appropriate training for staff to increase their capacity to provide culturally secure services. The Curtin University Centre for Aboriginal Studies and Marr Mooditj have been engaged by the Department of Health to develop a training program for mental health staff about relevant cultural issues for Aboriginal people. The aim of the program is to improve the understanding and treatment of Aboriginal clients. This course will be relevant to specialist mental health workers working with children and young people.
- There will be a proactive strategy to employ and train Aboriginal specialist mental health workers, particularly in those regions with significant Aboriginal populations.

Children and Young People from Culturally and Linguistically Diverse Backgrounds

There are many reasons why children and young people from CALD backgrounds are under-represented within specialist mental health services. These include different understandings within ethnic communities about what is meant by mental health and ill health, the stigma and shame that surrounds mental health (which is often greater in ethnic communities than in the mainstream community), anxiety about confidentiality and parents' need to resolve problems within the family system^{ix}.

Strategies to be employed to ensure better mental health outcomes for this population group include:

- The development of a transcultural mental health policy that will outline the Department of Health's strategic approach to improving mental health outcomes for people from CALD backgrounds.
- Regional specialist mental health services for children and young people will collaborate with ethnic and other community agencies to ensure the needs of specific ethnic groups are understood and addressed. Referral processes will be established and supported, and secondary consultation will be provided to the workers within these agencies.
- Use of the recently established metropolitan-wide community based support, education and referral service for people from different cultural backgrounds. This service has been established to meet the needs of all age groups including children, young people and their families, and:
 - facilitates the referral of individuals to public mental health services
 - provides support to individuals and families who are using mental health services
 - provides advice to clinicians on the cultural issues involved in working with individual clients
 - links public mental health services to education and information sessions on broad cultural issues.
- The development of statewide measurement of outcomes for specialist mental health services, which will ensure data is collected on outcomes for CALD children and their families.



8.7 Improving the Quality of Services

The availability of services alone is not enough to ensure that children and young people with mental health problems receive treatment and support that will assist their recovery and safeguard their interests. Services must also be of sufficiently high quality to achieve the desired outcomes.

Partnerships with families, carers and consumers

Participation of parents, children and young people will be encouraged at the system level. Consumer participation at this level will enhance the quality of service delivery, increase consumer satisfaction and improve the mental health outcomes for the children and young people using the services. Families will be involved in policy making, planning, priority setting and evaluation of the whole system of care.

Research

There is a strong call for research to address issues associated with the mental health and ill health of children and young people. This includes the need for epidemiological studies and research to drive evidence based clinical practice and service delivery.

In collaboration with researchers, academic staff, consumers, service providers and professionals, a research agenda for the mental health of children and young people will be identified.

The Department of Health will continue to contribute to several research institutions including:

- *TWV Telethon Institute for Child Health Research*. The Institute has provided Western Australia with international renowned research on health outcomes for children and young people. This includes substantial and unique information on the mental health of Western Australian children.
- *University of Western Australia Departments of Psychiatry and Paediatrics*. An academic position has been created in general child and adolescent psychiatry. Academic positions have several functions including:
 - improving applied research
 - improving training for mental health professionals
 - attracting and retaining clinical staff.
- *Centre for Mental Health Services Research Inc* undertakes mental health services research which includes a focus on service models for children and young people.

Research need not be limited to specialist institutions and academic staff. Community based specialist mental health services for children and young people and specialist units can also play an important role in attracting funds for and undertaking relevant research and evaluation.

Quality improvement projects funded through the Mental Health Division will continue to encourage applied research and evidence based service delivery. Future quality improvement projects will promote the objectives of this policy.

The dissemination of research outcomes and information to improve the quality and effectiveness of clinical practice and service delivery is crucial. The *Second National Mental Health Plan*^x strongly supports the use of online technologies such as the internet and telecommunications to improve dissemination of information and knowledge. All specialist mental health services for children and young people should have, as a minimum, access to telepsychiatry systems and library and internet services.

Expansion of telepsychiatry sites will continue throughout Western Australia and staff in specialist mental health services for children and young people will be trained to use this more fully and effectively.

Access and Service Responsiveness


Good access requires adequate resourcing of services together with mechanisms and practices that ensure effective service utilisation. The report *Mental Health of Young People in Australia*ⁱⁱ identified that reasons parents gave to explain why children and young people did not access professional services despite having significant mental health problems included:

- help was too expensive (50 percent)
- they didn't know where to go (46 percent)
- they could manage the child's mental health problem on their own (46 percent)
- they asked for help but didn't get it (43 percent)
- they had to wait too long for an appointment (38 percent)
- the children didn't want to attend (25 percent)
- the service was too far away (18 percent), and
- the stigma of obtaining help (6 percent).

Quality improvement projects funded through the Mental


Health Division will continue to encourage applied research and evidence based service delivery.





Access to services will be enhanced in a number of ways:

- Services will be community based and regionally coordinated. Only inpatient services will be on hospital sites. Local accessibility will be further enhanced by the use of flexible models of service delivery including outreach, home and school visits and negotiable appointment times that suit the parents and children accessing the services.
- Appropriate educational information for children, young people, their families and the broader community will be provided to assist families make informed decisions, seek appropriate help and reduce the stigma surrounding mental illness or help seeking. Strategies will be developed that increase the knowledge, understanding and awareness of issues related to mental health and regional mental health services will ensure the community has information about the range of services available and the methods for establishing contact.
- Regional planning will ensure formal consultative and referral linkages are established between specialist mental health services and other services. Access will be enhanced through more appropriate and timely referrals.
- All children and young people that present with difficulties that suggest the presence of severe mental disorder; or if there is a high risk of such a disorder, will be assessed. Factors such as age, gender, culture, sexual orientation, socioeconomic status, religious beliefs, previous psychiatric diagnosis or type of mental disorder or other disabilities should not prevent access.
- Waiting times for appointments will be reduced to the minimum possible period. Should significant waiting lists develop then strategies will be introduced to redress the situation.
- Culturally competent services that enhance access to the different social and cultural groups in their defined community will be developed.
- Communicating clearly the reason why to those families and children who are not accepted for referral and assessment, and ensuring that alternative service possibilities are identified.



Continuous Quality Improvement

High quality in the provision of mental health care is achieved through commitment to standards of care and processes of accreditation and review focusing on improving outcomes for children and young people.

The establishment of clear standards and the setting of performance benchmarks are required to support the delivery of quality mental health services. The *National Standards for Mental Health Services*^{xi} provide a framework for monitoring and evaluating mental health services that all mental health services are required to implement by 2003. The *Service Provider Guidelines*

for Child and Adolescent Mental Health Services (CAMHS) in Western Australia^{xii} is based on these National standards and have been developed in order to promote continuity of service delivery and evaluation procedures across Western Australian specialist mental health service for children and young people. This working document will be used as a best practice guide for specialist mental health services for children and young people in Western Australia.

Outcome measurement is important to promote and monitor the quality and effectiveness of mental health services. Services will incorporate outcome measures as a part of their system in which data is systematically collected, recorded, scored, interpreted and fed back in a timely fashion and appropriate form to consumers, clinicians, managers, administrators and policy makers. This process allows for continuous quality improvement, evaluation of service effectiveness and rational decision making concerning resource allocation.

Currently, many specialist mental health services for children and young people are developing outcome measurement in isolation. The effectiveness of services is most reliably assessed by the use of standardised measures. A coordinated approach will be established to develop a consumer measurement system for specialist mental health services for children and young people in Western Australia that will be closely linked to National consumer measurement initiatives.

8.8 Increasing Training and Education Opportunities

This policy has outlined key directions for improvement in the quantity and quality of services, highlighting the importance of the skills of the workforce available to deliver specialist mental health services for children and young people.

Raised service expectations will be difficult to meet until there are some major improvements in the skills of the workforce. There is a need to change the skill mix to align with service changes and there is already a shortage of professionals with specialist skills in child and adolescent mental health. There is also an under-representation of Aboriginal staff in mental health services.

Universities and professional associations play a significant role in educating the main professions employed in specialist mental health services for children and young people. This includes clinical psychology, psychiatry, mental health nursing, occupational therapy and social work^{xiii}. The levels of education provided in mental health specialties within undergraduate and postgraduate courses vary across the professions. Whereas postgraduate training programs in psychiatry and clinical psychology offer specialist courses in child and adolescent mental health, others result in minimal skills development and training in this area. Many graduates are not prepared for the complexities of working in newly evolving specialist mental health services, particularly those targeting children and young people.



Efforts will continue to encourage course controllers to increase the focus on mental health.

An academic psychiatric position has been created in General Child and Adolescent Psychiatry. This position is expected to make an important contribution to the education and training of undergraduate and postgraduate psychiatrists, particularly those undertaking specialist training in child and adolescent psychiatry.

While efforts are being made to encourage changes in university and college programs to cater for the workforce needs of specialist mental health services for children and young people, change in this area is likely to take some time. In the shorter term, the skills development of staff working in specialist mental health services for children and young people is highly dependent on industry or workplace education and training. Key workplace initiatives include:

- Managers of specialist mental health services for children and young people will ensure that all professional staff are provided with high quality clinical supervision. This must be provided to meet professional registration requirements and thereafter to ensure ongoing skills development and proper consultation for complex situations. In some services, access to suitably qualified and experienced clinical supervisors can be difficult to arrange. This is particularly so in rural and remote services. Initiatives to address such problems can include the use of telepsychiatry communication systems to access out of region clinical supervision, purchasing clinical supervision from other service providers both in the public and private sectors, and regular sessions with visiting clinical supervisors who may be located in other regions or with other services.
- Managers of specialist mental health services for children and young people will promote a learning culture within their organisations. Resources are provided by the Department of Health for training and development, and staff need to be encouraged and released, where necessary, to access further training and education opportunities.
- Newly developing specialist mental health services for children and young people, especially those in rural areas, will seek to recruit professionals who are as highly skilled as possible at the postgraduate level to ensure clinical leadership within a multi-professional team.
- A pilot child and adolescent mental health training program commenced development during 2000. This multi-professional training course will initially target professionals working in specialist mental health services for children and young people. The coordinator of the course will work closely with regional service providers to determine priority needs for evidence based training that reflects the new directions for service delivery. This includes a focus on community based service delivery in a multi-professional, intersectoral environment. The training needs of rural and remote service providers will be met.

- Several specialist clinical psychologist positions will be created that will include professional training in their area of expertise within mental health services for children and young people. These roles will collaborate with university psychology postgraduate programs in teaching, research and service development.
- When establishing new services, resources will be identified for service specific training requirements for training staff to work in these services.
- Training on mental health issues for children and young people is also required for primary service providers that are likely to have contact with children, young people and their families. This will be an important initiative by mental health specialists and will increase the capacity of the primary care sector to provide services that address the mental health and wellbeing of children and young people, and free up specialist mental health services staff to work with the more difficult and complex cases.

9. Resources for Service Development

Increasing and expanding the levels of specialist mental health services for children and young people will continue to be a priority for the Department of Health. Growth funding has been applied to these services as a priority over recent years and these services will continue to be a priority. Within this context, the expansion of rural and remote specialist mental health services for children and young people is particularly important.

The Department of Health purchases specialist mental health services for children and young people as a separate program. The allocated budget for these services will be transparent at all levels. In all regions it must be clear that all monies allocated to specialist mental health services for children and young people are being used solely for that purpose.

Any resources released from the rationalisation of specialist mental health services for children and young people will be retained within the program for reassignment to priority areas.

Funding transparency of the mental health program, including specialist mental health services for children and young people, the expansion of services since 1995 and the full safeguarding of program resources is based on a State Cabinet decision following the release of the report of the Ministerial Taskforce on Mental Health in 1996, which reflected years of erosion of resources and neglect of mental health services. All service providers are accountable to ensure full program integrity.



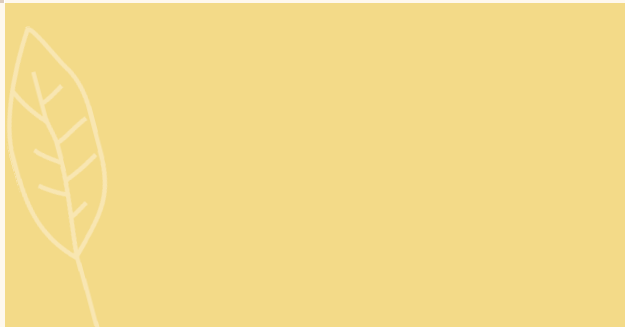
10. Evaluation

There is a need to evaluate the impact of this policy and the resulting outcomes for children, young people and families who access specialist mental health services for children and young people.

Much of the proposed impact of this policy will be achieved through expanding and reconfiguring services and improving the quality and standard of services - these aspects also need to be evaluated. What results will be a need for an hierarchy of outcome measurement including:

- outcomes for children, young people and their families who use specialist mental health services
- services delivery outcomes, and
- macro policy outcomes.

A coordinated response will be developed to ensure processes used to measure these three levels of outcomes are compatible, effective and minimise data collection.





Appendix One: Criteria for Children and Young People with Severe Mental Disorders

To be considered a child or young person with severe mental disorder, criteria in A must be met and either B or C.

A: Designated mental disorder

A child or young person under 18 years of age (but can extend to 25 years) who currently meets the criteria for ICD-10 AM psychiatric diagnosis other than alcohol or drug disorders, organic brain syndromes, developmental disabilities or social conditions (V Codes).

AND


B: Extended impairment in functioning due to mental disorder

The child or young person must meet 1 and 2 below.

1. The child or young person has experienced functional limitations due to a mental disorder over the past 12 months on a continuous or intermittent basis. The functional problems must be at least moderate in at least two of the following areas, or severe in at least one of the following areas:
 - a) Self-care (personal hygiene; obtaining and eating food; dressing; avoiding injury).
 - b) Family life (capacity to live in a family or family-like environment; relationships with parent or substitute parent, siblings or other relative; behaviour in family setting).
 - c) Social relationships (establishing and maintaining friendships; interpersonal interactions with peers, neighbours, and other adults; social skills; compliance and social norms; play and appropriate leisure time).
 - d) Self direction/self control (ability to sustain focused attention for long enough periods of time to permit completion of age appropriate tasks; behavioural self control; appropriate judgement and values system; decision making ability).
 - e) Learning ability (school achievement and attendance; receptive and expressive language; relationships with teachers; behaviour in school).
2. The child or young person has met criteria for ratings of 50 or less on the Children's Global Assessment Scale due to emotional disturbance for the past 12 months on a continuous or intermittent basis.




OR




C: Current impairment in functioning with severe symptoms

The child or young person must meet 1 and 2 below:

1. The child or young person currently meets the criteria for a rating of 50 or less on the Children's Global Assessment Scale due to emotional disturbance.
2. The child or young person must have experienced at least one of the following within the past 30 days:
 - a) severe suicidal symptoms or other life threatening or self-destructive behaviours
 - b) significant psychotic symptoms
 - c) behaviour caused by emotional disorder that placed the child or young person at risk of causing personal injury or significant property damage.



Appendix Two: Components of a Comprehensive Range of Specialist Mental Health Services for Children and Young People with Severe Mental Health Problems



Emergency Services

Children and young people having a mental health crisis will require access to emergency services that provide comprehensive assessment, stabilisation and if necessary treatment or referral.

To successfully manage psychiatric emergencies and where appropriate divert children and young people to community based services, the emergency response system must have a range of options, including outpatient crisis services, and be available to families in their homes and in the community. Emergency services must also address the needs of children and young people with severe mental disorders who are being cared for by other agencies.

The Mental Health Division released the *Emergency Psychiatric Services Policy* in July 1998 which, in keeping with *Mental Health Services: A Framework for Reform (1998)* and *Regional Operations (1998)*, envisages a regional, community based emergency service that provides a rapid response to requests for help offering assessment, referral and immediate treatment as appropriate. Emergency services would be integrated with other mental health services in the region and work as part of a comprehensive service system.



The key objectives of regional emergency psychiatric services are to:

- provide an integrated 24 hour response as part of a comprehensive regional mental health service
- provide timely service
- prevent unnecessary or inappropriate admission to hospital
- ensure a coordinated response between mental health services and other emergency services
- facilitate appropriate referral to community and inpatient services or to other services for ongoing treatment and care
- maximise client decision making and carer and family involvement, and
- respond in a manner that is sensitive to culture and social conditions.

The Mental Health Division has purchased and expanded regionalised services that cover all age groups including children and young people. It recognises that each region is starting from a different base and that community services will progressively move from providing an emergency response during working hours to a 24 hour capacity.

Rural and remote services will need to develop the capacity for appropriate 24 hour emergency responses for children and young people. This will also be a part of the general emergency responses integrated with adult mental health services, hospitals, the Department for Community Development (DCD) and other government and non government primary care agencies.

A new statewide service, *Mental Health Direct*, opened in December 2000. It provides 24 hour telephone based information and referrals to the Western Australian community. It will provide an important component of emergency services in mental health.

It is acknowledged that a significant number of emergencies for children and young people are psychosocial crises rather than acute psychiatric presentations. It may not be in their best interests for these children and young people to be admitted or supported in specialist mental health services. The reverse may also occur where children and young people with acute psychiatric presentations are referred to other agencies such as DCD or non government agencies. Protocols with DCD and other relevant agencies will be developed to ensure children, young people and their families who are in crisis have access to the most appropriate, effective services that best meet their needs.



Individual and Family Clinical Services

Individual and family clinical services are currently the most typically used interventions in the mental health field. They are an important part of the community based system because they provide cost effective assessment, treatment and clinical support services that enable children and young people to remain in the community and within their family setting. They also provide consultation and professional assistance to other primary service providers.

There is a high demand for clinical services in Western Australia. Over time this has reduced access for some children to these services and for others has required a long wait for assessment and treatment. While demand on clinical services should reduce somewhat as a greater range of services become available, there is a need to consider new ways of providing clinical services that improve access and increase the capacity of current services.

Clinical services will give priority to children and young people who have severe mental disorders. Models of assessment and treatment should be based on contemporary research and should take full account of the child or young person's life circumstances, and fully incorporate family members and significant others in the total therapeutic approach. There should be an emphasis on seeking treatment outcomes that positively enhance the child's mental health and personal coping strategies, as well as enhancing the family's overall functioning.

Clinical services will also provide assessment which results in referral to more intensive programs or to lower tiered services, where appropriate.

Consultation and Liaison Services

Consultation and liaison services are essential components of regional based services. Consultations can take many forms but it is essentially the provision of advice on a particular aspect of diagnosis or treatment to another professional who may not themselves be a child mental health specialist. Liaison refers to the joint management of a case and can include continuing advice on the psychological or psychiatric aspects of a case primarily managed by another professional. Provision of other forms of information, training education and advice can be incorporated into these services.

Consultation and liaison services can significantly enhance the capacity of other service providers to support and treat children with mental health problems and disorders. They can ensure better management by primary service providers of children with less severe disorders and can free up specialist mental health services to work with children and young people with more severe disorders.



Specialist Treatment and School Based Programs

Specialist treatment is the most intensive of the non-residential services and often continues over longer periods of time. Specialist treatment services generally provide an integrated set of educational, counselling and family interventions which typically involve a child or young person for a number of hours a day. They are designed to strengthen individual and family functioning and to prevent more restrictive placement of children.

Specialist treatment can differ in intensity, the population served, approach and treatment components. They frequently involve collaboration between mental health and education agencies, however, there is variability in the relative emphasis on educational and mental health interventions among specialist treatment services. Settings can vary including the provision of programs in regular schools, specialist schools, and in community mental health centres, hospitals or elsewhere. The importance of family involvement during treatment is a critical factor^{xiv}.

Specialist treatment programs by their nature need to be provided close to where the child or young person lives and should be available in all metropolitan regions. Specialist treatment services are ideally achieved through significant interagency collaboration and joint programming with other agencies such as the Department of Education, Department of Justice and the Department for Community Development.

Intensive Psychiatric Treatment Services

Intensive psychiatric treatment services will work with children who have mental disorders that are more complex, persistent and/or severe and that require more intensive support and treatment than can be provided through clinical services as they currently exist. Often the assessment and treatment of these young people will need to involve a number of agencies, for example, schools, paediatric services, the Department for Community Development and the Disability Services Commission. The objective of intensive psychiatric treatment services is to keep children and young people with severe disorders in their natural environments - home, school and the community. This type of service requires the clinician to actively work with the child or young person's family, teachers and other significant people. An assessment needs to be made about the supports and services the young person will require and these need to be coordinated.

This type of service option is critical in supporting children and young people with severe mental disorders and for whom the intensity of support available through existing community based services is insufficient. In most circumstances it would be the case that this intensive program would be a specialised program delivered as a part of a regional community based clinical program. It is essential this program be fully integrated with the community clinical program. Intensive psychiatric treatment services are required for the age range 0-25 years. Services for pre-adolescent young people will primarily work in home and school settings.



However, services for young people while incorporating these settings will also need to have the capacity to work with hard to reach young people including those who are homeless and those in the care of other services.

Family Support and Treatment Services

In recognising the critical role of families as partners in the child's mental health treatment, the need to develop family support services is acknowledged. These services need to be designed to provide a wide array of services to assist families by meeting their emotional, social and other basic needs. The aim is to reduce family stress and enhance the family's ability to care for their children at home. Services will be committed to supporting family functioning and helping families cope with a child who has a mental health problem.

Family support services often need to be individualised to meet the specific needs of young people and their families and can include respite care, childcare, home visits, individual advocacy, family support groups, self help groups and family recreation events.

While specialist mental health services can provide some family support, for example, specialist treatment support groups, other services are provided by government agencies such as the Department for Community Development, Centrelink and the Disability Services Commission. Non government agencies also provide a range of services that support families. There is a need for regions to identify family support services that are available within the community and develop strong partnerships and referral mechanisms with these service providers.

Inpatient Services

The primary use of inpatient settings should be for short term assessment, treatment and crisis stabilisation where a child or young person is in acute distress, possibly presenting a danger to themselves or others, and where the situation cannot be managed in the community. Access to inpatient beds only follows assessment and referral by qualified mental health services staff.

Acute inpatient units will not be used for long term treatment for children and young people and more appropriate family and community based services need to be established to ensure this does not happen. It is important that referral to inpatient units is not due to the need for respite care nor due to the child's need for appropriate accommodation services.

National and international estimates vary for the recommended acute beds per 100,000 for children 0-17 years. Western Australia has 20 acute, short-term inpatient beds or 4.5 beds per 100,000 children and young people under 18 years. Four of these beds are secure beds. This number of beds is meeting current demand.



There are also a further 16 long stay beds provided for children under 14 years. Children of this age are better served through a combination of acute, short-term inpatient care and other community based programs and services. Only a small number of cases will require long stay inpatient services. Children requiring accommodation services can be supported in liaison with the Department for Community Development residential programs. Those families wanting respite care should be provided access to more appropriate community based services.

Inpatient services for children and young people should, where possible, be provided near to where they live. For rural and remote service providers, local adult facilities such as rooming-in units and local hospitals should be considered in preference to moving children to Perth.

Services for Population Groups with Specific Needs

The majority of children and young people will receive appropriate assessment and treatment through community based services. Services need to be planned, developed, structured and delivered in ways that meet the needs of particular client groups, as well as those with more general needs. This may include children who come from special population groups or those who may have a particular condition or disorder. Specialist mental health services will be expected to be configured so that they can provide for these clients in the most effective and efficient means possible.

Special groups of young people identified through the consultations associated with the development of this policy include children who have a mental disorder and:

- a comorbid, acute or chronic illness or disability
- are adopted
- are homeless
- are suicidal
- are trauma victims
- are Wards of the State
- are refugees
- are experiencing first episode psychosis
- Attention Deficit Hyperactivity Disorder (ADHD)
- parents with a mental illness
- are indigenous to Australia
- are from a CALD background
- drug or alcohol problem.

While this list is not comprehensive, it does help convey the diversity of needs that specialist mental health services will need to be equipped to meet.

Where required, associated policies, strategies and/or guidelines, compatible with this policy will be developed to better meet the needs of some of these special groups of children and young people. For example, specific responses are currently being considered for children with ADHD and for children whose parents have a mental illness. Policies and strategies can promote more effective practices within existing services or they can encourage the development of specific services and systems.



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