Government of **Western Australia**
Department of **Health**
**Child and Adolescent Health Service**

# Armadale Community CAMHS

# Safety, Quality, Performance, Patient Experience and Patient Outcomes Report

**1 July 2015 – 30 June 2016**


GEKO
GOVERNANCE EVIDENCE KNOWLEDGE OUTCOMES

Government of **Western Australia**
Department of **Health**
**Child and Adolescent Health Service**

CAMHS Senior Project Officers
Child and Adolescent Mental Health Service (CAMHS)



| | |
|---|---|
| Version: | 1.0 |
| Last Updated: | Dec 2016 |


GEKO
GOVERNANCE EVIDENCE KNOWLEDGE OUTCOMES

# Contents

# 1. Executive Summary

Armadale CAMHS provide services to the Armadale catchment area for infants, children and young people, up to their 18th birthday with severe and/or complex emotional and mental health wellbeing concerns. The service was established in 1995 and serves an estimated population of approximately 40,504 zero to 17 year olds with 12.7 FTE (Full Time Equivalent) staff. The multidisciplinary team is comprised of a number of clinical disciplines lead by a Consultant Child and Adolescent Psychiatrist and Service Manager. The team operates to an approximate budget of $1.4 million per annum.

Armadale CAMHS has a number of key partnerships with other services in the local area, both internally and externally. Targeted funding has allowed the team to appoint an Aboriginal Mental Health worker, which has resulted in a significant increase in the number of referrals of Aboriginal children and families to the service. Last year, Armadale CAMHS worked closely with two of the local high schools to establish ongoing working relationships, which have resulted in fewer inappropriate referrals and better communication between the Department of Education and CAMHS

In the last financial year, Armadale CAMHS received 579 referrals; an average of 48 referrals each month. The referrals were most commonly from external medical practitioners. Their median wait time from referral to a Choice appointment was 13 days and that from referral to Partnership (treatment) was 23 days. They activated 12 new clients per month on average and deactivated approximately the same number. The most commonly treated children and adolescents were those with major depressive episode, mixed anxiety and depressive disorder and post-traumatic stress disorder. On average, each treatment episode consisted of four treatment sessions, with a range of one to 14. A total of 38 clients who identified themselves as Aboriginal received a service in the last financial year.

Armadale CAMHS were assessed against National Safety and Quality Health Service Standards and all areas assessed were successfully met. An internal documentation audit conducted in the last financial year generated recommendations that have all been completed. Two clinical incidents were reported and investigated during this period. The team has a high rate of completion of most mandatory training modules and some clinicians have also undertaken other training in areas such as infant mental health and Mentalization Based Therapy. The team also took part in clinical outcome measures training in September 2016.

Armadale CAMHS actively seeks consumer feedback via an Experience of Service Questionnaire (ESQ). In the last financial year 131 children and adolescents and 167 parents/carers provided feedback via the ESQ. In response to the ESQ's, feedback posters that describe the actions taken are regularly displayed in the Armadale CAMHS waiting area. In this period, Armadale CAMHS received one formal compliment and two formal complaints. Both complaints were investigated and responded to promptly.

Armadale CAMHS regularly review and implement service wide policies and guidelines. The Service Manager was an active member of both the CAMHS Policy and Procedures Steering Group and the CAMHS Mental Health Act Implementation Steering Group across the last financial year.

# 2. Community CAMHS

Community CAMHS provide services for infants, children and young people under 18 years of age who have severe and/or complex emotional and mental health wellbeing concerns which are causing them to experience substantial impairment in functioning on a continuous or intermittent basis. Community CAMHS services are located throughout the Perth metropolitan area, staffed by multidisciplinary teams who offer evidence-based individual, family and group interventions.

In working together with children, young people, families and support networks, Community CAMHS supports them to become decision-makers in their own care, implementing the principles of recovery-oriented child and adolescent mental health practice. Recovery oriented practice supports and recognises the following:

- The uniqueness of the individual;
- Real choices;
- Attitudes and rights;
- Dignity and respect; and
- Partnership and communication.

Key principles for service delivery:

- Provides a holistic framework that informs all contact with children, young people and families;
- Builds and enhances strength, resilience and social well-being;
- Supports children to return to a normal developmental trajectory;
- Is underpinned by the premise that children and young people do recover from mental health problems;
- Engages with all areas of the child, young person and family's life, including relationships, education, vocation and leisure; and
- Informs the recovery plan that is regularly reviewed by the child or young person, family and multidisciplinary team.

Children and adolescents often present with complex, multifactorial problems. The reason for entry to CAMHS must relate to mental health problems, although other concurrent and/or associated difficulties may exist (e.g. autism, intellectual disability, child protection issues). The range of presenting problems usually considered on referral includes:

- Persisting suicidal ideation and/or behaviour;
- Severe risk-taking behaviour (including self-harm);
- Psychotic symptoms;
- Depressed, sad and/or agitated mood;
- Severe and persisting behavioural and conduct disturbance;
- Severe and persisting peer and/or family problems leading to significant emotional distress and/or behavioural problems;
- Persisting and severe school avoidance and/or phobia;
- Severe anxiety (e.g. phobias, post-traumatic stress disorder);
- Severe obsessions and compulsive rituals;
- Eating and body image disturbances; and
- Complex ADHD with co-morbid emotional / mental health wellbeing concerns.

## 2.1 Armadale CAMHS

Armadale CAMHS was established in 1995 at Goline House, Echo Road, Armadale.

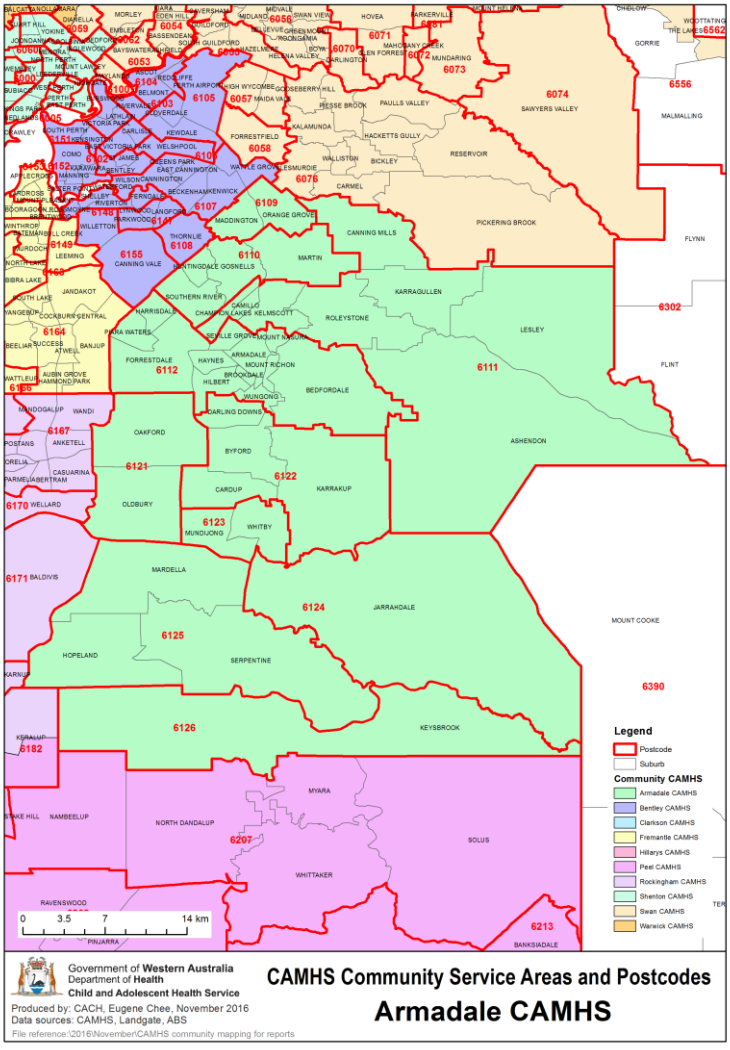
## 2.2 Armadale catchment overview

The total estimated population in the Armadale CAMHS Catchment in 2015 was 159,932 based on projections from the Australian Bureau of Statistics (ABS) data from the 2011 census. Of the total population, 40,504 were aged between 0 – 17 years old. The estimated 0-19 year old Aboriginal population in the Armadale catchment in 2013 was 2,082 (data based on ABS data and planning data by the CAHS Epidemiology team).

**Total population, population by age**

| Armadale Community CAMHS | Total Population | Population of 0 - 17 year olds | Population of Aboriginal 0 - 19 year olds |
|---|---|---|---|
| | 159932 | 40504 | 2082 |

**Map of Armadale catchment**



## 2.3 Staff

Armadale CAMHS is delivered by a multidisciplinary team with team members from Child Psychiatry, Clinical Psychology, Nursing, and Social Work and specialist Aboriginal staff. The team is led by the Service manager and Head of Service and supported by Administration staff. The Service Manager manages the financial, physical and human resources and works in partnership with the Head of Service (the Child Psychiatrist), who provides the clinical governance, together ensuring the delivery of an integrated child and adolescent mental health service based on a community-driven and consumer-focused model of care.

The FTE breakdown at Armadale CAMHS is shown in the below table.

**Staff and FTE, Armadale CAMHS, June 2016**

| **Armadale Community CAMHS staff** | **FTE** |
|---|---|
| Administration (non-clinical) | 1.6* |
| Social work (clinical) | 2.5 |
| Nurse (clinical) | 3.0 |
| Clinical Psychology (clinical) | 2.6 |
| Service Manager (non-clinical) | 1.0 |
| Head of Service (clinical) | 1.0 |
| Aboriginal Mental Health Worker (clinical) | 1.0 |
| **TOTAL** | 12.7** |

*Armadale CAMHS has currently allocated another Community CAMHS clinic 0.5 admin FTE to assist them in service continuity in the short term.

**Included in this FTE is the Child Protection Consultation Liaison (CPCL) position (0.6fte). The funding for the CPCL positions arose from the implementation of the WA Cabinet endorsed cross-government Mandatory Reporting Framework. The Child Protection Consultation Liaison positions are embedded in Community CAMHS clinics and provide a combination of direct clinical work, case management and consultation liaison in relation to child safety matters. The roles include building relationships with local Department for Child Protection and Family Support Services and the Statewide Protection for Children Coordination Unit.
Also included is the Aboriginal Mental Health Worker, which is funded through Mental Health Commission Statewide Specialised Aboriginal Mental Health Service funding 2014 -2017.

## 2.4 Capacity and demand modelling

The ratio of available clinical FTE per total population is used as a way of describing capacity of mental health services to adequately service a population. A ratio of 14 clinical FTE per 100,000 total populations has been used in Queensland as a goal which would create sufficient capacity for a child and adolescent mental health services to meet known demand for service for children with severe and complex mental health disorders.

**Suggested capacity of specialist mental health services to meet demand**

- It has been estimated that 3.2% of children and adolescents experience a severe mental health disorder in a one year period, which for Armadale would mean a group of **1,296** children and adolescents experiencing a severe mental health disorder in a one year period.
- Specialist mental health services have previously met demands of 1% of the 0-17 year old population, converting to an estimate of **405** children in the Armadale area.

**Population and FTE actual staff ratios**

| | Total population | Clinical FTE | Clinical FTE per 100,000 | Recommended FTE for Armadale population |
|---|---|---|---|---|
| Armadale CAMHS | 159932 | 10.1* | 6.32 | 22.39 |

*See FTE breakdown under section 2.3

## 2.5 Integration and shared care arrangements

Children, young people and families are recognised as being part of a wider community and Community CAMHS are viewed as one element in a wider service network. Each Community CAMHS collaborates and develops partnerships within all areas of CAMHS (Community, Acute and Specialised) and externally with other service providers to facilitate coordinated and integrated services for children, young people and their families. Community CAMHS also provides consultation liaison with primary care partner agencies and all other key stakeholders.

Key partnerships at Armadale CAMHS:

- **Headspace** is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds, along with assistance in promoting young peoples' wellbeing. This covers four core areas: mental health, physical health, work and study support and alcohol and other drug services. Armadale CAMHS is a Consortium Member of Armadale Headspace and has a strong working relationship with the service. The Armadale Service Manager (or another senior clinician) attends Headspace intake meetings to assist with appropriate direction of referrals, thus streamlining young peoples' journeys through the mental health system. Armadale CAMHS also provides psychiatric liaison to Armadale Headspace (via one meeting per fortnight) and has delivered education sessions to Armadale Headspace clinicians around psychiatric review.

- **The Child Development Service (CDS)** is part of the Child and Adolescent Health Service, providing a range of support services for children, with or at risk of developmental difficulties, and their families. Armadale CAMHS meets monthly with the local CDS service to discuss recent trends and individual cases.

- **The Department for Child Protection and Family Support (CPFS)** provides a range of child safety and family support services to Western Australian individuals, children and their families, from the Kimberley to the Great Southern regions of the State. Armadale CAMHS has a close relationship with their local CPFS service. Senior staff

and team leaders from both services meet once per month to discuss recent trends and individual cases. Armadale CAMHS and CPFS also arrange 6 joint training sessions per year, covering topics such as assessment and management of risk and hypothetical patient journeys.

- **Department of Education –** Armadale CAMHS works closely with local schools, with monthly liaison meetings taking place between school Principals and education staff and senior Armadale CAMHS clinicians. These meetings are used to discuss recent trends and individual cases. Armadale CAMHS also provides mental health training to local high schools. Armadale CAMHS recently delivered training to the entire population of Armadale Senior High School (over 500 students) and delivered a presentation at Kelmscott Senior High School's mental health expo.

- **Statewide Specialised Aboriginal Mental Health Service (SSAMHS) –** Through the SSAMHS funding program, Armadale CAMHS has been able to employ an Aboriginal Mental Health Worker (1.0FTE). Referrals for Aboriginal young people have increased significantly as a result of this initiative, with the team receiving 38 referrals in the first 12 months of the Aboriginal Mental Health Worker's employment. In the four years preceding the Aboriginal Mental Health Worker's employment (January 2010 – December 2014), Armadale CAMHS received less than 40 referrals for this cohort. Having this position has also improved the knowledge of Aboriginal culture for Armadale CAMHS' non-aboriginal staff, which has led to better clinical outcomes for aboriginal consumers and their families. Through the Aboriginal Mental Health Worker, Armadale CAMHS has also developed community connections which significantly enhance the team's practice. An example of this is through the development of a regular meeting with the Aboriginal Education Engagement Officers (AEIO's) in the local schools, which has streamlined the referral process for Aboriginal children who have been identified as being 'at risk' by their schools.

- **CAMHS Acute and Specialised Directorates -** Armadale CAMHS has sound working relationships with services within Acute and Specialised CAMHS, especially the Acute Community Intervention Team, Acute Response Team, Bentley Adolescent Unit (BAU), Eating Disorders Program, and Gender Diversity Service. Armadale CAMHS works closely with these teams to achieve the best possible outcomes for patients receiving shared care. For example, Armadale staff provide in-reach to the BAU and attend all discharge and planning meetings for patients known to Armadale CAMHS.

- **Fiona Stanley Hospital (FSH)** – Armadale CAMHS has also established a strong relationship with FSH, via the provision of in-reach services similar to those provided at the BAU.

- **General Practitioners** (GPs) - Armadale CAMHS has maintained strong relationship with GPs in the local area. The Armadale CAMHS Head of Service has previously attended local GP planning meetings.

## 2.6 Appointment scheduling

The workload of clinical staff is managed by allocating resources to choice and partnership appointments. The balance between choice and partnership appointments varies for different staff members, i.e. some staff provide more choice appointments and others more partnership appointments. Overall more choice appointments are provided than partnership appointments, since not all children and families choose to receive or are offered partnership appointments. The partnership appointment is the commencement of therapy for the child and family.

Armadale CAMHS schedule approximately 133 Choice Appointments per 13 week cycle and 56 Partnership Appointments each cycle.

# 3. Budget

| Type of expenses | Actual Full Year June 2016 | Budget Full Year June 2016 | Variation | Other Funds Targeted Programs 15/16 (Note 1) | Variation |
|---|---|---|---|---|---|
| Total Expenses | 1,675,884 | 1,443,224 | -232,660 | 250,000 | 17,340 |
| Total Employments Cost[1] | 1,651,873 | 1,426,448 | -225,425 | 242,500 | 17,075 |
| Total Other Goods & Services[2] | 24,011 | 16,776 | -7,235 | 7,500 | 265 |

Note 1

- Employment costs unfavourable variance is due to an accounting method used in the 2015-16 financial year to report costs for targeted programs such as Suicide Response Initiative, SSAMHS and Mandatory Reporting.
- Effectively, costs were not matched with funding at the Cost Centre level (reported above) in 2015-16. Employment costs were aggregated by location (Armadale CAMHS).
- The funding was reported in a separate Cost Centre rather than fragmented across 10 different Community CAMHS Cost Centres.
- CAMHS then used a common methodological approach that aggregated by Activity stream classification.
- This allocation method attributed 15% of employment costs (i.e. $235k from Armadale CAMHS) applicable to the targeted funding programs. Therefore, the variation of $232,660 shown above has been fully funded by the above-mentioned targeted programs.
- This allocation method was discontinued as at 1 July 2016, whereby in the current 2016-17 financial year direct employment costs for targeted programs are matched against the targeted funding.
- Other Goods and Services unfavourable variance is due to unbudgeted expenses (mainly office and outsourced services such as language translation and interpretation services).

# 4. Referral Sources

**Breakdown of referral sources for Armadale CAMHS from July 2015 – June 2016.**

| Referral Source | Number of Referrals Received | Percentage of Referrals Received |
|---|---|---|
| EXTERNAL PROGRAM | 2 | 0.35 |
| FAMILY / FRIEND | 5 | 0.86 |
| HOSPITAL | 89 | 15.37 |
| INTERNAL PROGRAM | 51 | 8.81 |
| MEDICAL PRACTITIONER | 283 | 48.88 |
| OTHER ORGANISATION | 81 | 13.99 |
| OTHER PROFESSIONAL | 14 | 2.42 |
| SCHOOL | 41 | 7.08 |
| SELF | 6 | 1.04 |
| UNKNOWN | 7 | 1.21 |
| **Grand Total** | **579** | **100%** |

# 5. Activity

**Notes about activity graphs:**

- All graphs reflecting referral numbers, activations, deactivations and occasions of service show a trend that is apparent across all Community CAMHS service, whereby activity is heavily influenced by school holiday periods (April, July, October, December/January).

- Control Charts: Control charts have two general uses in the management and continuous improvement of a service The most common application is as a tool to monitor specific processes and functions to check for stability and control. A less common but potentially more powerful use is as an analysis tool.

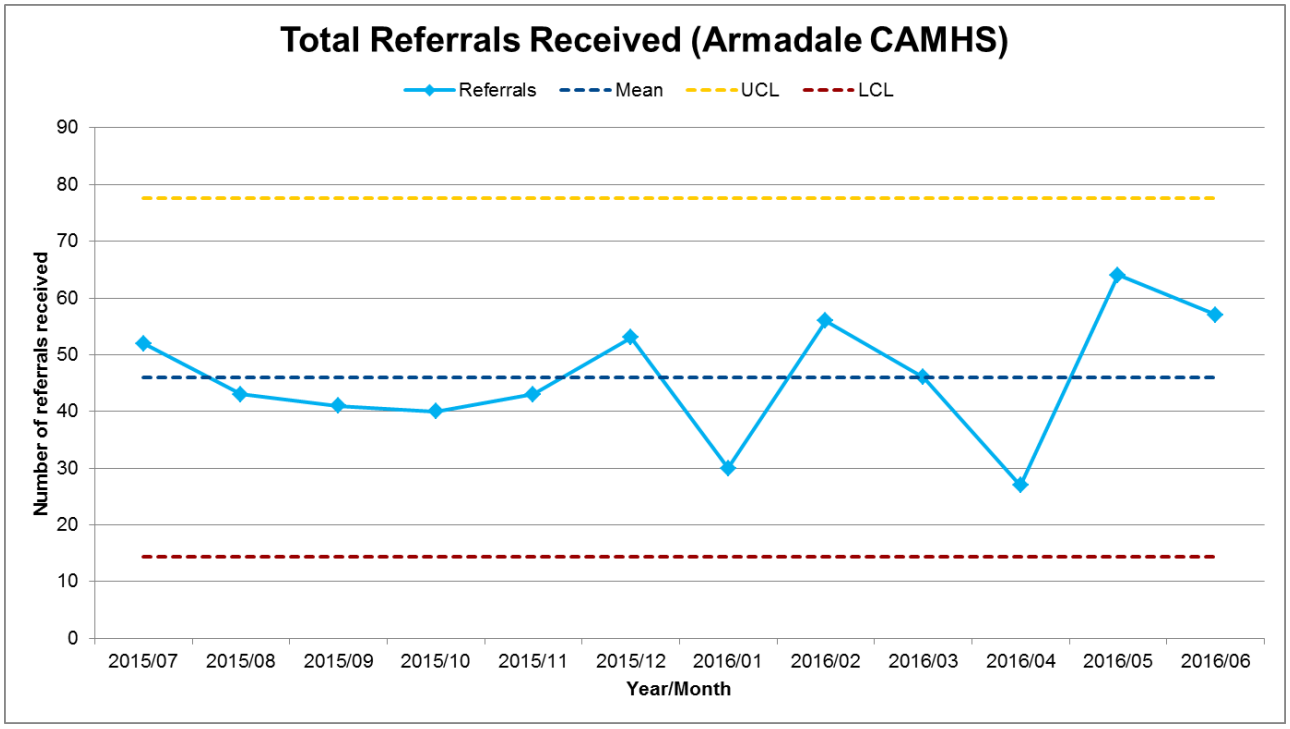
  Data is plotted in time order. A control chart always has a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit. These lines are determined by historical data. By comparing current data to these lines, you can draw conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation). If the data points are within the upper and lower control limits they are in control; if they are above or below then they are out of control.

  Service Managers can use control charts to monitor the variation over a period of time for the number of days that each child and family waits for an appointment. Remarkable levels of variation and trend might indicate a change in the process or increase in referrals received.

- Box and whisker plots: A box and whisker plot is used to display information about the range, the median and the quartiles. In descriptive statistics, the IQR, also called the midspread or middle 50%, is a measure of statistical dispersion, being equal to the difference between 75th and 25th percentiles, or between upper and lower quartiles. In the box and whisker plots, our middle 50% is represented by the two grey boxes.

- Scatter Plots: Scatter plots are similar to line graphs in that they use horizontal and vertical axes to plot data points. However, they have a very specific purpose. Scatter plots show how much one variable is affected by another. The relationship between two variables is called their correlation. Scatter plots usually consist of a large body of data. The closer the data points come when plotted to making a straight line, the higher the correlation between the two variables, or the stronger the relationship. If the data points make a straight line going from the origin out to high x- and y-values, then the variables are said to have a positive correlation. If the line goes from a high-value on the y-axis down to a high-value on the x-axis, the variables have a negative correlation.

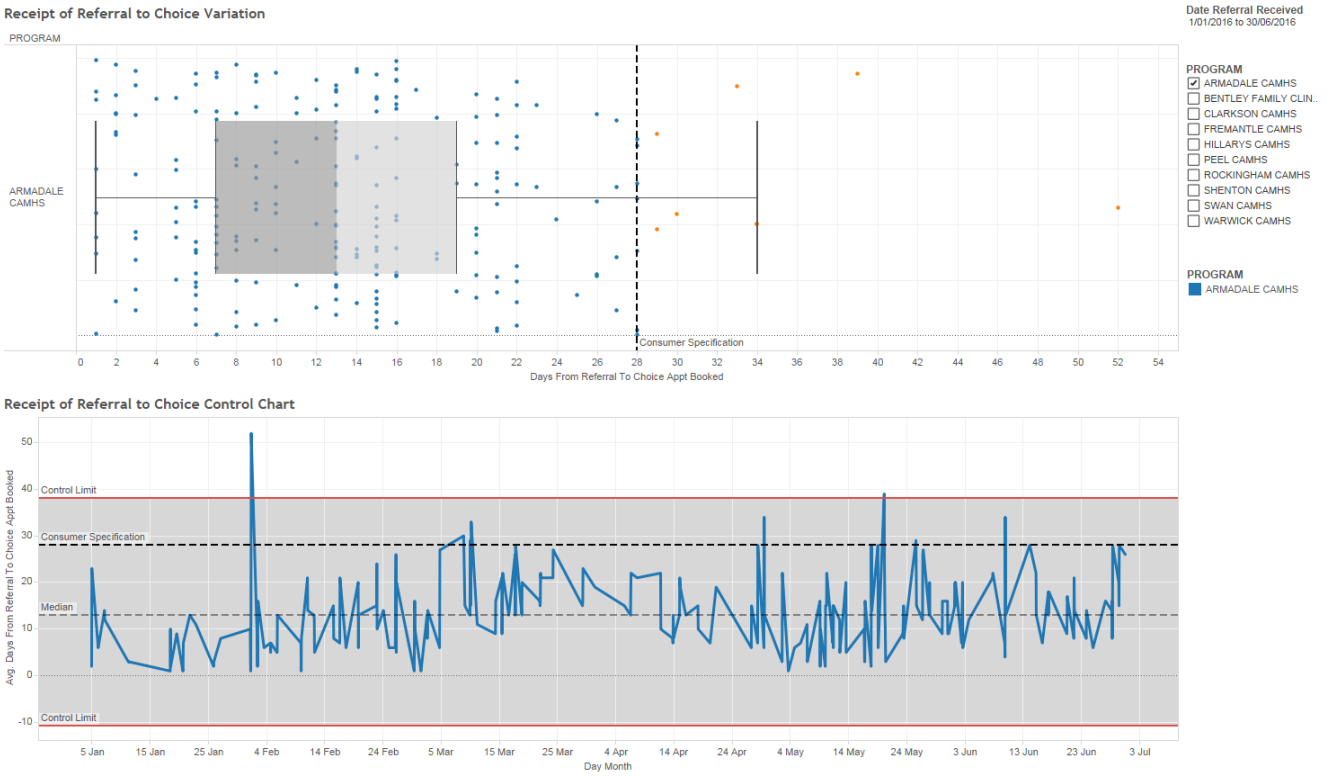
## 5.1 Referrals




This **control chart** shows:

- Referrals – the total number of referrals received each month.
- Mean – the mean number of referrals received each month over the reported period (47).
- UCL – the upper control limit is set three standard deviations above the mean.
- LCL – the lower control limit is set three standard deviations below the mean.

## 5.2 Access

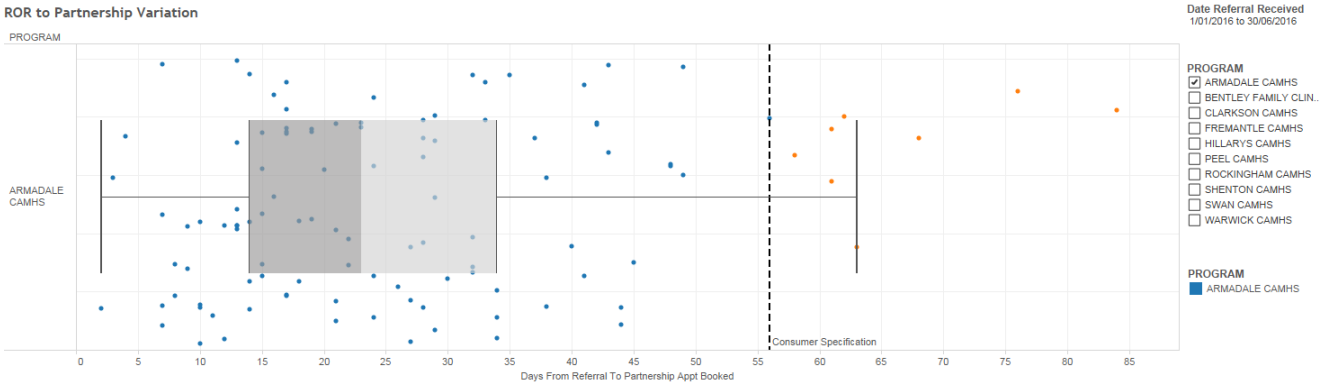


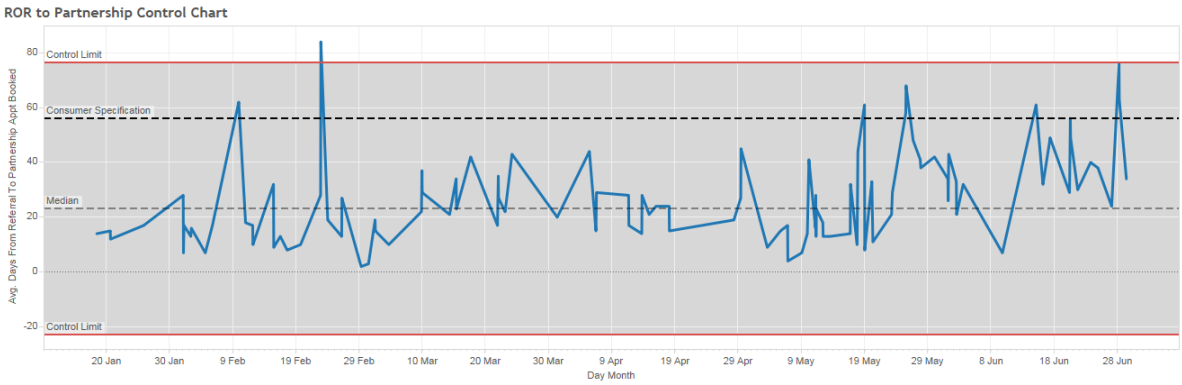

The top graph is a **box and whisker** plot. The consumer specification line is set to 28 days in order to provide a visual representation of how soon most young people and their families expect to access our community services. This graph shows that the Mean wait time for Choice is 13 days. Interquartile range (IQR) is 11 days.

The bottom graph is a **control chart**. This shows:

- Access time (blue line) – represents wait times from referral to choice over time.
- Median – the median wait time from receipt of referral to choice over the reported period (13 days).
- Control limits – the upper control limit is set three standard deviations above the mean. The lower control limit is set three standard deviations below the mean.

The outliers consisted of seven young people whose time for choice was longer than the consumer specification due to various consumer-driven reasons (e.g. they chose times more convenient to them or they did not attend their chosen choice time and had to be recontacted and rebooked into another suitable time). The longest wait time was that of an Aboriginal young person who was difficult to engage. This family was supported by the Armadale CAMHS Aboriginal Mental Health Worker and was eventually seen after several choice appointments were not attended.



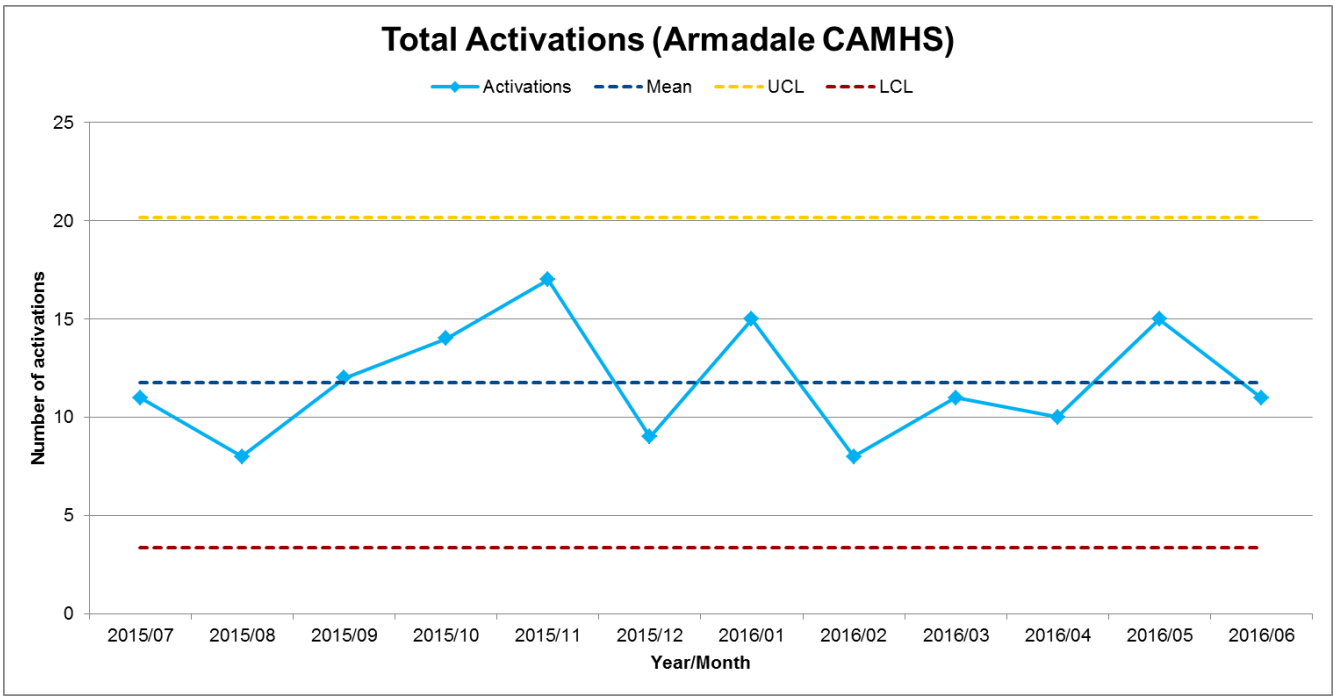

The top graph is a **box and whisker** plot. The consumer specification line is set to 56 days in order to provide a visual representation of how soon most young people and their families expect to access our community services. Mean wait time for Partnership is 23 days. Interquartile range (IQR) is 20 days.

The bottom graph is a **control chart**. This shows:

- Access time (blue line) – represents wait times from referral to choice over time.
- Median – the median wait time from receipt of referral to partnership over the reported period (23 days).
- Control limits – the upper control limit is set three standard deviations above the mean. The lower control limit is set three standard deviations below the mean.

As with the time to Choice, the outliers consisted of seven young people whose time to Partnership was longer than the consumer specification due to various consumer-driven reasons. These include parent availability to bring their child in for an appointment, sickness on the day of the appointment resulting in the family being recontacted and another convenient time organised for the Partnership appointment, and family holidays. The longest wait time was for an Aboriginal young person who was difficult to engage.

## 5.3 Activations and Deactivations

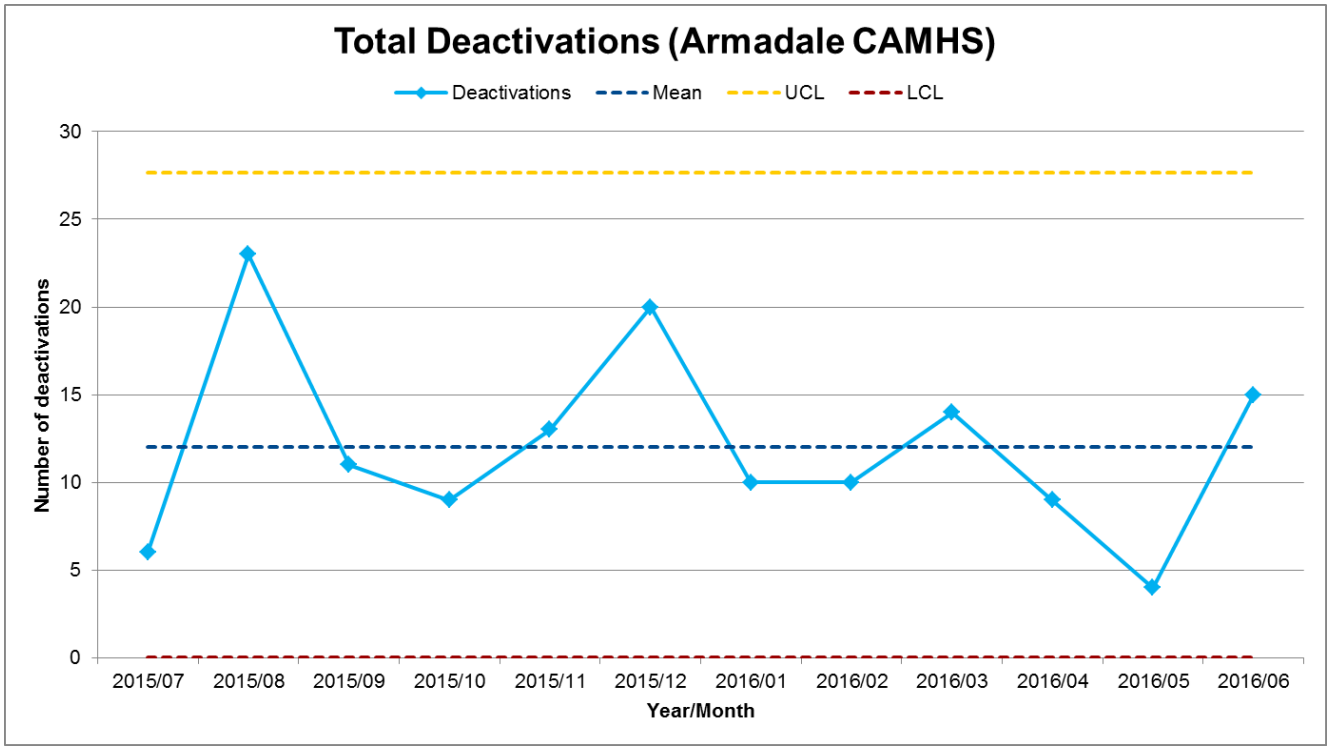



This **control chart** shows:

- Activations – the total number of activations each month.
- Mean – the mean number of activations each month over the reported period (12).
- UCL – the upper control limit is set three standard deviations above the mean.
- LCL – the lower control limit is set three standard deviations below the mean.

**Top 10 principal activation codes 2015/16 FY:**

| Activation Count | Principal Admission Diagnosis Code | Principal Admission Diagnosis |
|---|---|---|
| **19** | F32.1 | Moderate depressive episode |
| **18** | F41.2 | Mixed anxiety and depressive disorder |
| **13** | F43.1 | Post traumatic stress disorder |
| **11** | F41.1 | Generalised anxiety disorder |
| **7** | F43.2 | Adjustment disorders |
| **6** | F32.0 | Mild depressive episode |
| **6** | F92.0 | Depressive conduct disorder |
| **4** | F93.8 | Other childhood emotional disorders |
| **3** | Z61. | Problems related to negative life events in childhood |
| **3** | F43.0 | Acute stress reaction |
| **3** | F92.8 | Other mixed disorders of conduct and emotions |




This **control chart** shows:

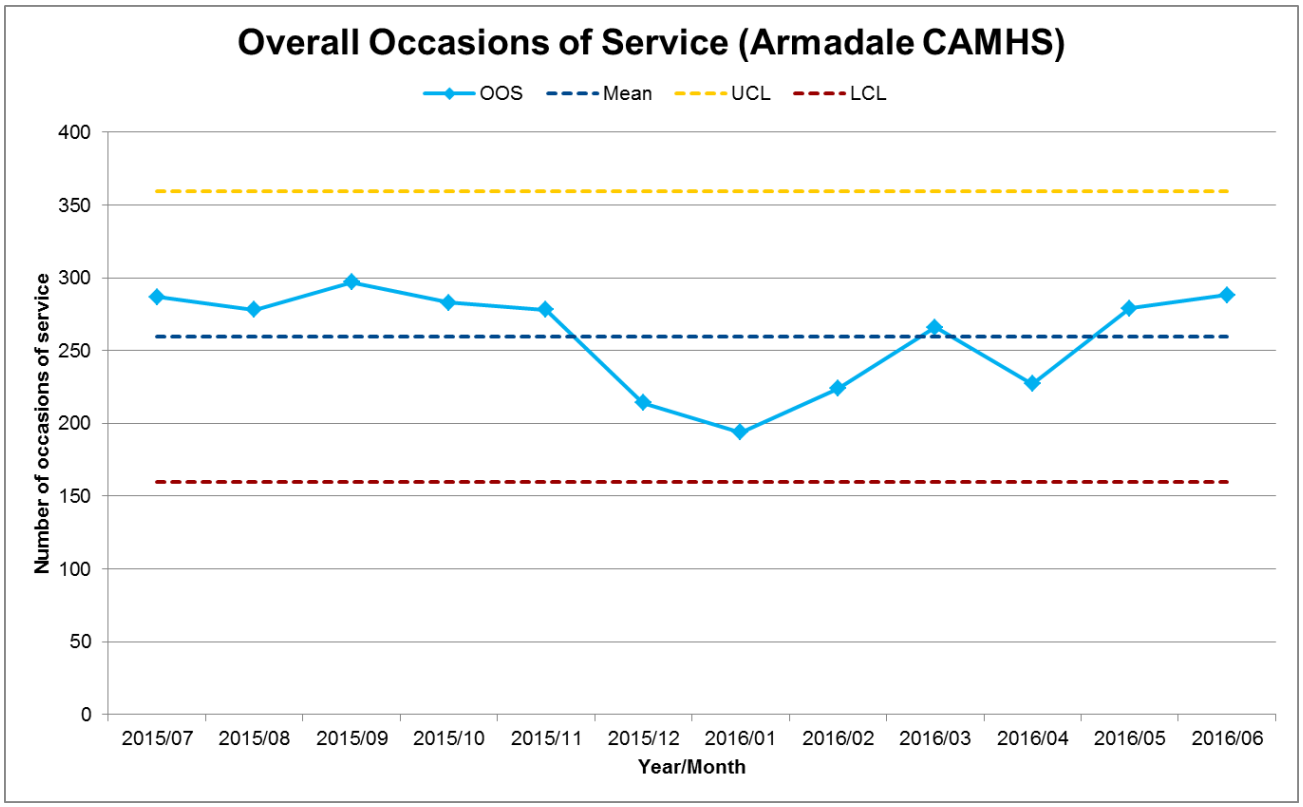
- Deactivations – the total number of deactivations each month.
- Mean – the mean number of deactivations each month over the reported period (12).
- UCL – the upper control limit is set three standard deviations above the mean.
- LCL – the lower control limit is set three standard deviations below the mean.

**Top 10 principal deactivation codes 2015/16 FY:**

| Deactivation Count | Principal Discharge Diagnosis Code | Principal Discharge Diagnosis |
|---|---|---|
| **13** | F41.2 | Mixed anxiety and depressive disorder |
| **10** | F43.2 | Adjustment disorders |
| **9** | F32.1 | Moderate depressive episode |
| **8** | F43.1 | Post traumatic stress disorder |
| **7** | F32.0 | Mild depressive episode |
| **6** | F92.0 | Depressive conduct disorder |
| **5** | F41.1 | Generalised anxiety disorder |
| **4** | F43.0 | Acute stress reaction |
| **4** | F92.8 | Other mixed disorders of conduct and emotions |
| **3** | F42.2 | Mixed obsessional thoughts and acts |
| **3** | F93.0 | Separation anxiety disorder of childhood |

Armadale is able to maintain capacity for new young people by discharge planning, which consistently results in activation and discharge rates being similar. This allows the service to offer high numbers of first partnerships despite having low staffing levels.

## 5.4 Service Contacts (Occasions of Service)

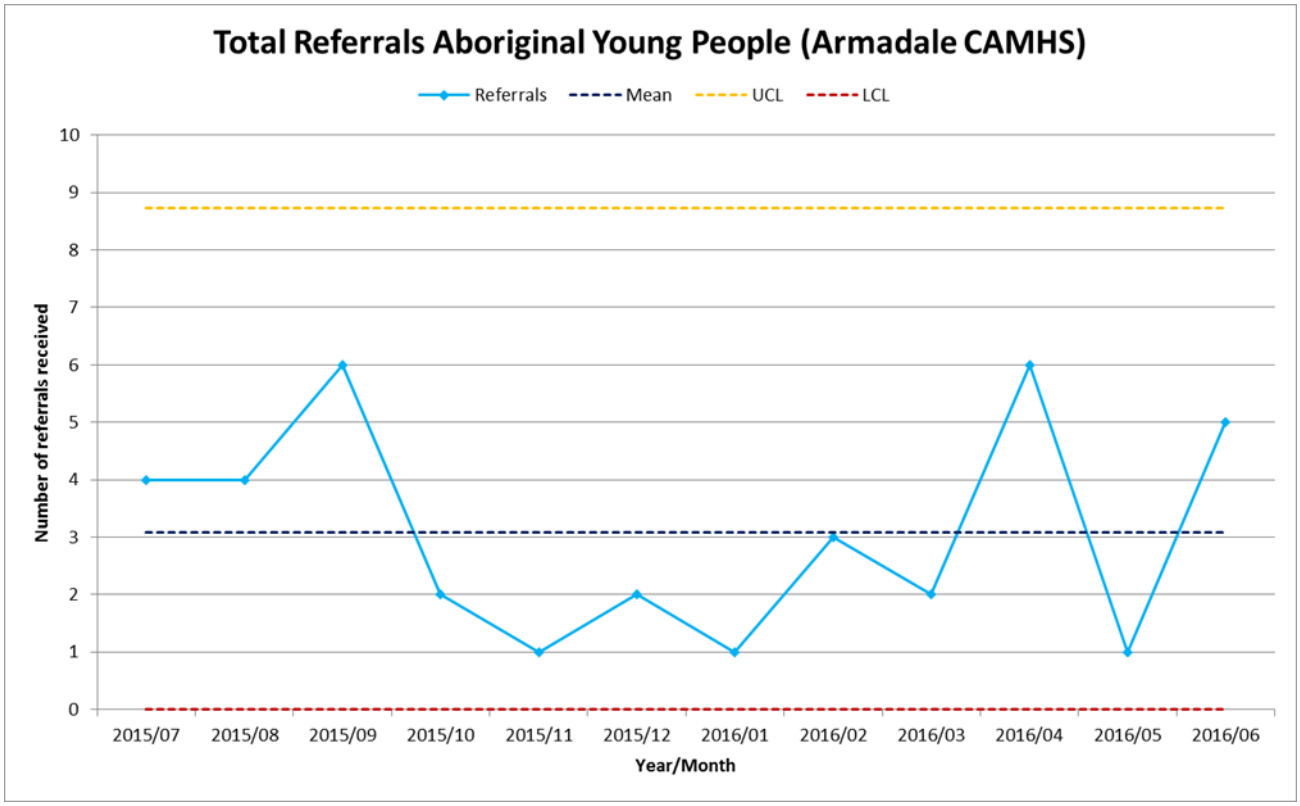



This **control chart** shows:

- OOS – the total number of occasions of service completed each month.
- Mean – the mean number of occasions of service completed each month over the reported period (259).
- UCL – the upper control limit is set three standard deviations above the mean.
- LCL – the lower control limit is set three standard deviations below the mean.

## 5.5 Access by Aboriginal children and young people

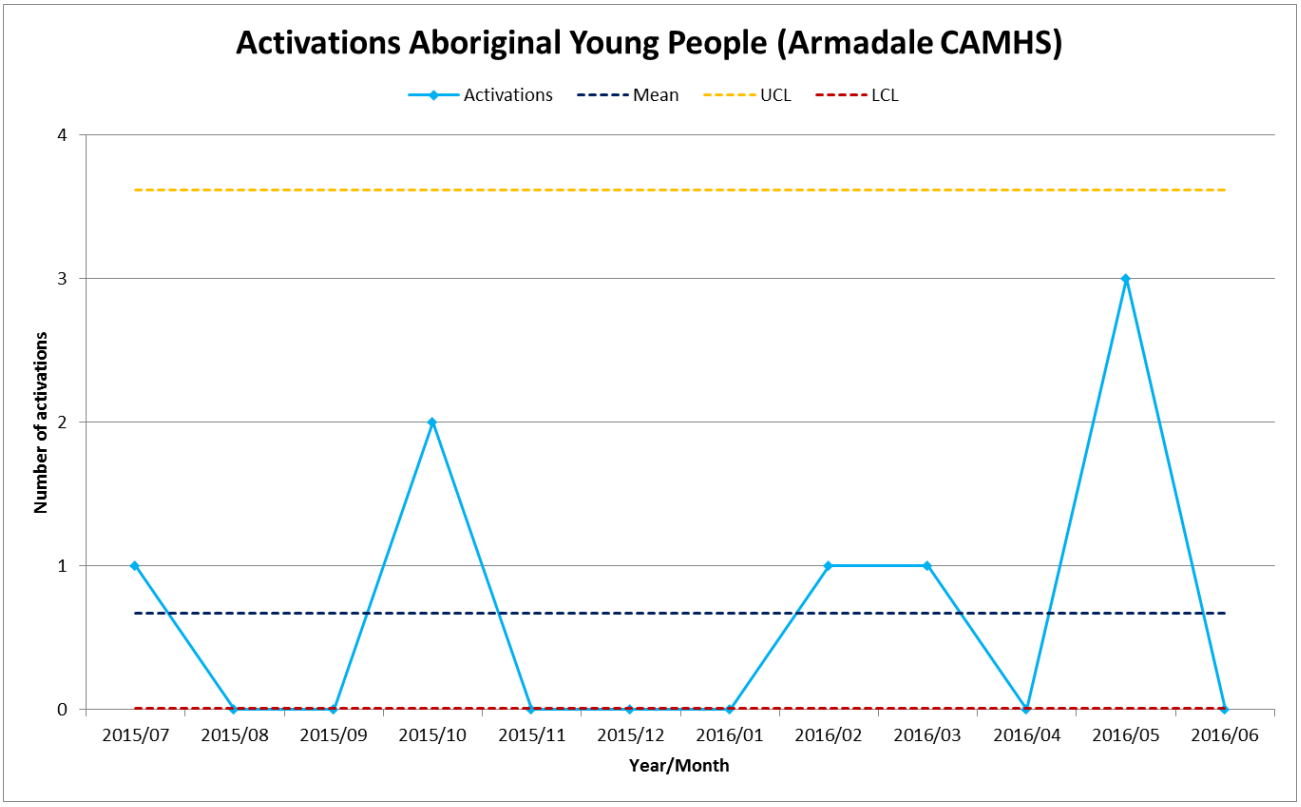
Armadale CAMHS has prioritised Aboriginal young people and their families as historically they have not accessed mainstream CAMHS services despite higher rates of mental health issues. The introduction of a SSAMHS worker to the team has resulted in a greater engagement with aboriginal families and the Aboriginal community as a whole.




This **control chart** shows:

- Referrals – the total number of referrals received for Aboriginal young people each month.
- Mean – the mean number of referrals received for Aboriginal young people each month over the reported period (3).
- UCL – the upper control limit is set three standard deviations above the mean.
- LCL – the lower control limit is set three standard deviations below the mean.

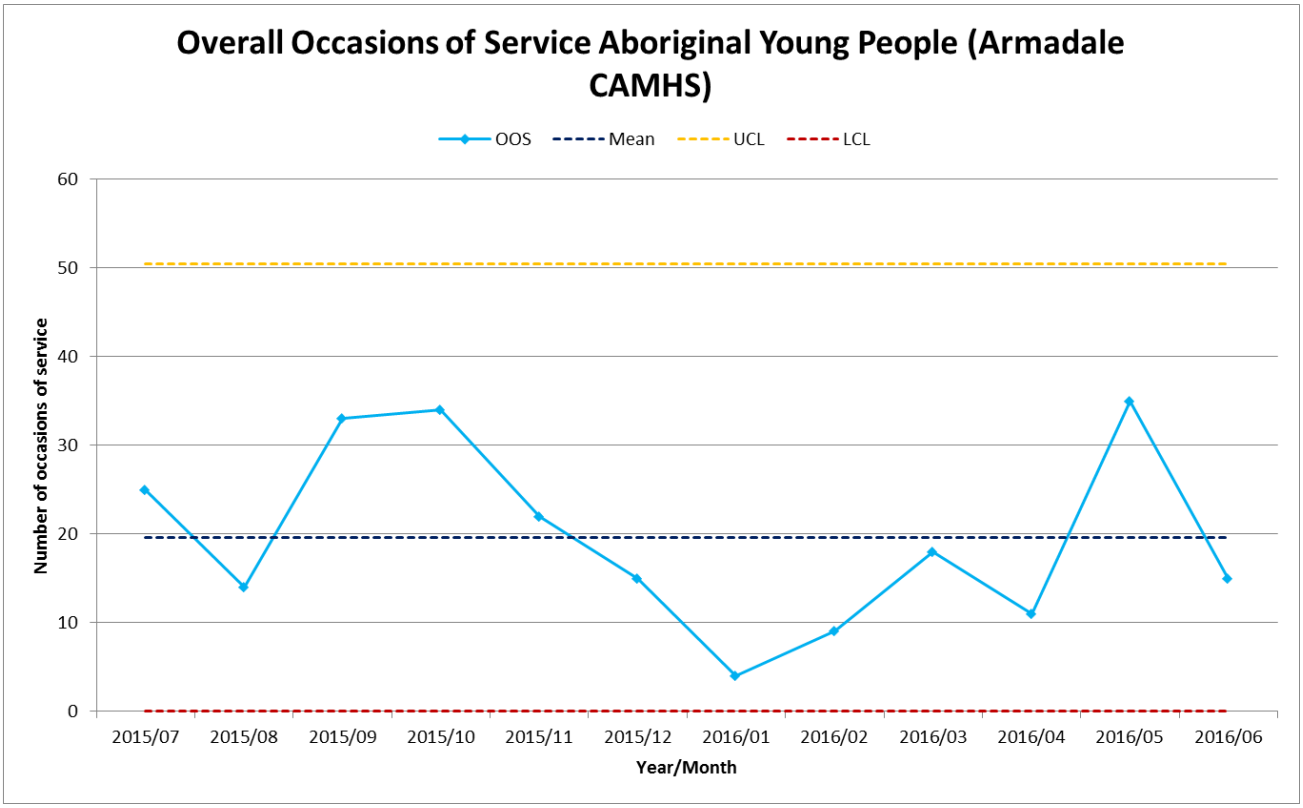
Please note that if a young person is not identified in the Patient Administration System (PAS) as Aboriginal then we have no way of identifying them in our reports.




This **control chart** shows:

- Activations – the total number of Aboriginal young people activated each month.
- Mean – the mean number of Aboriginal young people activated each month over the reported period (less than 1).
- UCL – the upper control limit is set three standard deviations above the mean.
- LCL – the lower control limit is set three standard deviations below the mean.

Please note that if a young person is not identified in the Patient Administration System (PAS) as Aboriginal then we have no way of identifying them in our reports.

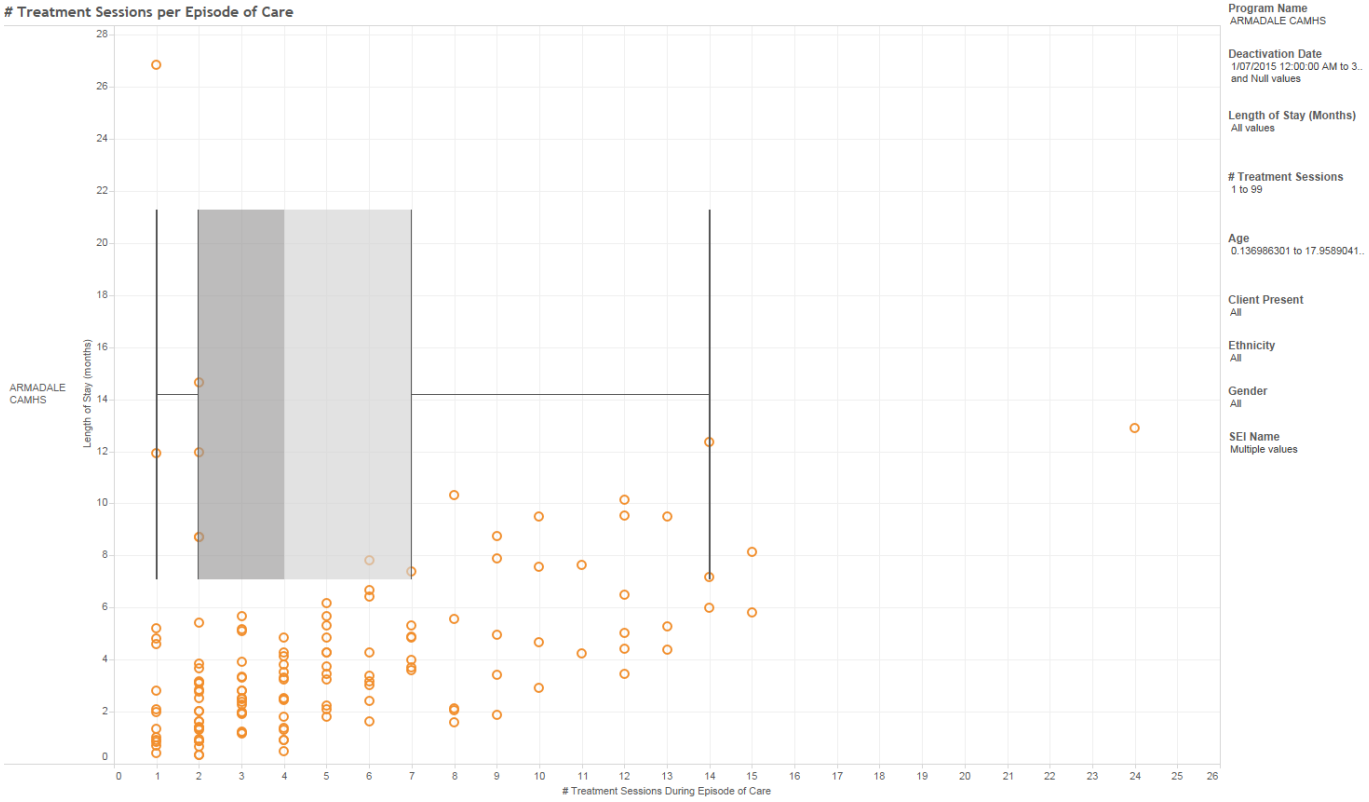



This **control chart** shows:

- OOS – the total number of occasions of service completed for Aboriginal young people each month.
- Mean – the mean number of occasions of service completed for Aboriginal young people activated each month over the reported period (20).
- UCL – the upper control limit is set three standard deviations above the mean.
- LCL – the lower control limit is set three standard deviations below the mean.

Please note that if a young person is not identified in the Patient Administration System (PAS) as Aboriginal then we have no way of identifying them in our reports.

## 5.6 Number of treatment sessions per episode of care




The above graph only includes a count of the following service event items:

- Assessment
- Therapy

The box and whisker plot shows that the median number of treatment sessions per episode of care is 4. The Interquartile range (IQR) is 5 sessions. The scatter plot shows length of stay in months on the y axis and number of treatment sessions per episode of care on the x axis.

As recommended with the Choice and Partnership approach, Armadale CAMHS activate children and families in PSOLIS as 'Partnership' following their first 'Choice' appointment. Some CAMHS services begin treatment at this stage and offer the child and family appointments for a period of 8 – 12 weeks.

As first partnership is a formal mental health assessment, some young people only attend one or two sessions and are then referred on to a more appropriate service. Other young people attend Armadale CAMHS only for a Psychiatric opinion.

# 6. Safety and Quality

## 6.1 Documentation Audit Results

Quality mental health care is dependent on good clinical documentation. Assessment and diagnosis requires detailed and subjective information, often obtained from many sources. Care may be provided by a team of multidisciplinary clinicians, often from different services, and frequently after hours or in emergency settings. Clinical information needs to be accurately communicated quickly and without confusion. Standardised forms are one way of ensuring common reporting standards and ease of use across services.

In 2012, representatives from across WA Health agreed to a set of standardised forms to be implemented across the State. The forms that resulted span the overarching processes that are completed as part of the mental health assessment process, from triage to discharge.

These forms are known as the Statewide Standardised Clinical Documentation (SSCD) suite. It is acknowledged that the forms were developed by New South Wales Health, and that the WA Government was granted permission to use the forms across public mental health services.

The purpose of the audit in April 2015 was to assess the degree of implementation and roll-out of SSCD documentation at various different mental health organisations throughout the state. The results helped to identify areas where implementation was yet to be completely rolled out. It was expected that some areas would be more advanced in their implementation than others. The data was used to provide the Office of Mental Health with a complete picture of baseline implementation of the SSCD.

There was one documentation audit at Armadale CAMHS between 1 July 2015 – 30 June 2016. This was undertaken in June 2016 and audit results are summarised in the table below. Armadale CAMHS will be re-audited in March 2017 to assess improvement.

| **Audit area** | **Number of actions against areas of low compliance** | **Comments** | **Actions completed (yes/no)** |
|---|---|---|---|
| Medical record 'basics' (16 criteria) | Compliant | | |
| Intake and assessment (7 criteria) | 1 Action | NOCC data to be used more consistently | Yes |
| Individual Management Plan /Recovery Plan (26 criteria) | 1 Action | Training to be provided. | Yes |
| Shared Care (3 criteria) | 2 Actions | Importance of shared arrangements and recording such arrangements to be a focus. | Yes |

| | | | |
|---|---|---|---|
| Risk Assessment (10 criteria) | Compliant | | |
| Risk Management (5 criteria) | 1 action | Training to be provided on completion of risk management template | Yes |
| Discharge Planning (19 criteria) | 2 actions | Training and guidance on Discharge planning<br><br>Regular ongoing monitoring | Yes<br><br>Yes |

## 6.2 Internal Audit Results

The CAHS Internal Audit (IA) Program assesses nominated areas throughout CAHS against the National Safety and Quality Health Service Standards (NSQHSS) and where relevant the National Standards for Mental Health Services (NSMHS). The audit aims to provide feedback on current progress, identify gaps, provide recommendations and highlight achievements.

Audit interviews take place during the 4th week of the month. Princess Margaret Hospital have elected to undergo two interviews per month, CAMHS one per month, and Child and Adolescent Community Health one every alternate month.

There was one internal audit at Armadale CAMHS during this period covering both the National Standards for Mental Health Services (NSMHSS) and National Safety and Quality Healthcare (NSQHS) Standards

Armadale were assessed against action items 1.14, 1.16, 10.3.4 and 10.4.8 from NSMHSS and 1.9.2, 1.4.2, 1.11.1, 2.4.2 and 5.4.1 for NSQHS. All action items assessed resulted in a 'met'.

## 6.3 Clinical Incidents

NB: All clinical incidents that occur within health services are allocated a *Severity Assessment Code (SAC).*

| Armadale Clinical Incidents June 1 2015 - June 30 2016 | SAC 1 | SAC 3 | Total |
|---|---|---|---|
| Community CAMHS | 1 | 1 | 2 |
| Total | 1 | 1 | 2 |

There were no recommendations made following investigation of the SAC 3 incident. The SAC 1 report is awaiting sign off.

## 6.4 Risks

There were zero specific risks for Armadale CAMHS activated, archived or remaining on the risk register for the reporting period. Two generic Community CAMHS risk were listed on the risk register during this period:

- ***Failure of CAMHS community facilities meeting mental health standards*** which was activated in 2012. This risk was ranked as high during this period.
- ***Inadequate and invariable access to Community CAMHS services*****.** This risk was ranked as high during this period.

Treatment Action Plans (TAPS) were in place to mitigate the risks throughout the reporting period.

After the reporting period ended, CAMHS was given 12 months notice for Armadale CAMHS to vacate the premises currently occupied at Goline House on the Armadale Hospital site. Relocation will require funding for lease costs and fitout costs. This significantly escalates the overarching Community CAMHS risk regarding facilities and has been included on the CAMHS Risk Register.

## 6.5 Quality Improvements

During the period 1 July 2015 to 30 June 2016, Armadale CAMHS worked closely with two of the local high schools to establish ongoing working relationships. CAMHS staff and school leadership teams met monthly to discuss trends, potential referrals, and training opportunities. Armadale CAMHS staff provided numerous training events and presentations to both school staff and students. This initiative has resulted in fewer inappropriate referrals and better communication between the Department of Education and CAMHS.

# 7. Education and Training of staff

## 7.1 Mandatory Training

**Mandatory Training completion statistics from iLearn as of 4 October 2016**

| Mandatory training name | Employee count | Percentage not complete | Percentage is complete | Narrative (where required) |
|---|---|---|---|---|
| CAHS induction | 13* | 8% | 92% | |
| Aboriginal cultural awareness | 13* | 8% | 92% | |
| Accountable and ethical decision making | 13* | 8% | 92% | |
| Mandatory reporting of child sexual abuse | 4 | 0% | 100% | |
| Record keeping awareness | 13* | 15% | 85% | |
| Manual Tasks | 13* | 54% | 46% | |
| Hand hygiene | 13* | 31% | 69% | |
| Workplace aggression and violence | 13* | 31% | 69% | |
| Basic life support | 13* | 54% | 46% | |
| Aseptic technique | 4 | 100% | 0% | Training session has been scheduled for end October/start of November 2016. |
| Clinical handover | 9 | 44% | 56% | |
| Human error and patient safety | 9 | 89% | 11% | Training session has been scheduled for January 2017. |
| Infection control principles | 9 | 22% | 78% | |
| Medication Safety | 4 | 100% | 0% | Action plans are in place to complete training. |
| Patient and family centred care | 9 | 89% | 11% | Training session has been scheduled for November 2016. |
| Emergency Management - Community | 13* | 85% | 15% | Online component has been completed by most staff. Practical component session has been scheduled for early 2017. |

*This figure does not reflect the number of staff present at Armadale CAMHS for the entire reporting period. A number of staff were absent (due to maternity leave etc.) across this time.

## 7.2 Other training completed by Armadale CAMHS

**Table 11: Other Training completed by Armadale CAMHS staff, as of 30 June 2016**

| | |
|---|---|
| **CAMHS Orientation** | 3 Armadale staff have completed this training since it was introduced in Nov 2013. Only new staff from July 2013 are required to complete this training unless the Service Manager requests that they complete it. |
| **Clinical Skills Training** | 6 Staff members have completed this training since it was introduced in Nov 2013. Only new staff are required to complete this training unless it is identified as a requirement for professional development. |
| **AOD training through DAO** | 8 staff have completed up to 30th June. |
| **Introduction to Infant mental Health** | 2 staff members have completed this training. |
| **Mentalization Based Treatment Skills (MBT Skills)** | 4 staff. |
| **Mentalization Based Treatment for Adolescence (MBT-A) training** | 3 staff. |

# 8. Consumer and carer experience

## 8.1 Experience of Service Questionnaire (ESQ)

The use of the Experience of Service Questionnaire (ESQ) has enabled front line staff and the management team to better understand the way in which the service respond to the needs of children and families in Armadale. Originally developed by the Commission for Health Improvement (CHI) in the UK and adapted for use in CAHS CAMHS, the Experience of Service Questionnaire (ESQ) is a 15-item self-completion questionnaire that assesses users' views of services with respect to accessibility, humanity of care, organisation of care and environment. The ESQ can be completed by parents/carers, children and young people and is anonymous.

During the period 1 July 2015– 30 June 2016, **131** children and **167** parents provided feedback via the ESQ.

| | |
|---|---|
| 9 - 11 years | 31 |
| 12- 18 years | 100 |
| Parent/Carer | 167 |
| Male (child) | 57 |
| Female (child) | 72 |
| Gender Other (child) | 1 |
| ATSI 9-11 years | 2 |
| ATSI 12-18 years | 6 |
| ATSI via Parent | 10 |
| ATSI TOTAL | 18 |

Armadale CAMHS inform children, young people and their families of the changes made as a result of ESQ feedback via 'You spoke, we listened' posters, which are displayed throughout the clinic. Examples of recent 'You spoke, we listened' posters are included below:

Government of Western Australia
Child and Adolescent Health Service

# Armadale CAMHS
## Experience of Service Questionnaire
*You Spoke, We Listened*

August 2016*

## The things you said that were good about coming to Armadale CAMHS

### Children and young people

- You were taken seriously
- You felt comfortable when speaking to staff
- You felt safe talking to staff
- Staff listened carefully to what you said
- You were not judged when talking to the staff at Armadale CAMHS

### Families and carers

- Staff offered great medical advice
- Staff were friendly and helpful
- Armadale CAMHS is a calm and caring environment
- Information was clearly explained to you
- It was easy to organise an appointment

## The things you didn't like or need improving upon.....

| You Spoke... | We Listened... |
|---|---|
| You would like water to be provided in the waiting room | ✓ Water is available upon request, please ask one of our staff who will be more than happy to assist. |
| You would like the waiting room to be more inviting and suggested the use of colour | ✓ We know our waiting area can be improved upon – please email your suggestions to CAMHS.Participation@health.wa.gov.au and will try to obtain funding to improve the area |
| You would like the parking facilities to be improved | ✓ We understand parking can be difficult at peak times and we are regularly escalating your concerns to Armadale Health Service Management |

If you would like to partner with us to ensure we are delivering the best services possible, please email CAMHS.Participation@health.wa.gov.au or call 6389 5863. Examples of how you could be involved include joining a group with other children, family members and staff, who work together to ensure we are delivering the best service possible. There are many other ways you can become involved.

*Feedback on this poster is from Experience of Service surveys completed during April – June 2016

Government of Western Australia
Department of Health
Child and Adolescent Health Service

# Armadale CAMHS
## Experience of Service Questionnaire
*You Spoke, We Listened*

December, 2015

## The things you said were good about coming to Armadale CAMHS

### Children and Young People

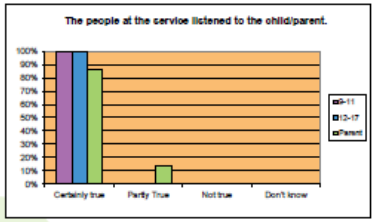
- You said that you couldn't say much as this was your first time at Armadale CAMHS, but the man you talked to seemed very helpful
- The staff at Armadale CAMHS are nice and try do the best for you
- The staff are easy to talk to
- The staff speak really nice and are understanding
- You told us that Armadale CAMHS is comfortable and it's easy to talk to people
- You felt comfortable and welcome at Armadale CAMHS

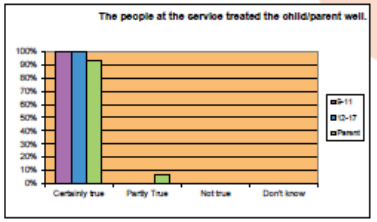
### Families and Carers

- You liked that the staff actually listened about your concerns
- You said it was easy to get an appointment and the person you saw was great
- You told us that it was quick and friendly
- You told us that your time at Armadale CAMHS is ongoing but all is good
- You told us that it has been fast and has been no nonsense
- Staff are professional and understanding
- You liked that it was friendly and accommodating
- You liked the way the staff spoke to your son and explained things

## The things you didn't like or need improving

| You Spoke... | We Listened... |
|---|---|
| You said it would be great if CAMHS would contact the service they recommend on your behalf to help you get seen sooner | ✓ Unfortunately, a lot of the services that CAMHS recommend require children and family to self refer. We do provide contact numbers and information about services, and we do have professional relationships with some services in Armadale that we work collaboratively with. |
| You told us that parking is hard at Armadale CAMHS | ✓ We understand that parking is hard, and we are actively communicating with Armadale Health Service surrounding this issue. Staff also find the parking difficult. Hopefully this can be rectified soon. |




## The feedback you gave about Armadale CAMHS

'I like everything'

'I'm glad there is a place that can help us work out the best place to take our son to for help'

'I feel like I have gotten a lot of my chest'

## 8.2 Complaints and Compliments

In the reporting period, Armadale CAMHS received the following formal compliment:

- A mother who had been receiving extra support at Armadale community health centre noted that all staff and workers had gone above and beyond their duties to help support her and her daughter.

In the reporting period, Armadale CAMHS received the following formal complaints:

- Parent unhappy about several aspects of the care her son received from Armadale CAMHS (ID9281/12369).
- Parent concerned about the mental health of her son and having extreme difficulty finding a service provider able to assist with formally assessing and diagnosing her son

A meeting was arranged for the parent in the first complaint to meet with the Director and Head of Department Community CAMHS to discuss their concerns. An appointment was made for the parent in the second complaint to attend Armadale CAMHS to discuss treatment options. Letters were sent to both complainants in response to concerns raised which summarised the decisions made and actions taken by Armadale CAMHS and options for the future.

Both complaints were analysed to determine whether any service process improvements could be implemented at Armadale CAMHS to reduce the likelihood of similar complaints being received. It was determined that these particular complaints did not present any opportunities for service improvement.

# 9. Patient Outcomes

## 9.1 NOCCS

NOCC, and in particular the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA), may be used to fund episodes of care on a national level from the beginning of the 2017 financial year.

NOCC training was identified as a gap in the training currently delivered face to face in Community CAMHS, as the online training package gave clinicians little opportunity to practice rating and no opportunity to discuss the clinical vignette with colleagues and managers. With the objective of training Community CAMHS clinicians in the clinical rating tools and embedding the scores into clinical management plans to improve services delivered to children, young people and their families/carers, a project was initiated to provide NOCC training and clinical utility training workshops to all CAMHS clinical staff that are responsible for completing NOCC measures. It was decided that special attention would be given to the HoNOSCA and ensuring that ratings given in this measure are reflected in clinical management and crisis management plans.

Armadale CAMHS staff completed this new training on 12 September 2016.

# 10. Policy

New/reviewed policy documents are implemented at Armadale CAMHS via:

- Email to all team members; and
- Subsequent discussion at team business meetings.

Recently released policy documents that have been discussed and implemented at team level include:

- Operational CAMHS policy document
  - CAMHS Leave Backfill
- Clinical CAMHS policy documents:
  - CAMHS Managing Clinical Risk After Disclosure of Child Sexual Abuse
  - CAMHS Sexual Safety Guideline
  - CAMHS Shared Care Guideline
  - CAMHS Temporary Electronic Storage Of SSCDs and MHA forms
- Community CAMHS policy:
  - Community CAMHS Multidisciplinary Team Review Guidelines – updated to include reference to shared care

During the reporting period, the Service Manager of Armadale CAMHS was an active member of both the CAMHS Policy and Procedures Steering Group and the CAMHS Mental Health Act Implementation Steering Group.

**This document can be made available in alternative formats on request for a person with a disability.**