



Children, Youth and Women's Health Service

Primary and Population Health Directorate

Child and Adolescent Mental Health Services (CAMHS) Strategic Plan

December 2010

Contents

1. Introduction.....	Page 1
2. Background.....	Page 1
3. Overarching Goals.....	Page 3
4. Policy Context.....	Page 4
5. Service Profile/Context.....	Page 7
Services:	
Utilisation Data:	
Client Usage:	
6. Service Population & Projection Demographics – SA	Page 20
Aboriginal and Torres Strait Islander Population Demographics-SA	
Guardianship of the Minister Children Population Demographics- SA	
Analysis of service profile:	
7. Service Population Health Issues	Page 22
8. Partnerships with Other Organisations, Regions & Services.....	Page 23
9. Objectives	Page 24
10. References	Page 26

1. Introduction:

The 2010-2016 Primary and Population Health Clinical Service Plan has been developed according to the Service Planning Methodology document (2009). The planning process utilises a population health approach based on understanding the determinants of health and that health is produced across the life course.

Through planning, we aim to:

- improve the health outcomes of the entire population and reduce health inequalities among population groups
- incorporate an understanding of the social determinants of health by improving access to affordable, appropriate health care and developing strong partnerships and collaboration across sectors and agencies to provide integrated services.
- incorporate a life-course approach to health based on an understanding of the criticality of physical and brain development that occurs before birth, in the first three years and through to adolescence.

The Service Planning process used the following planning framework and description:

- Policy and service context
- Population demographics and health status
- Current service profile and utilisation
- Consumer, staff and stakeholder issues
- Identification of issues/risks
- Current resourcing of programs
- Service improvement recommendations, strategies and key performance indicators

2. Background:

It was established in the 2006 Australian census that the South Australian population was 1.6 million people. Of these 381,581 were children and young people under the age of 18 years. The CAMHS statewide services cater for the entire child and adolescent population while the community teams servicing the northern area of the state have a population base of 191,000 in metropolitan Adelaide and 53,000 in rural areas, therefore providing a service for 244,000 children and young people or 64% of the population under 18 years.

Mental disorders and mental health problems affect significant numbers of children, adolescents and adults each year. The World Health Organisation clearly points this out in its World Health Report 2001 when it states:

One in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide (www.who.int, 2001).

The prevalence of mental health issues amongst children has been reported as between 14-18%. The Mental Health of Young People in Australia study found that 14% of young people have mental health problems (Sawyer et al., 2000). This means that 53,400 children and young people in South Australia have mental health issues

and 34,200 children and young people in the North of the metropolitan and country areas of South Australia.

Mental health problems can have a significant adverse impact on children, young people and their families. It is therefore critical that support is provided to families in conjunction with children and young people. There is now clear evidence that a child's mental health begins at birth and that the first five years of a child's life are a critical and rapid developmental period that impacts on long-term mental health outcomes (Silva & Stanton, 1996:154). Norrie McCain and Fraser Mustard (1999) state that 'from conception to six years is the most important influence of any time in the life cycle on brain development and subsequent learning, behaviour and health'. This is mainly due to the 'plasticity' of the brain during these initial years and therefore the high responsiveness the brain can have to environmental influences (Ludwig & Sawhill 2007:5) Research also demonstrates that the potential consequences of not acting can have long term impacts. For example children with disruptive behaviour in early childhood are at increased risk of conduct disorder, substance misuse and criminality later in life (Farrington 1994:85, Satterfiede et al 1994, Moffitt 1990, Moffit and Harrington 1994).

Children are unique to all other population groups in that they are largely dependent on adults for the meeting of their physical and emotional needs. This dependence has significant implications for the structure and role of mental health services in providing for the mental health needs of children and young people.

"The health and well-being of infants, children and young people, more than any other age group is dependant on relationships with caregivers, other significant adults and their peers and is influenced by systems including the education, welfare, juvenile justice, disabilities, community services and workplace and training providers. (AICAFMHA, 2005, p3)

Parents are central to the positive development and resolution of mental health issues in the child population. Work with parents is integral to the mental health of children and young people. We know that for some problems such as behavioural / conduct disorders; the evidence is that interventions with parents rather than children provide the best outcomes.

At each stage along the developmental pathway children and their family /carers are involved with a range of agencies and community services that are potential points for supporting parents and children in the development of a strong, cohesive and supportive care system and assisting the development of the child's positive emotional wellbeing. Each of the broader systems outside the family that are involved with infants, children and young people have an enormous impact on the development of positive mental health and resilience in children and young people.

The mental health and wellbeing of children and adolescents is everybody's business: families, carers, universal and other early years services, schools and youth services, health services, housing and support services, community organisations and the community as a whole.

<http://www.health.vic.gov.au/mentalhealth/camhs/camhsrep0906.pdf>

CAMHS services have an important role working in conjunction with the key child and youth agencies to ensure these services have the necessary skills and knowledge to provide this support to children and young people. *Child and Adolescent Mental Health Services (CAMHS) touch all aspects of children's services and can influence the effectiveness of the work of early years, schools, colleges, GPs, health visitors and services to children at risk and in care such as social care, youth justice and care*

providers (Care Matters Partnership, 2009). This is reinforced by the findings of the national mental health survey where a significant proportion of children and young people seek assistance outside mental health services. It is also vital that everyone working with this specific population group acknowledge their role within the development of children's mental health and proactively engage in processes and structures to attain positive outcomes.

A strong resilient workforce with well developed knowledge and skills is the basis for a high performing organisation that effectively meets the needs of its consumers. For CAMHS as an organisation this means having effective clinical structures and processes and a strong training and education program for staff to ensure staff are supported and able to effectively undertake their roles.

3. Overarching Goals:

Child and Adolescent Mental Health Services will work in partnership with our clients, family, service providers and community groups to provide a comprehensive and coordinated continuum of care that is flexible and responsive to children, young people and families' needs.

Population groups that are at high risk of developing mental health issues will have priority for service delivery. Eg Aboriginal children and young people

In keeping with the emerging evidence Child and Adolescent Mental Health Services will invest in the early years.

The important role that parents, carers and families play in the wellbeing of children and young people will be recognised and incorporated into service provision.

Child and Adolescent Mental Health Services will support agencies who work with children to understand their role and participate in developing the social and emotional wellbeing of children.

The clinical capacity of Child and Adolescent Mental Health Services will be developed and enhanced to ensure we have a clinically competent organisation and staff.

4. Policy Context:

The following documents underpin and guide the delivery and direction of services within CYWHS:

National Policies	Context
<i>4th National Mental Health Plan</i>	<p>The 4th National Mental Health Plan 2009-2014 was released in 2009 by the Australian Government. It seeks to build on and consolidate the previous three National Mental Health Plans. The priority areas identified in the plan include</p> <ul style="list-style-type: none"> • Social inclusion and recovery • Prevention and early intervention • Service access, coordination and continuity of care • Quality improvement and innovation • Accountability—measuring and reporting progress
<i>National Mental Health Standards</i>	<p>The revised National Mental Health Standards were released in September 2010. These standards are the guide for all mental health services in Australia in developing and implementation of services to meet the needs of consumers.</p>

State Policies	Context
<i>South Australia's Strategic Plan (2007)</i>	<p>First launched in March 2004 by the SA Government and updated in January 2007 South Australia's Strategic contains 10-year objectives and targets for the whole state. SA Health is the responsible lead agency for seven targets; reducing the percentage of young smokers, increasing the proportion of people with a healthy weight, increasing the healthy life expectancy of South Australians, lower the morbidity and mortality rates of Aboriginal people, improving health status of people with chronic disease, improving psychological wellbeing and reducing proportion of low birth weight babies. There are also many other targets in South Australia's Strategic Plan to which SA Health contributes. As South Australia's lead provider of health services for children, young people and women CYWHS is a key player in achieving a number of these targets.</p>
<i>The SA Health Strategic Plan 2008-10</i>	<p>SA Health's Strategic Plan details where SA Health is heading as an organisation. It includes four key strategic directions within the overarching context of South Australia's Strategic Plan. Strategic Directions include; strengthening primary health care, enhancing hospital care, reforming mental health care and improving the health of Aboriginal people.</p>
<i>CYWHS Strategic Plan 2005-2010</i>	<p>The CYWHS Strategic Plan 2005-10 outlines the organisations visions and goals, sets our broad direction and priorities, taking into account the public policy context, the needs of our populations and the broader social environment. The key strategic goals of the plan are to contribute to the health and wellbeing, improve opportunities to prevent illness and promote health, improve the health of Aboriginal, children, young people and women, address health inequalities, support specialist services for the state, ensure quality and integrated health care services.</p>
SA Health Aboriginal Health Policy and Cultural Respect Framework	<p>The SA Health Aboriginal Health Policy 2007 is a commitment by SA Health to provide leadership and work cooperatively with other government and non government organisations to ensure the social determinants of health are addressed with the aim of improving Aboriginal health outcomes. The SA Health Aboriginal Cultural</p>

	Respect Framework provides the guiding principles to develop policy and initiatives to lift the cultural competency of mainstream health services. The aim is to have a health system which provides a safe environment for Aboriginal people and where cultural differences are respected.
<i>CYWHS Aboriginal Health Strategy 2005-10</i>	This strategy 2005-10 was developed by the CYWHS Aboriginal Health Advisory Committee in consultation with staff and key stakeholders. It outlines four key priorities to improve the health of Aboriginal women and children including: community involvement and partnerships, workforce development, access to health services and programs to address the health and well being of Aboriginal people.
<i>South Australia's Health Care Plan 2007-2016</i>	South Australia's Health Care Plan 2007-2016 provides the overarching framework for the SA Health system and outlines health system reform to meet growing population health care needs and the future challenges of health service delivery. It focuses on the development of new health services and facilities as well as reorienting the health system in order to make best use of the available professional workforce and health resources. This plan will assist in guiding better coordinated hospital services, a responsive health workforce for the future, GP Plus Health Care Centres, with more primary health care services, more elective surgery, less pressure on emergency departments and improved management of chronic diseases.
<i>Keeping them Safe</i>	Keeping Them Safe is the South Australian Government's program to reform its child protection services and systems. Government agencies are involved in unprecedented collaboration and cooperation in order to protect South Australian children and young people. This policy represents a bold, new direction for child protection policy, with children at its centre. The key planks of the reform agenda are support to children and families, effective appropriate intervention, reform work practices and culture, collaborative partnerships and improved accountability.
<i>Rapid Response</i>	In October 2005 the Rapid Response – Whole of government services for children and young people under the guardianship of the Minister report was released. The purpose of Rapid Response (RR) was to help children and young people under the guardianship of the Minister to receive the necessary supports and services to ensure their health, education and wellbeing. The government committed to providing excellent care to children and young people under the guardianship of the Minister. As part of this commitment the government agreed that they will receive the highest priority in service provision from all government services. RR also recognised that no single government agency or department could look after these children. Excellent care would require a co-ordinated and collaborative approach across all government departments.
<i>Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007-2012, SA Social Inclusion Board</i>	The Social Inclusion Board of South Australia released its blueprint for Mental Health Services in South Australia in 2007. The report identified that a focus on the following was essential for reform of the Child and Adolescent Mental Health system to the benefit of consumers: <ul style="list-style-type: none"> • Consumer involvement in all facets of care • Workforce • Partnerships between agencies • Strong focus work with Department of Education and Children's Services (DECS) • Programs supporting children during early years • CAMHS provide specialist services

	<ul style="list-style-type: none">• Integrated catchments• Transition between child & adult services• Support primary mental health care services• Priority – Aboriginal• Children of Parents with Mental illness (COPMI)
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5. Service Profile/Context:

Current Service Profile:

CAMHS Community Teams

CAMHS community teams are based in the metropolitan area at Port Adelaide, Elizabeth and Paradise. In country areas there are permanent sites based at Port Pirie, Pt Augusta, Pt Lincoln, Whyalla, Yorke Peninsula, Clare Barossa Valley and the Anangu, Pitjantjatjara Yankunytjatjara (APY) Lands with visiting services to a comprehensive range of rural and remote locations

CAMHS community teams provide mental health services to infants, children, young people and their families/carers experiencing a range of mental health issues. Services in metropolitan areas are provided by a multidisciplinary team of psychiatrists, mental health nurses, psychologists, social workers, speech pathologists, Aboriginal mental health consultants and occupational therapists. Services provided include assessment, counselling, group work, referral, health promotion, training and consultation.

Adolescent Services Enfield Campus

Adolescent Services Enfield Campus (ASEC) provides group programs, assertive case management and individual and family focussed therapeutic services for young people aged 12 - 18 with complex mental health needs. As a state-wide tertiary service, ASEC works with young people who have disengaged or are at risk of disengagement from mainstream education and community programs. Complex Clinical Case Formulation using a Bio-Psychosocial-Cultural approach and Positive Behaviour Support are the therapeutic frameworks that underpin the service model for each program. There are a number of programs at ASEC including:

- The Day Program
- The Adolescent Complex Care Unit
- The Child and Adolescent Mental Health and Drug and Alcohol Co-morbidity Team

The **Day Program** provides semester based group programs for young people with significant mental health issues where complex mental health, family and social issues are impacting on their engagement with education. Consultation services are provided on a needs basis to other agencies working with this client group.

The **Adolescent Complex Care Unit (ACCU)** accept referrals for young people who have experienced serious mental health difficulties, often resulting in an in-patient admission, where the mental health issues have reduced the young person's capacity to function in their family and community. ACCU provides assertive case management and some group programs aimed at improving the client's functioning and engagement with community.

The **Child and Adolescent Mental Health Drug and Alcohol Co-morbidity Team** has a clinical capacity building focus across the state to provide a range of activities focussed on upskilling the CAMHS workforce in working with young people who have co-existing mental health and/or substance abuse. This team provides clinical consultation and training and is available to assist individual clinicians with assessment and interventions targeting problem substance abuse.

Behavioural Intervention Service

The Behavioural Intervention Service (BIS) is a state-wide, interagency partnership between CYWHS, DECS and Families SA that offers a day program and/or consultancy service for young people aged 5-18 years of age with mental health issues as well as long standing, pervasive behavioural difficulties that have not responded to other interventions. BIS is an intensive service staffed by a multi-disciplinary team of teachers and clinical staff and operates using a positive behaviour support framework. The team assesses need by developing a 'menu' of options and access to services is negotiated with the client, family and their community. Support could include day program and/or consultancy service.

The day program is based at Campbelltown with transport to be provided by family/carer or client's community. Each young person and their family/carers have an individualised timetable that includes educational and therapeutic support to develop their resiliency.

The BIS consultation service is available for clients who are unable to access the day program or whose needs would be better addressed whilst remaining within their enrolled school. The role of the consultation service is to:

- Develop a positive behaviour support plan to address needs
- Provide support and training to implement the identified strategies.

Boylan Ward Inpatient Service

Boylan Ward is a twelve bed open unit within the Women's and Children's Hospital of the Child Youth Women's Health Service that provides specialised care and support for children and adolescents with mental health problems and illness. Boylan Ward may also be a closed ward to maintain the safety of the young patients. The staff of Boylan Ward aim to provide a therapeutic environment in which young people up to 18 years old can work through their problems and concerns towards better mental health. The ward is staffed by a multi-disciplinary team consisting of Consultant Psychiatrists, Mental Health Nurses, Psychiatric Registrars and Psychologist. Additional expertise is provided by Teachers, Pharmacist, Dietician and Speech Pathologist. The staff on Boylan Ward are a highly skilled and experienced team dedicated to helping children, adolescents and their families deal with mental health issues. Boylan Ward values a close working relationship with the community mental health teams. This ensures that young people are offered ongoing continuity of mental health care.

The Emergency Mental Health Service

The Emergency Mental Health Service (EMHS) is a 18 hour per day service that provides assessment and support to the Women's and Children's Hospital Paediatric Emergency Department for children and adolescents with mental health issues. The EMHS is staffed by Mental Health Nurses between 0800 and 0230 and Consultant Psychiatrists between 0230 and 0800. The staff of the EMHS are highly skilled and experienced to help children adolescents and their families deal with acute mental health presentations to the Paediatric Emergency Department. The EMHS values a close working relationship with the community mental health teams to ensure a prompt response and continuity of mental health care.

Perinatal and Infant Mental Health Services

Helen Mayo House is a state-wide 6 bed, inpatient unit for women (& men) with moderate to severe mental health problems and includes admission of their young children aged 0-3. The unit also has the capacity to admit partners, in their own right or as boarders if appropriate.

Services provided include

- Individual therapy for women and sessions for partner/ family using a bio-psycho-social framework
- Group therapy on psychosocial issues
- Mother-infant therapy- both inpatient & outpatient
- Telephone counselling: consumers, family, GPs
- Psychiatry outpatient assessments for GPs

Helen Mayo House has a range of Community Partnerships

- Two community Acorn groups which provide semester based mother-infant therapy group for women with mental illness and their children using music, movement, therapeutic journaling
- Consultation, liaison & education to Torrens House
- Delivery of Perinatal Infant Mental Health teaching packages across SA including an aboriginal specific package
- Consultation-liaison work with GPs
- Mental health follow-up and joint facilitation of community groups for women with Post natal depression

Perinatal and Infant Mental Health Services (PIMHS) WCH Campus has a multidisciplinary team including consultant psychiatrist and psychiatric trainee, mental health nurses, Infant Mental Health specialist and child psychotherapist. They provide mental health assessment on an inpatient and outpatient basis, using a consultation-liaison model and bio-psycho-social framework. A mother/infant therapy clinic consultation-liaison work with paediatric wards (inpatient & outpatient basis) and outpatient groups for parents of neonates are provided.

Department of Psychological Medicine (DPM)

The guiding aim of DPM is to enhance the quality of care provided by Women's and Children's Hospital to paediatric patients and their families by:

- providing direct clinical services to patients and families
- providing liaison services to other staff and departments of the WCH
- advocating for improvements in the practice of paediatric health
- contributing to the education and training of staff in paediatric mental health
- contributing to the evolving culture of excellence in health care practice at the WCH

Target populations are:

1. Patients (and their families) with significant psychosocial issues in relation to their physical illness or disability, eg difficulties in adjustment or non-acceptance of major disability; poor treatment adherence; parenting difficulties in the face of illness.
2. Where psychological factors cause or exacerbate physical illness; somatisation; illness exaggeration.
3. Patients (and their families) with significant psychological problems and a concurrent physical illness
4. Patients with physical illness and disability who require neuropsychological/psychological assessment and management.

Mary Street, Adolescent Sexual Abuse Prevention Program

Mary Street, Adolescent Sexual Abuse Prevention Program (ASAPP) is a prevention program, which promotes safety in families and communities by helping young people to stop sexual abuse and sexual harassment of others.

Mary Street provides counselling and help for adolescents and their families or care givers to assist young people to:

- take responsibility to stop sexual abuse and sexual harassment
- make restitution to help heal the harm caused by sexual abuse and sexual harassment
- respect others and develop appropriate relationships
- build self respect and confidence
- make sexuality respectful and positive

Mary Street works cooperatively with police, courts, and welfare agencies to achieve an outcome:

- which puts priority on the safety and wellbeing of younger children and those at risk
- which encourages the young person to take responsibility for their actions
- which is fair for all people concerned
- which is respectful for the younger person

Mary Street also provides:

- assessment for Youth Court
- assessment to assist statutory organisations such as Families SA to plan for safe family contact and family reconciliation
- training and consultation for health, welfare, justice and education workers
- consultation regarding policy development concerning prevention of sexual abuse and sexual harassment in organisations which deal with young people

SERVICE POPULATION, PROJECTION DEMOGRAPHICS AND UTILISATION DATA

CAMHS CYWHS COMMUNITY TEAMS SERVICE UTILISATION PROFILE BY TEAM											
TEAM & Age Range	Population 2010	Pop projection to 2015	Pop projection to 2020	Change in Pop to 2020	CAMHS Referrals	% of 2010 Pop	CAMHS No's Contacts	% of team referrals	Aboriginal Pop in SLA 2006	CAMHS Aboriginal Clients	% of Pop/ % of CAMHS referrals
COUNTRY											
Total 0-4 year olds	12917	13251	13474	+557	153	1.2%	573	7%	791		
Total 5-9 year olds	13300	13760	14081	+781	744	5.6%	3452	34%	925		
Total 10-14 year olds	14528	13827	14377	-151	832	5.7%	3886	38%	916		
Total 15-19 year olds	12524	12164	11564	-960	424	3.4%	1662	19.5%	775		
Tot Population < 19yrs	53269	53002	53496	+227	2153	4%	9573			279	
Tot Indigenous < 19yrs									3407		
			APY:		222		83			222	
Total Indigenous									7,521	501	15% / 21%
Total Population	206594	215270	223567								
APY Lands											
Total 0-4 year olds	200	186	168	-32	18	0.2%	18	22%	188		
Total 5-9 year olds	201	196	184	-17	63	1.3%	25	30%	185		
Total 10-14 year olds	190	174	170	-20	93	1.4%	34	41%	210		
Total 15-19 year olds	166	132	118	-48	48	0.9%	6	7.2%	209		
Tot Population < 19yrs	757	688	640	-117	222	1%	83		792	209	26% / 94%
Total Indigenous									1885		
Total Population	2296	2239	2167								
NORTHERN											

CAMHS CYWHS COMMUNITY TEAMS SERVICE UTILISATION PROFILE BY TEAM

TEAM & Age Range	Population 2010	Pop projection to 2015	Pop projection to 2020	Change in Pop to 2020	CAMHS Referrals	% of 2010 Pop	CAMHS No's Contacts	% of team referrals	Aboriginal Pop in SLA 2006	CAMHS Aboriginal Clients	% of Pop/ % of CAMHS referrals
Total 0-4 year olds	16581	18198	19363	+2782	141	0.85%	941	11%	562		
Total 5-9 year olds	15322	17511	19051	+3729	470	3.1%	2941	34%	610		
Total 10-14 year olds	15958	16077	18002	+2044	495	3.0%	3084	36%	540		
Total 15-19 year olds	16782	16909	17925	+1143	314	1.9%	1668	19%	462		
Tot Population < 19yrs	64643	68695	74341	+9698	1420	2.19%	8634			154	7% / 11%
Tot Indigenous < 19yrs									2174		
Total Indigenous									4093		
Total Population	231220	252827	274639								
WESTERN											
Total 0-4 year olds	13278	13718	13989	+711	76	0.6%	304	5.5%	352		
Total 5-9 year olds	11962	13031	13459	+1497	295	2.5%	1566	28.5%	376		
Total 10-14 year olds	12629	12061	13055	+426	425	3.4%	2431	44%	370		
Total 15-19 year olds	14434	14262	13734	-700	274	1.9%	1190	22%	422		
Tot Population < 19yrs	52303	53072	54237	+1934	1070	2%	5491			128	8% / 12%
Tot Indigenous < 19yrs									1520		
Total Indigenous									3339		
Total Population	239172	246266	253671								
EASTERN											
Total 0-4 year olds	18748	19371	19836	+1088	38	0.20%	212	5%	218		
Total 5-9 year olds	17925	19121	19727	+1802	236	1.3%	1638	36%	235		
Total 10-14 year olds	19109	18739	19911	+802	277	1.44%	1783	39%	254		
Total 15-19 year olds	23775	23664	23318	-457	213	0.89%	909	20%	258		
Tot Population < 19yrs	79557	80895	82792	+3235	764	1%	4542			72	7% / 9%
Tot Indigenous < 19yrs									965		
Total Indigenous									2259		
Total Population	352825	367802	382683								

CAMHS CYWHS COMMUNITY TEAMS SERVICE UTILISATION PROFILE BY TEAM

TEAM & Age Range	Population 2010	Pop projection to 2015	Pop projection to 2020	Change in Pop to 2020	CAMHS Referrals	% of 2010 Pop	CAMHS No's Contacts	% of team referrals	Aboriginal Pop in SLA 2006	CAMHS Aboriginal Clients	% of Pop/ % of CAMHS referrals
TOTAL CAMHS COMMUNITY											
Total 0-4 year olds	61724	64724	66830	+5106	426	0.7%	2048	7%	2111		
Total 5-9 year olds	58710	63928	66502	+7792	1808	3.0%	9622	34%	2331		
Total 10-14 year olds	62414	60878	65515	+3101	2122	3.4%	11218	40%	2290		
Total 15-19 year olds	67681	67131	66659	-1022	1273	1.9%	5435	19%	2126		
Tot Population < 19yrs	250529	256352	265506	+14977	5629	2.3%	28323			842	9.5% /15%
Tot Indigenous < 19yrs									8858		
Total Indigenous									19097		
Total Population	1032107	1084404	1136727								

Total Population = Adults and Children
 Total Indigenous = Adults and Children

Children and Young People Under the Guardianship of the Minister (GOM)

		GOM CHILDREN SEEN IN COMMUNITY CAMHS BY YEAR				
TEAM	08/09 GOM POPULATION IN AREA	06/07	07/08	08/09	09/10	% OF 08/09 GOM POP SEEN IN CAMHS
NORTHERN	335	101	93	98	100	29.25%
EASTERN	258	63	53	56	55	21.70%
WESTERN	126	54	44	39	43	30.95%
COUNTRY	276	119	126	129	121	46.73%
OTHER CAMHS					30	
TOTAL GOM POP 08/09	995					
TOTAL GOM Referrals to CAMHS		337	316	322	349	
% GOM POP SEEN IN CAMHS 08/09						32.36%

Department of Psychological Medicine

Outpatients	2007/2008	2008/2009	2009/2010
Occasions of Service	4,925	4,082	4,024
Numbers of clients	N/A	N/A	N/A
Units - Attendances	2007/2008	2008/2009	2009/2010
Medicine	210	219	186
Gastroenterology	75	93	167
Pulmonary Medicine	200	153	104
Endocrine	66	53	78
Cardiology	23	33	66
Rehab	49	91	37
Oncology	104	45	32
Burns	34	38	29
Chemical Pathology	22	19	21
Paediatric ICU	14	66	20
Neurosurgery	105	24	18
Orthopaedics	33	10	18
Child Protection	0	2	12
Renal	23	16	12
Neurology	22	19	10
Social Work	10	16	9
Child Development	0	3	7
Plastic Surgery	15	8	5
Paediatric Emergency	20	0	4
Dermatology	5	15	3
Other	46	60	2
Paediatric Surgery	9	9	2
Rheumatology	7	10	2
Cranio-Facial	7	1	1
Haematology	0	1	1
Immunology	2	0	1
Allied Health	3	0	0
Occupational Therapy	2	11	0
Paediatric Anaesthesia	1	0	0
Physiotherapy	1	9	0
Total	1,108	1,024	847

Behavioural Intervention Service

Unique Clients	2007/2008	2008/2009	2009/2010
BIS Group	10	13	12
Contacts	2007/2008	2008/2009	2009/2010
BIS Group	679	230	183
Sessions	2007/2008	2008/2009	2009/2010
BIS Group	105	89	44
One-To-One	2007/2008	2008/2009	2009/2010
Contacts	1,447	1,046	N/A
Unique Clients	2007/2008	2008/2009	2009/2010
BIS	21	21	N/A

Adolescent Service Enfield Campus

Unique Clients	2007/2008	2008/2009	2009/2010
ASEC Group	46	23	38
Contacts	2007/2008	2008/2009	2009/2010
ASEC Group	830	178	132
Sessions	2007/2008	2008/2009	2009/2010
ASEC Group	74	13	14
One-To-One	2007/2008	2008/2009	2009/2010
Contacts	1,732	2,374	N/A
Unique Clients	2007/2008	2008/2009	2009/2010
ASEC	165	134	N/A

Mary Street, Adolescent Sexual Abuse Prevention Program

	2007/2008	2008/2009	2009/2010
Unique Clients	68	50	69
Face to Face OOS	529	256	590
Phone Calls	143	68	162
Community Initiatives - Sessions			
Health Education/Promotion	0	13	8
Support & Advocacy	0	0	4
Training/Teaching	0	1	6

Emergency Mental Health Service - Women's and Children's Hospital

	2007/2008	2008/2009	2009/2010
Ward Consults			
Occasions of Service	212	299	306
Outpatients			
Face to Face	828	1,120	1,317
Phone Calls	536	494	497

Boylan Ward

Indicators	2007/2008	2008/2009	2009/2010
Separations	342	366	373
ALOS	5.0	4.4	4.0
% Occupancy	38.8%	37.8%	36.0%
Ave. Patients Treated Per Day	4.7	4.5	4.3
Equiseps	615.78	642.74	534.17
Complexity Indicator	1.80	1.76	1.43

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Indicators	2007/2008	2008/2009	2009/2010
Separations <16yo	103	102	104
Separations >16yo	88	96	80
ALOS <16yo	18.9	18.2	22.1
ALOS >16yo	20.6	19.3	25.3
% Occupancy	141.0%	131.6%	138.7%
Ave. Patients Treated Per Day	8.4	7.9	8.3
Equiseps	0	0	634.14
Complexity Indicator	0.00	0.00	6.10

6. Service Population & Projection Demographics – SA:

Aboriginal and Torres Strait Islander

South Australia has an Aboriginal and Torres Strait Islander population metropolitan/country wide of 25,556 people or 5% of the Aboriginal and Torres Strait Islanders population of Australia.

South Australia has an Aboriginal and Torres Strait Islander youth population total of 14,320 or 10 years to 24 years 8,161 metropolitan/country wide.

Aboriginal and Torres Strait Islanders represent 1.7% of the total population of South Australia.

There has been an increase of 2% since 2001.

The median age for Aboriginal South Australians is 21 years compared to 39 years for non-Aboriginal South Australians.

Children under the Guardianship of the Minister (GOM)

The number of children and young people in the care of the Minister has grown steadily from 1,441 in June 2005 to 2,111 at 30 June 2009.

These children and young people were in the care under 12 months or guardianship to 18 years orders. An additional 46 were on Investigation and Assessment Orders.

Type of guardianship (of those on 18 year and 12 month orders)

- Order to 18 years – 83.5%
- 12 month Order - 16.5%

Ages (of those on 18 year and 12 month orders)

- 0 to 1 - 6.7%
- 2 to 4 - 15.7%
- 5 to 9 - 29.2%
- 10 to 14 - 28.7%
- 15 to 17 – 19.8%

Since 2003/04, there has been a:

- **91%** increase in the number of children aged up to 2 years
- **117%** increase in the 2-4 year age group
- **79%** increase in 5 – 9 age group
- **41%** increase, both in 10-14 years and
- **60%** increase in the number of young people aged 15-17 years.

In part, the increase in the number of children in care at a point of time is a result of children entering alternative care at a younger age, and remaining in care for a longer period of time.

Aboriginality (of those on 18 year and 12 month orders)

- Indigenous – 24.2%
- Non-Indigenous - 74.8%
- Undetermined - 1.0 %

Disability At the end of 2008 there were a total of 244 children under guardianship receiving a service from Disability SA and Novita, 12 per cent of the total service population. (Disability SA)

Accommodation arrangements Of the 1,886 children and young people in alternative care at 31 December 2008, the care arrangements were as follows:

- Foster care - 48.3%
- Relative and kinship care - 37.9%
- Financially assisted adoption - 0.1%
- Families SA residential care - 5.3%
- NGO residential care - 1.4%
- Emergency and short term accommodation - 6.9%

The increase overall in the number of children in alternative care placement at the end of the financial year is 69% over the past six years.

Since 2003/04, the increase has been in the vicinity of 10% to 11% per annum. The trend this financial year is for 9% increase.

For Aboriginal children, there has been a 120% increase in the number of children in placement at the end of the financial year and for non-Aboriginal children, a 56% increase.

Placement stability In their passage through the care system, children will generally change placement a number of times. Of the 2,018 children and young people in alternative care at 30 June 2009, their experiences were:

- First placement – 3.7%
- One – 18.3%
- Two to five - 43.2%
- Six to ten – 19.7%
- More than ten - 15.2%

Secure detention Children and young people in secure detention in South Australia are housed in either the Magill or Cavan Youth Training Centres. In 2008-09 there were 1,097 admissions to secure care and the average daily occupancy of the two secure training centres was 72.34

Data Source: These statistics are mainly drawn from Families SA figures on children and young people under the guardianship of the Minister and Australian Institute of Health and Welfare data on children and young people in alternative care.

Those under guardianship and those under alternative care are overlapping populations; that is most, but not all, children in alternative care are on custody or guardianship order, and similarly, most, but not all, children under the guardianship of the Minister are in alternative care. However, the numbers of these two populations are different, and exact comparisons should not be made.

Analysis of Service Profile

The population of children and young people less than 19 years will increase by 15,000 by 2020 with two thirds of the increase (ie 9700) occurring in the Northern metropolitan region. This indicates that review and planning is required in the Northern area to ensure service location/s promote accessibility for clients.

Using the rate identified in the National Mental Health Survey of Children and Young People of 14% of children and young people having mental health issues, there would be an additional 2100 children and young people with mental health issues. As a specialist Mental Health Service, Community CAMHS Teams currently see 2.3% of the population in their catchment areas in any one year, indicating that there will be an additional 345 children or young people per year requiring a service from CAMHS community teams. This indicates there will be a requirement for an additional 6 FTE staff to provide a service to this population increase.

CAMHS provides a service to 9.5% of the Aboriginal population of children and young people and of total referrals to CAMHS, 15% are of Aboriginal children and young people.

In the year 2008/09, one third of children under the Guardianship of the Minister residing in the northern part of the state received a service from CAMHS. In the country, almost half of all Children under the Guardianship of the Minister received a service from CAMHS indicating that CAMHS provides a significant service to this population group.

Boylan Ward Inpatient Unit occupancy levels of 36 - 40% give rise to the question as to whether there are other children or young people who would benefit from the assessment and treatment that a mental health inpatient stay could provide. To this end, a review of Boylan Ward is proposed.

The service environment surrounding Adolescent Services Enfield Campus has changed considerably in recent years impacting on the campus programs. A service review of the Adolescent Services Enfield Campus is timely to determine the needs of the client group and how the Adolescent Services Enfield Campus resources can best meet their needs.

7. Service Population Health Issues:

There are a number of population groups that studies have demonstrated are at higher risk of developing mental health issues. These include Children and Young People under the Guardianship of the Minister, Aboriginal children and young people, those with a disability, refugees and children of parents with a mental illness.

There are a number of areas within our regions that have socio economic indicators that identify significant levels of disadvantage. The impact in these communities is that families have less resources available to support the children.

Within country regions, it is clear that the demand for child and adolescent mental health services is significantly greater than the CAMHS resources to meet this need. There are also less alternative services

available to support families. The distances in regional and remote areas adds additional pressure both to families and for service delivery.

8. Partnerships With Other Organisations, Regions & Services (Formal & Informal):

Partnerships with other agencies and service providers are a key part of the framework for service delivery of Child and Adolescent Mental Health Services. We believe that, in order to assist the child or young person, we need to understand their mental health needs in the context of their relationships and experiences in the wider world. This then infers that effective intervention requires a collaboration and partnership with the people and services involved in their lives.

The greatest connections and interactions that CAMHS have are with the children's services such as Department of Education and Children's Services (DECS), Families SA, Disability SA and Child and Family Health. It is essential that child and adolescent mental health services have strong connections, with the core child systems. This will facilitate collaborations and policy directions that are inclusive of the mental health needs of children and young people and would promote a system that understands, promotes and advocates for the needs of children and young people separate to those of adults.

CAMHS key partnerships are in effect potentially with everyone who is involved in a child or young person's life including:

- Families SA
- Education sectors
- Child and Family Health Services
- Disability Services
- Paediatricians and General Practitioners
- The Second Story
- Non Government Organisations
- Adult Mental Health
- Headspace

9. Objectives:

1. **Child and Adolescent Mental Health Services will work in partnership with our clients and their family, service providers and community groups to provide a comprehensive and coordinated continuum of care that is flexible and responsive to children, young people and families' needs.**
 - 1.1. All CAMHS services will develop strategies for flexible and responsive service delivery that is relevant to their client population and service delivery mode.
 - 1.1.1. Service opening hours
 - 1.1.2. Flexibility of locations
 - 1.1.3. Range of partnerships with other agencies

- 1.1.4. Flexible processes to assist access.
 - 1.2. A service review of Adolescent Services Enfield Campus (ASEC) will be undertaken to ensure the resources are utilised efficiently and effectively for young people with significant and serious mental health issues.
 - 1.3. To ensure children and young people who could benefit from a mental health inpatient stay have access, a service review of Boylan Ward Inpatient service will be undertaken.
 - 1.4. A comprehensive continuum of care will be established for young people in the juvenile justice Secure Care system.
 - 1.5. CAMHS will develop strategies to maintain nil or low waiting list for ongoing service in community teams
 - 1.6. Community teams will review service delivery locations including outreach to ensure accessibility to our clients.
 - 1.7. Opportunities for community team co- locations with other service providers for children will be explored.
- 2. Population groups that are at high risk of developing mental health issues will have priority and plans will be developed for proactive service delivery.**
- 2.1. Children and Young People under Guardianship of the Minister
 - 2.1.1. CAMHS will work in partnership with Families SA to ensure mental health services are provided for Children and Young People under Guardianship of the Minister
 - 2.2. Aboriginal children and young people
 - 2.2.1. CAMHS will continue to research, develop and implement culturally appropriate mental health clinical interventions for Aboriginal children, young people and families.
 - 2.2.2. CAMHS will provide mental health services to children, young people and families with mental health issues in the APY Lands in collaboration with the key stakeholders working with children in the APY Lands.
 - 2.2.3. CAMHS will provide a flexible and responsive continuum of care for Aboriginal young people in Youth Justice Secure Care Centres.
 - 2.3. Refugee and culturally linguistically diverse populations
 - 2.3.1. Ensuring culturally competent CAMHS workforce
 - 2.3.2. Engaging communities through clinical service including Incredible Years, service to New Arrival Program schools, clinical services.
 - 2.3.3. Responding to specific refugee issues that arise in the community
 - 2.4. Children and young people with a disability and mental health issues
 - 2.4.1. CAMHS will work in partnership with Disability Services to increase clinical capacity of the services to better respond to children and young people with dual diagnosis.
 - 2.5. Children of Parents with a Mental Illness (COPMI)
 - 2.5.1. Collaboration with stakeholders providing services to adults with mental health issues with children.
 - 2.5.2. Development and implementation of a model of service provision for children with parents with a mental illness.
- 3. In keeping with the emerging evidence early years Child and Adolescent Mental Health Services will invest in the early years**

- 3.1. Establish clear direction in early years for CAMHS service delivery
 - 3.2. Develop a Service Plan for Early Years implementation within CAMHS
 - 3.3. Identify opportunities for supporting development and capacity of infant mental health knowledge and skills with key stakeholders and staff across CAMHS.
 - 3.4. Establish a training and development plan for CAMHS staff to develop skills in working with the Early Years
- 4. The important role that parents, carers and families play in the wellbeing of children and young people will be recognised and incorporated into service provision.**
- 4.1. Consumer and carer involvement in care planning and review will occur
 - 4.1.1. CAMHS will recognise and respond to the needs of siblings within families
 - 4.2. Consumers and carers will be involved in service planning and review
 - 4.3. Increase use of National Consumer outcome measure with consumers and carers.
- 5. Child and Adolescent Mental Health Services will support stakeholders who work with children and young people to understand their role and participate in developing the social and emotional wellbeing of children and to build staff capacity and resilience in meeting the needs of this client group.**
- 5.1. Clarification and refinement of the scope of direct service delivery
 - 5.2. Provision of consultation and liaison to stakeholders, working with children. eg DECS, Families SA Disability Services, GPs
 - 5.3. Development and implementation of a comprehensive and proactive training and development program for stakeholders and the community.
- 6. Develop and enhance the clinical capacity of Child and Adolescent Mental Health Services to ensure we have a clinically competent organisation and staff.**
- 6.1. Clear processes and structures to support clinical development and capacity within CAMHS will be developed.
 - 6.2. Establishment of a Training and Development Coordinator position.
 - 6.3. Development and implementation of a comprehensive training plan for CAMHS.
 - 6.4. Plans developed and implemented for identified clinical priority areas
 - 6.4.1. Anxiety
 - 6.4.2. Young people requiring complex care
 - 6.4.3. Transition to Adult Mental Health services

10. References

Australian, Infant, Child, Adolescent, Family Mental Health Association (AICAFMHA) 2006, Position Paper : Improving the mental health of infants, children, adolescents in Australia

Farrington, D. P. (1994) Editorial., *Criminal behaviour and mental health*, 4, 83-86

Ludwig, J. & Sawhill, I. (2007) *Success by Ten: Intervening Early, Often and Effectively in the Education of Young Children*, The Brookings Institution, USA

Moffitt, T.E (1990) 'Juvenile delinquency and attention deficit disorder – Boys' developmental trajectories from age 3 to age 15', *Child Development*, vol. 61 pp893-910

Moffitt TE & Harrington HL (1994), 'Delinquency across development: The natural history of antisocial behaviour in the Dunedin Multidisciplinary Health and Development Study', in *The Dunedin Study: From Birth to Adulthood*, eds W Stanton and PA Silva, Oxford University Press, Oxford.

National Mental Health Strategy, (2000) *Promotion, Prevention and Early Intervention for Mental Health*, A Monograph, Publications Production Unit,

Satterfield, J, Swanson, J, Schell A et al. (1994) 'Prediction of antisocial behaviour in attention-deficit hyperactivity disorder boys from aggression/defiance scores', *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 33, pp185-190

Sawyer, et al (2000) *The mental health of young people in Australia: the child and adolescent component of the National Survey of mental health and wellbeing*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Ageing, Canberra.

Silva, P. & Stanton, W. eds. (1996), *From Child to Adult: The Dunedin Multi-disciplinary Health and Development Study*, Oxford University Press, Auckland.

Websites

Care Matters Partnership LTD, 2009, *The Future of CAMHS: Best Practice and Commissioning*, UK, June 2009
[The Future of CAMHS: Best Practice and Commissioning - Conferences & Training - Care Matters Partnership](#)

Norrie McCain, M. & Fraser Mustard, J. (1999) *Reversing the Real Brain Drain: Early Years Study, Final Report*
www.childsec.gov.on.ca

Victorian Government, 2006, *CAMHS in Communities, Sept 2006*
<http://www.health.vic.gov.au/mentalhealth/camhs/camhsrep0906.pdf>