



Child and Adolescent
Mental Health Service

Model of Care

‘Who we are and
what we do’
2016



Government
of South Australia
SA Health



Women's
& Children's
Hospital

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Throughout this document the term Aboriginal is inclusive of the Torres Strait Islander peoples

“CAMHS acknowledges Kurna people as the traditional owners and custodians of this land. We respect their spiritual relationship with their country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kurna people today....” CAMHS also acknowledges all Aboriginal cultural groups in South Australia.

Disclaimer

While every effort has been made to ensure the material contained in this handbook is up-to-date at the time of publication, the Women’s and Children’s Hospital accepts no responsibility for the accuracy or completeness of the material in the publication and expressly disclaims all liability for any loss or damage arising from reliance on any information contained within it.

Who is CAMHS (Child and Adolescent Mental Health Service)?

CAMHS is a state-wide service of the Women's and Children's Health Network within SA Health. We provide mental health assessment and therapeutic services, utilising a bio-psycho-social, developmental and family oriented framework that respects and undertakes work within the cultural context of our clients and their families. We see infants, children and young people between the ages of 0-18 (note: Youth Mental Health operates in southern, western, eastern metro Adelaide and country South Australia for young people 16 and over), mothers in the perinatal period, and their families.

Our therapeutic focus is on addressing disorder, fostering healing, enhancing adaptation and improving resilience. We aim to assist children, young people, new parents and families to develop strengths for the future, in the understanding that families themselves will keep learning and building on initial changes they have been supported to make.

CAMHS will engage in partnerships and provide consultation and education within the wider community. This aim is to aid everyone in supporting the mental health of young people, mothers in the perinatal period and new parents, and to foster the prevention of difficulties through early intervention.

We recognise the specific challenges of providing services across South Australia with its vast geographical area and diverse populations. To this end CAMHS is committed to making use of all technological aids and the creative and flexible deployment of clinicians to ensure that all children and their families have equity of access to services.

The core objectives of CAMHS:

1. Deliver clearly described, age appropriate mental health services for infants, children, young people and their families in South Australia
2. Make use of best clinical evidence to deliver mental health care that is effective and efficient
3. Ensure staff who provide mental health care are competent, well-trained and supported in their work
4. Form strong, effective partnerships with consumers and the community to best work together for improved mental health
5. Value and contribute to ongoing research, innovation, evaluation and training
6. Be a lead agency for quality mental health services for infants, children, young people, new parents, caregivers and their families in SA

The CAMHS vision

- > Offer the best mental health care for our clients and families based on contemporary research.
- > Accessible
- > Equitable
- > Engaging
- > Innovative
- > Partner with consumers and carers for continuous service improvement

What is this document?

This is the CAMHS Model of Care. It is a:

- > Document that defines who our clients are, how they access our services and the suite of services we will provide.
- > Statement of care, outlining the relevant principles and values underpinning CAMHS services and the way in which we will manage our therapeutic partnerships.
- > Living document that will change over time to reflect research and evaluation, the results of continuing consumer, carer and stakeholder contributions, the political, environmental, social climates and other elements at play in the Mental Health context. However the over-riding principles should be enduring.

The CAMHS Model of Care is information for CAMHS staff, clients and carers, as well as a guide for the wider community, referral agencies and stakeholders. New CAMHS staff will also find the Model of Care useful in describing what is important to our organisation and what we strive to achieve.

The CAMHS Model of Care sits alongside of a number of other key documents, namely CAMHS Service Descriptions, Operating Guidelines, Workforce Structure, and Scope of Practice.

CAMHS work is underpinned by clinical guidelines and current ones are listed in an appendage at the back of this document. These will be reviewed bi-annually by clinical reviews in the organisation. Additional clinical guidelines will be developed as areas of work are further developed.

How was the Model of Care developed?

The CAMHS Model of Care was developed through extensive consultation within CAMHS, with consumers and carers, other agencies and interest groups. Site visits were taken to interstate CAMHS services and an extensive literature search undertaken. This is detailed in the References section. Clinical leaders within CAMHS were responsible for designing client pathways and developing the service options outlined in the document.

The models of service delivery have been informed by best available evidence as well as by recommendations made in the *Review of South Australian Child and Adolescent Mental Health Services* (Gruner, 2014). In some cases the models of service delivery described are well established areas of work, in others they are in the process of establishment.

What is the context that informs the Model of Care?

National context

Early intervention and youth specific services are priority areas in the *Fourth National Mental Health Plan 2009-14*. The Plan also focuses on collaboration between services and a renewed commitment to developing an Aboriginal Mental Health, Social and Emotional Wellbeing Framework. The Australian Government invested in early intervention through the development of Headspace Centres, the perinatal depression initiatives, Child Mental Health Service and Better Access programs. This growth and improved accessibility for children and young people is very positive.

In 2012, the Council of Australian Governments developed the *10 year Road Map for National Mental Health Reform 2012 to 2022*. The Road Map has a strong focus on early detection and intervention, putting individuals at the centre of their own care, and taking environment and context into account.

In 2013, the federal government began to pilot the funding and use of The National Disability Insurance Scheme (NDIS) which will improve access to disability support. The implementation of this scheme has potential to impact on the delivery of CAMHS services into the future.

State context

The development of the CAMHS Model of Care occurs in the context of a rapidly changing health and social service landscape in South Australia. Of note are the *SA Health Transforming Health* transition and significant structural changes within SA Department for Education and Child Development (DECD) and most recently, *The Life They Deserve*, the Child Protection Systems Royal Commission (2016). DECD was formed with the aim of creating a more holistic focus on wellbeing, child safety and successful outcomes for children through their developmental years. The key services of child protection and education are delivered through the Department for Child Protection and DECD respectively. CAMHS will work with DECD to continue to enhance its mental health care partnerships and pathways. CAMHS is taking into consideration the recommendations from the Child Protection Systems Royal Commission to ensure that its practice and partnership approach aligns.

The child protection commitments undertaken through the Keeping Them Safe child protection reform (2004) such as the Rapid Response policy for Children under the Guardianship of the Minister will also continue to inform CAMHS priorities.

Mental Health reform in SA has proceeded under the strategic directions set by the *Stepping Up Social Inclusion Action Plan 2007-12*. While this plan's main focus is on the redevelopment of adult mental health services it has some relevant recommendations for CAMHS: 'CAMHS programs should be targeted at the smaller number of young people who require specialist mental health expertise, as well as providing a consultancy service to support professional school based counsellors in their work.' (p18)

Other relevant state legislation and plans such as the *Mental Health Act 2009*, South Australia's Strategic Plan (2011), *SA Health Care Plan 2007-16*, *SA Health Aboriginal Health Policy and Cultural Respect Framework 2007* will continue to guide the strategic directions of CAMHS.

Demographics

In the 2011 Australian census there were approximately 1.6m people in SA. About 300 000, nearly 20%, were under the age of 16 years, The prevalence of mental health issues amongst children and young people has been reported to be around one in seven (13.9%) (Lawrence et al, 2015). This represents approximately 42,000 children and young people across SA who may have mental health difficulties. Approximately 23 per cent of these live outside the metropolitan area (2013).

What are the key principles underpinning the Model of Care?

Mental health is more than the absence of illness. Mental health is about enabling infants, children and young people to develop their greatest potential, to enjoy life and manage adversity.

A child's brain development and mental health begins prior to birth and continues during the early years of life, through a critical and rapid 'experience dependant' developmental period that impacts on long term mental health outcomes. The quality of the attachment relationship between a child and their primary caregiver in these early years is highly significant to the child's ongoing cognitive, social, moral and emotional development.

Families, carers, schools and the whole community are integral in the development and maintenance of the mental health of infants, children and young people. Agencies working with children and their families have a specific responsibility to ensure that their services support the mental health of infants, children and young people.

CAMHS core role within this service context is to provide specialist mental health assessment and therapeutic services, utilising a bio-psycho-social, developmental and family oriented framework. CAMHS also values, respects and undertakes its work within the cultural context of its clients and families. CAMHS interventions are evidence informed, multi-disciplinary and peer reviewed. We also provide early intervention and prevention through consultation and education within the wider community. CAMHS ensures service excellence by engaging in research, fostering innovation and ongoing review.

CAMHS Principles:

The following service principles drawn from a range of standards and consultation with CAMHS clinicians and community, underpin CAMHS work. Services are delivered in accordance with these principles:

- > Respect for the human rights of all clients and their families
- > Children, young people and mothers in the perinatal period experiencing complex mental health issues will be a priority
- > Working with infants, children, young people and their parents/carers – with children at the centre
- > Commitment to consumer and carer engagement and involvement
- > Working together in partnerships
- > Culturally responsive
- > Optimum opportunities for access
- > Staff are valued – people are our greatest resource
- > Respect, trust, integrity
- > Evidence based/informed
- > Forward looking, innovative and creative
- > Efficient

Who are our clients?

CAMHS provides services for mothers in the perinatal period, infants, children, young people and parents/carers with moderate to severe, and complex emotional, behavioural and mental health difficulties across South Australia.

CAMHS recognises that any emotional, behavioural or mental health difficulties:

- > Sits within a context of the infant, child and young person's and family's life, their histories, beliefs and aspirations
- > Correlate with adversity such as socio economic hardship, cultural prejudice, trauma

In addition, CAMHS recognises the greater likelihood of mental health challenges and unique engagement complexities for Aboriginal and Torres Strait Islander children and their families, culturally and linguistically diverse (CALD) children and their families and, children and young people under the Guardianship of the Minister. Therefore CAMHS will prioritise access for these groups.

Aboriginal and Torres Strait Islander Peoples:

The needs of Aboriginal children, adolescents and their families accessing CAMHS are met through:

- > Providing an accessible service that recognises the diversity of experience within the Aboriginal community and the importance of cultural and custodian responsibilities
- > Addressing the physical, mental and social health and wellbeing in a cultural context.

- > Recognising that Aboriginal children and their families experience a range of life and health challenges related to the ongoing impact of colonisation, racism and intergenerational disadvantage and trauma.

Given this context, CAMHS will provide and/or support individual, family and community mental health and wellbeing initiatives that address the complex interaction of social, cultural, economic and physical environments in which Aboriginal people live.

Examples of CAMHS Aboriginal specific approaches and programs are provided within the section on 'Specific interventions or approaches' and in Appendix 4.

Clients who are from culturally and linguistically diverse (CALD) backgrounds:

The needs of children and young people and their families from culturally and linguistically diverse backgrounds accessing CAMHS are met by:

- > Recognising the importance of culture, refugee and/or migrant, and settlement experience for children and young people and families of culturally linguistic and diverse backgrounds.
- > Recognising the potential impact of trauma from country of origin, migration/refugee journey and/or settlement experience – and responding therapeutically within a cultural context
- > Providing a service that is accessible and respectful of the cultural, linguistic, religious and spiritual needs or other specific needs of people of CALD backgrounds

Children and Young People under Guardianship of the Minister

Children and young people under the 'Guardianship of the Minister' are more vulnerable than their peers to developing mental health issues later in life. Their emotional wellbeing and mental health can affect all aspects of their lives and no one service alone is able to meet their needs. There is a duty of cooperation placed on CAMHS and Department for Child Protection to work collaboratively together in best interests of children and young people under the guardianship of the minister. This is explored further in the section, *Client Services that CAMHS delivers*.

There are also a proportion of families that have multiple issues that CAMHS needs to review on a case by case basis for consideration of treatment.

Who provides services and how is service delivery supported?

CAMHS is a multi-disciplinary, collaborative state-wide service. When possible, CAMHS seeks to employ people with lived-experience. Workers from various disciplines bring core and specialist skills to bear on assessment, therapy and review.

CAMHS employs Aboriginal Mental Health/Wellbeing Workers and Clinicians, Clinical Psychologists, Mental Health Nurses and Nurse Practitioners, Occupational Therapists, Psychiatrists, Social Workers and Speech Pathologists supported to deliver services by Administrative and Support Staff. CAMHS Psychiatrists provide clinical expertise across a spectrum of disorders and mental health presentations.

The provision of clinical excellence is enabled by having:

- > A workforce structure that can provide the right intervention at the right time.
- > Recruitment, training and development that enhances the competence of that workforce. This is guided by the CAMHS Learning and Development Framework.
- > Clinical supervision within and across disciplines, by experienced and approved practitioners.
- > An atmosphere of cross-consultation and the use of cultural supervision.

- > Formal multidisciplinary case reviews to assess care plans, formulations, risk, progress and quality assurance.
- > A robust system of clinical accountability, through supervisors and discipline leaders, via managers and team psychiatrists, to the Psychiatrist Clinical Director.
- > Engagement in and promotion of research to foster creativity, innovation, accountability, fidelity and rigour within the service.
- > Benchmarking and engaging with CAMHS services both nationally and internationally to identify opportunities and examples of best practice, and to share exemplar projects and ideas.

CAMHS approach for working with children, young people and their families and partner agencies

Children, young people and their families

In keeping with CAMHS own principles and values and Standard 3 of the National Mental Health Standards (2010), “Consumers and carers are actively involved in the development, planning, delivery and evaluation of services”, children, young people and their families will be actively involved across all levels of CAMHS service development and delivery, as well as their own individual healthcare.

Input into individual health care and overall service delivery will be built into clinical or education sessions, through regular surveys, consumer feedback and other input processes. CAMHS will strengthen and/or establish formal and informal processes to gain children’s, young people’s and their carer’s input into service delivery and design.

Intra-agency and Inter-agency Collaboration

CAMHS practitioners will work collaboratively within teams, across teams, and with other agencies. It is important that infants, children, young people and their families receive the benefit of the multi-disciplinary team environment and key agencies working together.

Interagency work at a local level will also assist in addressing client needs and/or systems issues for children, young people and their families – where services may include GPs, other parts of WCHN, private providers, primary and secondary health services, and community agencies. It will also assist CAMHS to be more accessible for families.

Interagency work at an organisational or partnership level is critical with DECD and Department for Child Protection and will support collaborative practice arrangements, including referral pathways and co-working processes. This will ensure consistent approaches across South Australia for all families involved with other systems. As the lead agency for child and adolescent mental health in South Australia, CAMHS will be available for consultation with other agencies around mental health issues at an individual, family and systemic level. CAMHS will provide clear web-based information regarding referral criteria and pathways plus links to alternate services as needed.

Lead Agency

CAMHS, as SA’s lead mental health service for infant, children and young people, also functions as a resource for perinatal, infant, child and adolescent mental health consultation and support to other child and family focused agencies. We actively support, educate and advise across systems to bring our expertise to other services with less specialised knowledge in children’s mental health and wellbeing. This area of responsibility is considered integral to CAMHS’ role and is provided through strong regional interagency relationships. One example of this is the Introductory Certificates in both infant and perinatal mental health, together with conferences, occasional workshops and supervision provided by the Perinatal Infant Mental Health Service.

What are CAMHS Standards and how we evaluate our services?

- > CAMHS will ensure the delivery of the highest standard services through formal and informal/ quantitative and qualitative evaluation of services.
- > CAMHS will measure against an agreed 'accountability framework' incorporating measures of quality and safety as well as financial and human resources performance.
- > CAMHS will participate in the accreditation programme selected by its local health network. As at 2015, this is Equip National, and the National Mental Health Standards 2009.
- > CAMHS participates in Health Roundtable where it is benchmarked against other mental health and CAMHS services.
- > Teams will monitor their performance against CAMHS agreed principles.
- > CAMHS will regularly seek input from its consumers and carers through experience of care surveys, dedicated consumer or carer groups and/or other measures.
- > CAMHS will regularly seek feedback from partners and stakeholders on the status of relationships and possibilities for improvement.

What are the Stages of Care?

CAMHS provides a continuum of service responses to meet the range of complexity for the mental health needs of infants, children and young people and new mothers. Wherever possible, services are delivered in the community by multi-disciplinary teams. More highly specialised services may be based in regional locations to ensure clinical connectivity and to provide peer support and development of expertise. Every attempt will be made to deliver services in locations which suit the client. Within this the infant's, child's, young person's and/or family's cultural context is integral to informing the care that they receive – and how it is delivered.

The CAMHS stages of care are as follows:

1. Referral and Triage

The triage process promotes a clinical and therapeutic culture around the first contact with infants, children, young people, new mothers and their families. Families will feel listened to and guided to get the right help in a timely fashion. Triage is both an assessment and therapeutic contact.

Triage provides advice and information for young people, parents/carers and other agencies regarding problems they are facing at the time they make contact. It will ensure referrals are appropriate for the service. Triage provides information to referrers about the range of service options available. Families will have clarity about what services CAMHS can provide them, and if not requiring a CAMHS service they will be directed and supported to engage with alternative services.

Triage will identify the acuity and complexity of the presenting problems relative to the developmental age of the infant, child or young person.

An up to date, easily accessed website with information about what CAMHS does and how and where to refer will be developed and maintained for the benefit of potential referring professionals, parents, carers and young people.

2. Assessment

CAMHS involvement with a child and their family or carer is based on clinical assessment of the presenting problem, its acuity and complexity.

Every client entering CAMHS will have a comprehensive mental health assessment to generate a formulation. This will be undertaken by a member or members of the multidisciplinary team, and will culminate in the development of a care plan in partnership with the young person and family/carer, outlining current and future plans for service delivery. The location of the assessment will be a negotiated decision between clinical staff and families. The care plan will include immediate needs, as well as identifying any risk issues, how they will be managed and the anticipated therapeutic approach.

3. Therapy

CAMHS provides evidence informed therapy for individuals and families and operates in a community based family orientated framework where possible. Therapy may be provided directly with individuals, but for many problems, interventions with parents/carers rather than the child alone will provide the best outcomes. Therapeutic support is provided to facilitate positive relationships. CAMHS will generally engage parents/carers in the therapeutic work with their child.

Therapy will be inclusive of the many systems and services in which children and their families are involved, in particular schools, child protection service as well as other health services or providers e.g. General Practitioners. Case conferences and interagency work is a central part of the therapeutic process, and requires the use of a clinician's systemic skills as much as family and individual work. There is routine communication with general practitioners/paediatricians and others.

Therapy is adapted to the developmental level and unique mental health needs of the mother, father, infant, child or young person involved. CAMHS will endeavour to work in the most effective way possible to address bio psycho social difficulties. Most children and young people benefit from discrete episodes of care to achieve specific goals, while some will need a sustained longer term approach. Some children and young people will engage in multiple episodes of care with CAMHS across their childhood years.

There will be a group of clients for whom a traditional therapy model does not fit. A model of assertive therapy will be developed.

4. Transition from CAMHS

Appropriate transfer of care is negotiated with the young person with their needs at the centre of the process. The family or carers, referrer and primary carer will be involved in the transfers. Safety plans are established in case of relapse.

Transition to other services when indicated, within and beyond CAMHS, including transfer to the care of another agency at the end of therapy, is managed carefully. CAMHS ensures where possible that transfers are planned, and proactively and collaboratively managed to ensure successful engagement with a new worker or service.

CAMHS will continue to work with existing clients past their 16th birthday where the CAMHS model of care is considered the most appropriate; some programs will continue to provide services not available elsewhere until adulthood. Ideally transition to The Youth System of Care will involve a shared co-worked approach to maximise engagement of the young person in the new system.

There is routine communication with the general practitioner or other health care provider upon discharge or transition.

What does CAMHS provide and where?

	Infants and their Mothers	The Early Years –Pre-schoolers (0-4)
Referral In	<ul style="list-style-type: none"> > Self and family referral > GP & Paediatric referral > Emergency mental health (EMHS) > CAMHS cross referral > Child Development Services 	<ul style="list-style-type: none"> > Self & Family referral > GP & Paediatric referral > EMHS & Triage referral > CAMHS cross referral > Disability > Education and Child Development Services
Service Provided	<ul style="list-style-type: none"> > Assessment & Therapy > Support & Education within CAMHS and to other agencies > Onward referral for package of care 	<ul style="list-style-type: none"> > Assessment & Therapy > Support & Education within CAMHS and to other agencies
Practitioners	<ul style="list-style-type: none"> > Specialised Perinatal Service Providers > Multi-disciplinary Practitioners 	<ul style="list-style-type: none"> > All of CAMHS > Multi-disciplinary practitioners > Specialised Perinatal Service Providers
Location of Services	<ul style="list-style-type: none"> > Perinatal Infant Mental Health Services (PIMHS), WCH > Helen Mayo House > Community CAMHS sites 	<ul style="list-style-type: none"> > Community CAMHS sites and programs
Co Working/ Referral Out	<ul style="list-style-type: none"> > GPs > Paediatricians > CaFHS > Other Non Government Organisations > Government Agencies > Disability Services > Adult Mental Health Services for Mothers > Private Psychiatrist's 	<ul style="list-style-type: none"> > GPs > Paediatricians > CaFHS > Pre-school agencies > Other NGOs Government Organisations > Government Agencies

	Primary School Age Children (5-12)	Adolescents & Youth (12-18)
Referral In	<ul style="list-style-type: none"> > Self & Family referral > Acute services, EMHS & Triage referral > CAMHS cross referral > GP & Paediatric referral > Education, Disability and Forensic Services 	<ul style="list-style-type: none"> > Self & Family referral > Partner referral > Acute and EMHS/Triage referral > GP and Paediatric referral > MY Health > Education, Disability and Forensic Services
Service Provided	<ul style="list-style-type: none"> > Individual and Group based Assessment & Therapy/Programs > Support & Education within CAMHS and to other agencies 	<ul style="list-style-type: none"> > Individual and Group based Assessment & Therapy/Programs > Support & Education within CAMHS and to other agencies
Practitioners	<ul style="list-style-type: none"> > All of CAMHS > Multi-disciplinary practitioners 	<ul style="list-style-type: none"> > All of CAMHS > Multi-disciplinary practitioners
Location of Services	<ul style="list-style-type: none"> > Community CAMHS sites and programs > Schools > Boylan Inpatient Service > Flinders Medical Centre 	<ul style="list-style-type: none"> > Community CAMHS sites and programs > Schools > Forensic settings > Boylan Inpatient Service
Co Working/ Referral Out	<ul style="list-style-type: none"> > GPs > Paediatricians > Private practitioners (case by case) > Headspace > Schools > Department for Child Protection > Disability > Other Non Government Organisations > Government Agencies 	<ul style="list-style-type: none"> > GPs > Paediatricians > Private practitioners (case by case) > Headspace > Schools > Department for Child Protection > Youth Mental Health > Courts > Disability > Other Non Government Organisations > Government Agencies

Client Services that CAMHS delivers

CAMHS offers mental health services for infants, children and young people with moderate to severe, complex emotional, behavioural and mental health difficulties, including a number of sub-specialities. These sub specialities are based on recognition of the need for a dedicated service response based on need, acuity, the vulnerability associated with particular life stages, co-occurring issues and/or locations.

CAMHS ensures continuity of care between all teams, using clinical information and clinical handover as core elements of continuity. Clear care pathways and communication with families, partners, and other teams ensures the client journey into, within, and out of the services are as smooth and seamless as possible.

Triage and Acute Services

CAMHS clients, families and referrers will receive the right help in the right place at the right time. This is particularly important for those who may be distressed and at risk.

Central Triage

This will have core senior mental health clinicians, along with others who rotate in from other areas of the organisation to triage referrals and enquiries received via telephone, fax, email or post. This team is responsible for engaging potential clients with the most appropriate service within or beyond CAMHS. This service is currently being developed and will have its own model of care. Part of the development of the model will be recognition that one size does not fit all and to identify additional entry points for children and young people from vulnerable or priority population groups.

Emergency Mental Health Service

CAMHS provides a 24/7 statewide service. Currently, emergency mental health clinicians are based on the Women's and Children's Hospital site from 8 am – 2 am, with access to Consultant Psychiatrist support over 24 hours. The service assesses young people who arrive at the Emergency Department, as well as providing phone consultation liaison services for services and individuals off-site. This service will have strong links to Central Triage as it is developed.

Boylan Inpatient Services– Child and Adolescent Inpatient Service

Boylan Inpatient Services is a 12 bed unit located at the Women's and Children's Hospital for young people whose mental health needs are assessed as requiring inpatient treatment. The service is for children and young people up to the age of 18 whose acuity and/or needs cannot be adequately met in a community setting. Boylan Inpatient Services will work to maintain and strengthen the links with family and community. It will endeavour to address functional declines of children and young people and reinforce the individual strengths of those admitted.

Boylan Inpatient Services provides:

- > Comprehensive assessment
- > Short term stabilisation and/or as an adjunct treatment to community based engagement
- > Treatment for young people with acute psychiatric illness
- > Planned opportunity for intensive, complex assessments.

Boylan Inpatient Services work closely with community teams to provide continuity of care for children, young people

and families. Planning for transition from the inpatient unit occurs at the point of admission and proactively involves all community services providing ongoing care. Tele-medicine and other technologies are routinely used to assist with communication between hospital and the community.

For some children, young people and their families a short term outreach approach will be required. This service approach will be adjunctive and aim to provide outreach under the following premises:

- > enhance the connection between child, young person and family to community Child and Family Health Service (CaFHS) sites
- > reduce frequency, length and number of admissions to inpatient care
- > work to improve independence and daily living skills of young people
- > support young people access education, employment and meaningful daily activities
- > support young people and families through education and identification of relapse and crisis signature work

Perinatal Infant Mental Health Service (PIMHS)

The perinatal and infant mental health service is composed of 3 arms providing an integrated model of care for families during this period. Clinical services include:

- > Perinatal and infant mental health service at Women's and Children's Hospital (WCH) campus. A consultation-liaison service is provided to obstetric patients of WCH, and infants, with a focus on maternal health, the mother-infant relationship and family functioning.
- > Helen Mayo House provides tertiary level inpatient and outpatient treatment for mothers, their infants, partners and their families where there are post natal mental health problems. There is a strong emphasis on ensuring integration with community services, with active liaison with referral and discharge supports. All patients receive psychiatric assessment, including medical psychological and social aspects of functioning and close attention and care is provided for the parent-infant relationship
- > A community service, based at the inpatient unit provides clinical management for patients on referral from general practitioners, clinical services in areas of the greater metropolitan region which are otherwise poorly serviced by perinatal and infant mental health practitioners and a significant teaching commitment throughout SA.

Critical partners for perinatal Mental health Services include CaFHS, Department for Child Protection, paediatricians and Adult Mental Health Services.

Community Teams

Community teams are situated across South Australia and are the main providers of therapy, group programs and consultation by CAMHS. The teams are multi-disciplinary and provide a range of services according to the infant's, child's or young person's developmental needs in partnership with other agencies. Individuals and families receive CAMHS care in their local community through site based and/or the provision of outreach services.

Community teams are responsible for engaging clients and facilitating the most appropriate intervention within or beyond CAMHS. This may involve clients being offered individual or family therapy, and/or being invited to participate in a therapeutic group program.

Critical partners for co work, consultation, and collaboration include primary health services (including GPs and paediatricians), schools, Education Department programs and children's centres, Department for Child Protection and community services (including with a focus on child wellbeing and welfare).

Video and telephone links are offered to rural and remote locations when staff cannot be physically present.

Statewide Services

Mobile Assertive Service

The CAMHS Mobile Assertive Service will provide assessment, assertive treatment and care for young people with complex mental health needs. Services will be delivered by mental health clinicians working in a multi-disciplinary model in the family home, school or the community. The Service and clinicians will be working in partnership with all areas of CAMHS, as well as with partner services and agencies. Regular case conferencing and communication is an essential part of this model to review progress and address identified concerns. This service is currently being developed and will have its own model of care.

Eating Disorder Service

Eating Disorders are psychological disturbances with profound physical and developmental implications, and are associated with a high burden of disease and mortality. It is widely recognised that the incidence of Eating Disorders is increasing. Emphasis is on working with families at all stages, with careful support at transition points (e.g.: between in and out patient, from CAMHS to Youth and Adult services).

The Family Based Treatment (FBT) model is the primary evidence based guiding framework for delivery of South Australian services.

CAMHS state-wide model will employ specialised mental health clinicians and include working with dieticians. Inpatient care will be provided at Flinders Medical Centre and the Women's and Children's Hospital with outpatient family based treatment within the community.

Services for children and young people under Guardianship of the Minister

All CAMHS services work with children under the Guardianship of the Minister who, in most instances, reside in alternative and kinship care.

CAMHS recognises the significant behavioural and emotional impact that complex developmental trauma has upon infants, children and young people. A child's or young person's functioning can be further affected by their experience of placement/s and within school/s. As such, children under Guardianship can encounter difficulties in both their care environments and educational facilities and experience high rates of behavioural and emotional difficulties. The creation of a therapeutic care team around such children is essential in partnership with all other agencies. Within this framework specialised CAMHS clinicians will deliver evidence informed therapeutic interventions to the child, their care environment and the wider systems in the most complex cases.

Forensic Services

Children, youth and people involved in the justice system often experience a wide range of psychosocial problems as well as reduced educational, occupational and social opportunities. The culmination of the adversity faced by these youth can result in a significant burden of illness and impact upon development.

Addressing the needs of young offenders with mental health problems and promoting social and emotional wellbeing involves CAMHS and critical partners with Department for Child Protection, Youth Justice System, Disability Services-SA and SAPOL. A fundamental aim of any treatment approach is that developmentally, it enables these young people to achieve the normative tasks of adolescence. This requires an approach that addresses clinical, cultural, spiritual and psychosocial issues.

Given the overrepresentation of Aboriginal youth in the system (custody, youth justice, Department for Child Protection), the Aboriginal CAMHS workforce are critical as is engaging with the wider Aboriginal community. Services to secure care facilities are essential and will be supported by outpatient service delivery with an emphasis on early intervention to at risk young people. Providing specialist expertise to community CAMHS teams will also take place.

Consultation and Liaison

CAMHS recognises the emotional aspects of all illness, and the potential impact upon children, their families and treating teams.

The CAMHS consultation and liaison service focuses on the mental health needs of children and their families across inpatient paediatric services in South Australia. The service is multidisciplinary and provides a range of therapeutic interventions including assessments, individual psychological therapies and family work. Our target group is children most at risk of poor outcomes as a result of mental health and emotional difficulties in the context of acute and/or chronic medical conditions. This will include:

- > psychological and behavioural problems associated with a medical illness
- > mental illness within the medical setting
- > physical or medical-like symptoms where psychological and/or relational issues are suspected to contribute to the presentation
- > significant psychosocial issues in relation to physical illness or disability (e.g. adjustment to major disability; treatment adherence; parenting difficulties in the face of illness).

Services are predominantly to inpatients, however given the ongoing nature of some illnesses, some outpatient work will be required.

Developmental Disability Service

CAMHS services manage a significant number of young people with co-existing mental health and disability issues.

Children and adolescents with disabilities have varied needs which are best addressed from a developmental perspective. Access to CAMHS services should be based on need and meeting service criteria rather than on diagnosis.

Working in partnership with other agencies/clinicians is essential including Primary Health providers, Paediatricians, Department for Communities and Social Inclusion (DCSI) and DECD. Formal multi-disciplinary interagency networks can then be developed for service delivery, consultation and training. Inpatient care complements community care of children with disabilities facilitated by appropriate planning.

The interface of CAMHS with the National Disability Insurance Scheme will be critical in ongoing service provision and is currently being developed

APY Lands Team

In recognition of the specific needs and circumstances of the communities on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands and State Government priorities, CAMHS provides a lands based and visiting clinical and consultancy service. This social and emotional wellbeing service is for young people and their families up to the age

of 18 years. CAMHS staff have been providing a visiting service to the lands since 2006.

Strong relationships have developed with Anangu in communities across the APY Lands and services on the lands. This includes a range of systems to consult with and access cultural support and guidance from local Anangu as well as a formal screening committee and a process to employ Anangu consultants.

Within this, mental health assessment, consultation, liaison, therapeutic work are undertaken in a complex environment where Pitjantjatjara/ Yankunytjatjara are the first languages. Training and capacity building to increase awareness and understanding of children's social and emotional development and the impact of trauma is an ongoing part of service provision.

Our intention is to focus on the development of an Anangu workforce to contribute directly to clinical work.

Glossary

AHPRA - Australian Health Practitioner Registration Agency

APY Lands - Anangu Pitjantjatjara Yankunytjatjara Lands

ASAPP - Adolescent Sexual Abuse Prevention Program

CaFHS - Child and Family Health Service

CALD - Culturally and Linguistically Diverse

CAMHS - Child and Adolescent Mental Health Services

COS-P - Circle of Security Parents Group

DCP - Department for Child Protection

DCSI - Department for Communities and Social Inclusion

Developmental Disability - a permanent cognitive impairment with onset before the age of 18 years. The term is used to refer to a range of conditions including intellectual disability, cerebral palsy, autistic spectrum disorder and learning disability.

DECD - Department for Education and Child Development

FBT - Family Based Treatment

GP – General Practitioner

HMH - Helen Mayo House

Intellectual Disability - refers to a diagnosis with significant limitations in intelligence and in the skills needed to live and work in the community with onset before the age of 18 years.

m - Million

NDIA - National Disability Insurance Agency

NGO - Non Government Organisation

PIMHS - Perinatal Infant Mental Health Service

SA - South Australia

SAPOL - South Australian Police

SEWB – Social and Emotional Health and Well Being

WCH - Women’s and Children’s Hospital

WCHN - Women’s and Children’s Health Network

YMHS – Youth Mental Health Service

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