



**Department of Human
Services**



Department of
Education & Training

CAMHS & Schools Project

**A Partnership between the Victorian Mental Health
Branch and the Victorian Student Wellbeing Branch**

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1. Project Description

Project Purpose

CAMHS and Schools have a common interest in supporting the social and emotional development of young people. Schools, through inclusive education practices and specific student wellbeing initiatives are increasingly recognizing the link between social and emotional wellbeing and academic performance. CAMHS appreciate the importance of early intervention strategies and are committed to working collaboratively with schools. This project was conducted in recognition of the benefits of promoting the social and emotional wellbeing of young people and intervening early where problems are indicated.

Project Goal

To develop a co-ordinated approach between CAMHS (Child & Adolescent Mental Health Services) and Government Schools that will enhance the timely treatment of children's and young people's mental health problems in the school environment.

Project Funding

The CAMHS & Schools Project, largely conducted in 2003, was jointly funded by Mental Health Branch, Department of Human Services of Victoria, the Department of Education & Training (DE&T), and AUSEINET (Australian Network for Promotion, Prevention and Early Intervention for Mental Health).

Project Management

The project was jointly managed by the Mental Health Branch, Department of Human Services, and the Student Wellbeing Branch, Department of Education & Training. A cross-departmental Project Management Group was established and met regularly throughout the life of the project. A state-wide Consultative Group including representatives from schools, DE&T regional offices, DE&T Student Wellbeing Branch, school nursing program, school focussed youth service, Mental Health Branch, CAMHS, and other key stakeholders met three times throughout the project.

Key Activities

The following key activities were conducted:

- Review of Literature
- Review of Service Systems
- Consultations
- Cross-departmental Workshops

2. Literature Review

2.1 Prevalence of Mental Health Problems

International studies show that nearly 20% of children and adolescents will have an emotional and/or behavioural disorder at some time during their youth regardless of where they live or the family income (Division of Mental Health, W.H.O. 1994). There have been limited studies designed to ascertain the prevalence of mental health disorders in Australian children and young people. The most recent national report '*Mental Health of Young People in Australia*' (Sawyer, 2001) indicates that 14% of children and adolescents suffer from a diagnosable mental health problem. In this report only three disorders were examined in detail: conduct disorder, mood disorder and attention deficit hyperactivity disorder. Co-morbidity amongst these three was common: 23% of the children and adolescents with one disorder had at least one other disorder

(Sawyer et al, 2001). The National Survey showed that only 25% of the children and adolescents with mental health problems had attended services seeking help in the six months prior to the survey. Most commonly they attended their family doctor, school-based counsellors or private paediatricians. Of the children who met criteria for a disorder and whose parents thought they needed help, only 50% had attended any service and less than 20% had attended a psychiatrist, Child Adolescent Mental Health Service (CAMHS) or hospital psychiatry department.

Zubrick et al (2000) reviewed the scope and characteristics of mental health disorders in children and young people in Australia. They concluded that preventive intervention and promotion in mental health must entail effective collaboration at national, state and local levels between health, welfare and education sectors.

2.2 Government Policy & Strategic Directions

When examining Government policy and strategic directions consideration was given to national, Victorian and other states' documents as well as to international research. In Australia, health policy and strategic directions are determined by the Commonwealth and State Governments. Many of these documents discuss the importance of partnerships across Government sectors.

National Policy

The National Mental Health Plan 2003-2008 released by the Australian Health Ministers in July 2003, states that a whole-of-government approach is required which brings together a range of sectors that impact on the mental health of individuals, such as housing, education, welfare and justice. The Plan states that partnerships with these other sectors must be fostered, in order to develop a broader, whole-of-government approach to mental health that promotes positive reforms.

Victorian Policy

Growing Victoria Together, Victoria's whole-of-government social policy framework includes a key element that suggests supporting community participation and partnerships between government and community stakeholders.

'*Respect*' is the Victorian Government's Vision for young people. This framework has been developed by the Office for Youth in conjunction with all Government Departments. It outlines the Government's vision for enhancing the lives of young people in Victoria and the issues that the Government will be focusing on to achieve that vision. *Respect* provides a comprehensive, agreed approach to the Government's policy and program development for young people. It oversees the management of various activities that encourage local communities and schools to engage young people in activities that might increase their opportunities and general resilience.

CAMHS provide mental health services for children and young people who present with complex and severe mental health issues. *Victoria's Mental Health Services: The Framework for Service Delivery Child and Adolescent Services (1998)* outlines principles for service provision, such as, giving priority to the most seriously disturbed children and adolescents and those most at risk for developing severe disturbance. However, another principle states that provision of consultation, education, training and support to others in direct contact with the child or adolescent will help manage less severe levels of disturbance. This Framework goes further to suggest that 10-15% of service provision should be in consultation and education.

New Directions for Victoria's Mental Health Services sets the direction for mental health services from 2002 until 2007. It has a key direction for extending prevention and early intervention and sets a future priority of strengthening the relationship between CAMHS and other services, such as education, to enhance the capacity of these services and

achieve better outcomes for young people. It also places high priority on building the capacity of CAMHS to provide advice and consultation to schools and primary care practitioners.

The Victorian Suicide Prevention Task Force was established in 1997 to conduct an intensive public investigation into the nature and extent of suicide, particularly youth suicide, in Victoria. The Task Force Report was released in 1997. The task force considered that the educational achievement and the welfare of individual students appeared to be inextricably linked. In exploring the promotion of the role of education, it expressed the belief that the pastoral care role that schools have traditionally undertaken can be strengthened in a way consistent with positive learning outcomes, the social and emotional health of their students, and the establishment of better links with other professionals and support services.

The Victorian Department of Education & Training (DE&T) responded to the Suicide Prevention Taskforce by strengthening existing counselling support and referral services in 1997. In 1998, the *Framework for Student Support Services in Victorian Government Schools* (www.sofweb.vic.edu.au/wellbeing/welfare/framework.) was released. It stated that the benefits for schools would include:

- Reconfigured student services to provide greater access to services for schools
- The major focus for student services would be primary prevention and early intervention
- There would be enhanced access to counselling and intensive services
- Clusters of schools and regional community agencies will work collaboratively to meet the needs of students, in any way at risk, by developing integrated service models that are effective, efficient and place emphasis on continuity of care. Related to this was the development of the School Focused Youth Service. This is a joint initiative of the Department of Education and Training and the Department of Human Services. Its aim is to develop greater continuity between the assistance provided by schools and by local community services.

The DE&T *Framework for Student Support Services (1998)* describes a continuum of care from primary prevention to restoring wellbeing to be delivered within a framework of promoting, developing, improving and re-building resilience in a whole school population.

Mental health promotion is defined in the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* as any action taken to maximize mental health and wellbeing among populations and individuals. Prevention is referred to as interventions that occur before the initial onset of a disorder to prevent the development of disorder. Prevention of mental health problems and mental disorders requires identification and modification of factors contributing to mental ill health. Early intervention targets people who are displaying early signs of mental health problems. These interventions would be targeted at selective or indicated groups or individuals. Selective interventions are aimed at individuals or groups who may have significantly higher risk of developing mental health problems, for example, children of parents with mental illness. Indicated interventions target high-risk individuals who may display minimal but detectable signs of early mental health problems, for instance, oppositional behaviour in young children that might develop into more entrenched anti-social behavioural problems later in life.

The Victorian Catholic Education Office, MacKillop Family Services and the Department of Human Services commissioned a report in 1998: *Educating for Resilience – Prevention and Intervention Strategies for Young People at Risk* (Withers & Russell, 1998). In the report the authors propose a model of a “Full-Service School” in which, high quality education and a range of support services are offered in a comprehensive, collaborative,

non-fragmented way so that educational, physical, psychological and social requirements of students and families are met rationally and holistically (Dryfoos, 1994). One of the advantages to full-service schools cited by the author, is that it can provide the continuum of human services, ranging from prevention programs for all students, through intervention when problems emerge, to crisis intervention when the need arises. Early prevention programs offered before the emergence of problem behaviours are seen to reduce the likely need for intervention and crisis strategies. The perceived barriers to such a service are referred to as "human barriers", such as, professional rivalries, time taken for collaborative management, ownership and territoriality etc.

International Policy

Recently, the UK Mental Health Foundation released a research brief *Effective Joint Working between Child and Adolescent Mental Health Services (CAMHS) and Schools* (Pettitt 2003) for the Department for Education and Skills in the UK. The research explored the joint working between schools and CAMHS in England and identified ways in which it might improve. The research identified many advantages of joint working between CAMHS and schools, including a positive impact on children, staff and relationships between parents and schools. The research also found that joint working enabled services to access children who they would not normally reach as well as enhance the ability to identify children's problems earlier. They found a wide variety of practice and structures in the way CAMHS worked with schools. The most common form of work was consultation and support to school staff with some health promotion activity. However, the research brief outlines in greater detail four case studies, including one based in Cornwall – a joint service established since 1995. This service consists of six locally based multi-disciplinary teams made up of Educational and Clinical Psychologists, Community Psychiatric Nurses, specialist Social workers, advisory teachers for behaviour support, Education Welfare Officers, Child Psychotherapist and Creative Therapists. These teams provide assessments and a range of therapies and act as a filter system and onward referral point to more specialist services. Constructing a fully integrated children's service for children with mental health problems, with pro-active joint management and pooling of budgets and resources is a specific aim of the CAMHS, and is also reflected in the Local Authority's Children's Service Plans.

Key recommendations from the UK report were:

- To give greater emphasis at national level, to the provision of preventative and early intervention mental health services for children and their families within school based and other community settings.
- For joint training to be developed with CAMHS/Educational psychologists and education specialists, and delivered on promoting children's mental health and effective early intervention work, within schools and community settings.
- As part of the local CAMHS strategy, local education authorities should outline the strategy for work between CAMHS and education.
- Local Education Authorities, school governors, head teachers and CAMHS staff to recognise that this joint working is a formal part of the job description for some staff.
- Ensure that within schools there are effective whole school approaches to promoting children's mental health, including good pastoral systems.
- Identify members of staff with responsibility for promoting children's mental health and provide protected time for this work to be undertaken.
- Create formal integrated linkages with Local Education Authority (LEA) staff including Educational Psychologists, Behavioural Support Services and Education Welfare Officers (EWOs) to take advantage of multi-disciplinary working and co-ordination of services.

- When establishing a project in schools, ensure that the role of the project is communicated to all school staff.

The UK 'children's green paper' released in September 2003, proposed that schools and community centres become the focal point for the delivery of all children's services. Brighton and Hove council has already established "extended schools" with social workers based on site to identify and support vulnerable children and soon plans to offer health and adult learning services.

2.3 Service Development & Key Projects

A Whole of Government Approach

In 1999, the NSW Government launched School-Link. This initiative is a collaborative partnership between the NSW Department of Education and Training and NSW Health that has been implemented state-wide and locally to promote mental health and improve prevention, treatment and support for adolescents with mental health problems. It aims to:

- Collaborate to strengthen local pathways to care for adolescents with mental health problems
- Enhance consultation, liaison, referral and support for school counsellors concerning clinical mental health issues
- Facilitate continuing education about child and adolescent mental health issues for school counsellors and other relevant groups, including the State-wide School-Link Training Program – a 3-day shared professional development for mental health clinicians and school counsellors
- Facilitate the implementation of programs in schools, for example, MindMatters, RAP Program (Resourceful Adolescent Program), ACE Program (Adolescents Coping with Emotions), aimed at promoting mental health, preventing mental health problems, intervening early for adolescents with signs and symptoms of mental health problems and disorders and supporting students at critical times
- Focus on improving the identification, treatment and prevention of depression and related disorders in adolescents, including suicide prevention.

Seventeen School-Link co-ordinators have been allocated, one to each of the Area Health Services, to oversee the co-ordination and delivery of the program. *The School-Link Training Program Evaluation Report* (NSW Dept. of Health, 2003) states that over 95 percent of the participants reported that the School-Link Training Program would help them deliver better services to their clients. 95 percent were either *very satisfied* or *mostly satisfied* with School-Link Training. A key outcome of the training was the development of Local Depression Action Plans, over 170 of which were generated across the state.

Whole-School Approaches to Mental Health Promotion

In Victoria, the focus in schools has mainly been to provide a whole-of-school approach to mental health promotion. The Gatehouse Project explored the mental health needs of adolescents in schools. The Gatehouse Project brought together a team from the Centre for Adolescent Health in partnership with school-based teams in 12 secondary communities in metropolitan and rural Victoria. The primary aim was to prevent or delay the onset of depressive symptoms through the promotion of a more positive school social environment. The strategy seeks to make changes in the schools' social and learning environments, introduce relevant skills through the curriculum and strengthen the structures within the school that promote links between school and community (Patton, Glover et al, 2000).

The Victorian Department of Education & Training introduced the Social Competencies Program in 2002 (*Social Competencies – A Whole School Approach to linking learning & Wellbeing*). It is an integrated approach to linking student learning and wellbeing. The social competencies program assists schools to establish community partnerships that seek to enhance the life outcomes of all students, prevent at-risk behaviours and address broad social issues of concern. A three-year research based pilot schools program was commenced in 2002 targeting 18 schools across all regions. This incorporated professional development around social competencies, support for the school in performing an audit and the provision of a resource package to assist the school in addressing any deficiencies. The structured audit helps the school identify successes and gaps in current service delivery as well as target areas for improvement.

MindMatters, a national resource and professional development program to support Australian secondary schools in promoting and protecting the social and emotional wellbeing of members of school communities is broadly supported in Victorian government schools. Each region has at least one MindMatters working party that oversees activities and professional development relevant to the program. By the end of 2003, a total of 5,729 participants had been involved in various types of MindMatters training in Victoria, representing 860 schools and 457 agencies. All Victorian secondary schools now have at least one MindMatters kit and many have purchased additional kits to cater for whole school implementation.

MindMatters Plus is a national initiative that aims to enhance the capacity of secondary schools to support students who have high needs in the area of mental health and wellbeing. It is currently conducting action research in 17 Australian schools, 4 of which are Victorian. MindMatters Plus uses a collaborative approach working across governments, education, health and mental health sectors and systems. MindMatters Plus uses a whole school approach that is informed by the World Health Organization's Health Promoting Schools Framework (WHO 1994) that recommended that all countries develop multi-sectorial school mental health programmes. MindMatters Plus aims to examine the available range of mental health promotion and early intervention resources, offer a broad range of complementary programs, provide professional development to whole school communities, describe and broker partnerships between schools and agencies such as CAMHS and explore referral pathways.

MindMatters Plus GP Initiative is an extension program that encourages and assists Divisions of General Practice with a MindMatters Plus school in their catchment to work jointly with the school to develop a plan to improve access to primary mental health care by young people with high support needs. This includes the provision of some funding and access to a resource kit for use across the Divisions, schools, GPs and other primary health professionals.

Beyondblue is a national, politically bi-partisan, independent body established to address issues related to depression in Australia. It is currently conducting a national school based initiative for the prevention of depression in young people. The initiative to date has involved national consultation with existing research groups, education systems and the Commonwealth and State governments.

The initiative is designed to:

- Increase community awareness and understanding of depression;
- Reduce the levels of depressive symptoms for young people;
- Promote emotional well-being and social connectedness in school communities; and,
- Increase the capacity of school communities to adapt, implement and evaluate interventions relevant to the prevention of depression.

This initiative aims to seek the active participation of school communities and education systems at all phases. Its success will be determined by using process and outcome measures using an evaluation protocol that is negotiated with participating education systems.

The initiative started in 2003 and is to be undertaken over four years in four phases:

- Community awareness and engagement to enhance mental health literacy;
- Intervention and evaluation manuals;
- Baseline profile of risk and protective factors and audit of existing programs in school communities; and
- Introduce, implement and evaluate intervention elements.

The beyondblue schools research initiative is currently operating in 16 schools within Victoria, 8 of which are intervention schools and 8 are comparison schools.

Access to Mental Health Services

In 2001 the Victorian Mental Health Branch conducted data collection and a series of consultations across the State as part of the CAMHS Service Improvement Initiative. CAMHS provide assessment and treatment for children and adolescents up to eighteen years old who have, or who are at risk of having serious and complex mental health disorders. Based on CAMHS self-reports there was a total of 13,250 referrals in the year 2000-2001 with over 7,053 accepted for assessment and treatment in addition to an estimated 3,000 clients (RAPID report) receiving ongoing services. The largest source of referrals was reported to be from 'family and friends' accounting for about 38% of all referrals. However, a significant number of these referrals would be made on the advice of agencies such as schools and General Practitioners. In 1999–2000, Victorian CAMHS provided services to 10,000 registered clients, representing approximately 0.8 percent of the Victorian population under 18 years of age. Other key providers of mental health services in the community, include general practitioners, private psychiatrists, private allied health services and school wellbeing teams.

In 2003, six studies conducted by the NSW Illawarra Division of General Practice and the Illawarra Institute for Mental Health were reported. They examined the barriers experienced by youth to consulting a General Practitioner for personal, emotional and suicidal problems. Overall, the problematic relationships with General Practitioners appeared to be present for both males and females, however, males seem to be affected by some factors to a greater degree. They were reported as having a notable reduction in help seeking intentions between Years 7 and 8. They were found to have more negative attitudes towards help-seeking behaviour. One of the report's recommendations was for health professionals to create more opportunities to meet informally with young people.

Weist et al (2000) champion the Baltimore model of Expanded School Mental Health Programs in the United States. They argue that these programs are proliferating nationwide with the increasing recognition of barriers that prevent youth from accessing needed mental health services from traditional settings such as Community Mental Health Clinics. Expanded school mental health (ESMH) programs involve the provision of a full range of mental health services to youth in special and regular schools. These programs often provide focussed assessment; individual, group and family therapies; referral for more intensive services, as well as a range of more school based preventive services. They present an alternative delivery of mental health service and claim to increase access to services for clients who would not normally approach community mental health centres, because they decrease stigma, increase efficiency and support more comprehensive, coordinated services. (Rappaport, 2001)

3. The Service Systems

Victorian Department of Education & Training (DE&T):

Through the life of this project the Department of Education & Training has undergone an organizational re-structure. The Student Programs Division within the Office of School Education underwent a major review in 2003 and subsequently the centrally based Student Wellbeing Branch in the Office of School Education was re-structured. This Branch now sits within the School Resources Division and is responsible for policy and program development and management of the student disabilities program and for student welfare support in schools. The new structure is depicted in Figure 1.

Office of School Education

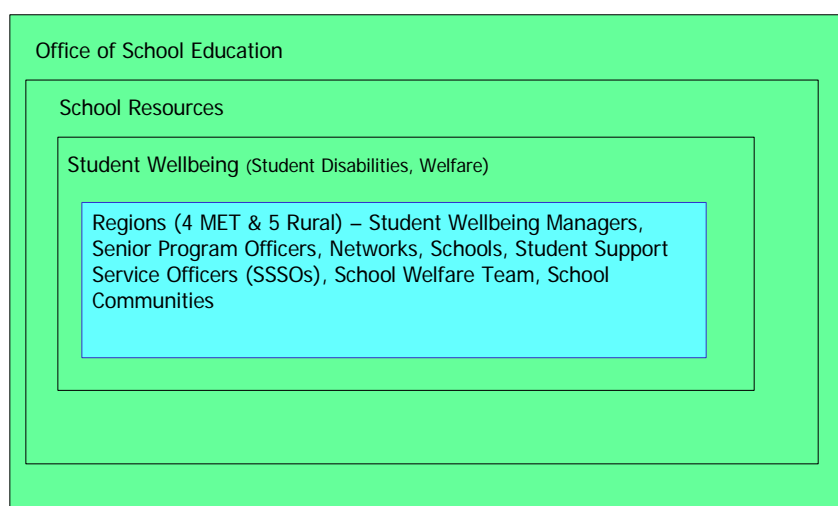


Figure 1. The DE&T Organizational Structure (March 2004)

Simultaneously, the *Blueprint for Government Schools* was released in 2003. The Blueprint establishes a clear direction for government schools for the next five to ten years with a focus on improving student outcomes. The government identified three priority areas:

- Recognizing and responding to diverse student needs
- Building the skills of the education workforce to enhance the teaching-learning relationship, and
- Continuously improving schools.

DE&T Office of School Education oversees the delivery of services to 9 regions (4 metro & 5 rural) consisting of 64 networks of approximately 1662 schools and over half a million students. Each network is organized into a geographical cluster of primary and special schools usually with a few secondary schools. They may vary in size from 8 or 9 metropolitan schools to a rural network of 65 schools.

Student Wellbeing

The implementation of policy generated by the Student Wellbeing Branch, such as the Framework for Student Support Services in Victorian Government Schools (1998),

ensures equity and state-wide consistency. This is supported by the Regional Student Wellbeing Managers and Senior Program Officers. Regions may allocate resources to establish specialist regional assessment teams for students or outsource services. The regional offices delegate responsibility and funding to the principals of each network to allocate resources for student wellbeing appropriate to the needs of the local community. This allows for a local assessment and the subsequent flexibility needed to be able to address community need, however, it may also bring about varied responses within schools to the provision of programs and the allocation of funds for student welfare and support services.

Framework for Student Support Services in Victorian Government Schools

The operational framework for Student Support Services was released in 1998. The Framework describes four levels of activity: primary prevention, early intervention, intervention and restoring wellbeing. All four levels are constructed around promoting, developing, improving and rebuilding resilience that provides a whole school approach for creating safe and supportive school communities.

The Framework outlines that student wellbeing committees at the school, network and regional level be established so as to coordinate student support services. Regions are structured so that there is a manager overseeing student wellbeing policy implementation and Senior Program Officers who take responsibility for drug education, student wellbeing and disabilities professional development to schools within the region. Each school is expected to have a student wellbeing committee that enables a team of staff at the school, possibly including a Student Support Service Officer if allocated, to coordinate the provision of student welfare services, programs and professional development within the school. All secondary schools have a Student Welfare Coordinator or Student Services Manager who co-ordinates activity in the school related to student welfare.

Inter-departmental collaboration that is client focussed is structured around student support groups. This provides an effective way of organizing communication between school staff, families, student support service staff and outside agencies such as CAMHS.

Student Support Service Officers

The Student Support Service Officers (SSSOs) are recruited by the networks to provide service to schools within that network. Thus, Student Support Service Officers will work in a variety of ways depending on the local network demands. Most SSSOs, within the same network, work independently of one-another but are part of their local schools' Student Wellbeing Team. Student Support Service Officers may be Guidance Officers, Educational Psychologists, Social Workers, Speech Pathologists and specialist teachers. Specialist teachers may be allocated Student Support Service positions for their recognized expertise, such as, extensive experience or further training in welfare. In 2001, there were approximately 403 effective fulltime (EFT) Student Support Service Officers employed across the state in addition to some services being outsourced. Student Support Service Officers are expected to provide comprehensive services and continuity of care for students while developing effective working partnerships with schools and other community groups.

Primary Welfare Officers

In 2003, funding was provided to 110 primary schools for the appointment of 65 EFT Primary Welfare Officers as the first stage of a 3 year roll-out of new positions in 450 primary schools across Victoria. The primary welfare officer program is designed to enhance schools' capacity to support students who are at risk of disengaging from school and not achieving their educational potential. Primary welfare officers will:

- Promote positive school environments

- Participate in supporting and/or promoting student welfare initiatives within the school, across networks and within the local community
- Support the management and co-ordination of the welfare needs of students who are at risk of disengaging from school
- Support schools in their capacity to respond to students with demanding and complex needs
- Develop productive family-school-agency partnerships
- Create more effective links with community service providers, and build on initiatives that promote improved student outcomes, and
- Monitor school attendance.

Student Disabilities Program

The DE&T student disabilities program provides additional resources to schools for the support of students in one of the following categories:

- Autism spectrum disorder
- Hearing impairment
- Intellectual disability
- Physical disability
- Severe behaviour disorder
- Severe language disorder, and
- Visual impairment

The additional resources are based on educational need. A “program support group” is established to undertake an appraisal and provide evidence to determine students’ specific educational needs. The program support group consists of the principal or nominee, a DE&T nominee, parents/carers and a parent advocate if required and consultants, such as CAMHS clinicians, where relevant. The program support group develops an individual Learning Plan (ILP), monitors the student’s progress and meets regularly to evaluate the program.

DHS/DE&T Partnering Agreement

A similar structure has been established under the 2003 *Partnering Agreement* between DE&T and Child Protection & Juvenile Justice Services for students in out of home care and is termed a “student support group”. This group consists of the principal or nominee, the DHS case manager, and parents/carers who together develop an Individual Learning Plan that adopts a holistic overview of the student’s educational needs and uses a strength-based model with a focus on the student’s potential. This Individual Learning Plan describes a set of strategies to address the particular educational needs of the student.

3.2 Child and Adolescent Mental Health Services (CAMHS):

CAMHS are part of a specialist mental health service system provided state-wide through the major health services. The Mental Health Branch is part of the Department of Human Services, Metropolitan Health and Aged Care Division and is responsible for policy development and strategic planning, service planning and development, monitoring and review. The Office of Chief Psychiatrist within the Mental Health Branch has statutory authority and oversees clinical standards and care throughout the mental health service system. There are 13 CAMHS throughout Victoria, 5 metro and 8 rural services. CAMHS cater for infants, children and young people aged between 0 and 18 years who have severe and complex mental health problems that cannot be managed effectively by other services. During the CAMHS Service Improvement Initiative in 2001 a self-reporting census of community clinicians revealed that there were 309 EFT clinicians employed in the community teams, 16% of whom were consultant psychiatrists, registrars or medical officers. Figure 2 illustrates the geographic location of CAMHS teams around Victoria.

Child & Adolescent Mental Health Services

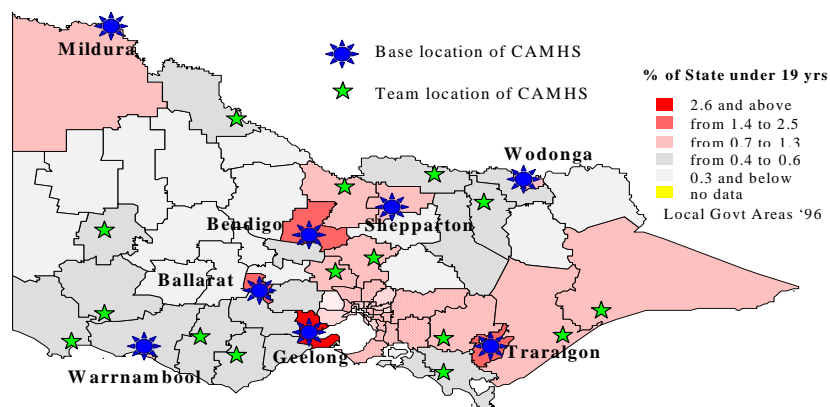


Figure 2. The Distribution of CAMHS in Victoria (March 2004)

CAMHS provide assessment and treatment services, within multi-disciplinary community teams for children and young people up to the age of 18 years. Intensive Mobile Outreach Support Services provide assertive outreach for difficult to engage young people aged 12 to 18 years and four metropolitan based adolescent inpatient services also provide for rural services. There is a specialist Child Inpatient Unit at the Austin. Some metropolitan services offer adolescent day programs or group programs in schools as well as specialist clinics for identified target groups. Each CAMHS has some dedicated time for mental health promotion and consultation to primary care providers occurs either regularly or on an "as needs" basis.

CAMHS clinicians are supported by a centralized training program offered by *mindful* (the Centre for Training and Research in Developmental Health) and a supervision system, which is often discipline specific. CAMHS clinicians are trained to conduct comprehensive bio-psychosocial assessments of children, young people and their families who present with severe and complex mental health presentations. Together with the client and family they develop an Individual Service Plan (ISP) that outlines the planned therapy. This may include individual supportive psychotherapy, cognitive behaviour therapy, behaviour modification, group therapy, pharmacotherapy, parenting work and family therapy, amongst others. The ISP will be reviewed at regular intervals, usually at least 6 monthly, if the therapy is long term. Outcome measures were introduced nationally in 2003 and provide valuable feedback to the young person, family and clinician regarding the therapeutic progress.

CAMHS clients have severe and complex presentations, usually with co-morbid diagnoses. During the *CAMHS Service Improvement Initiative* in 2001, an audit of the state-wide data base (RAPID) revealed the distribution of primary diagnosis (ICD10) for clients who presented to CAMHS during 2000/2001 (see Figure 3).

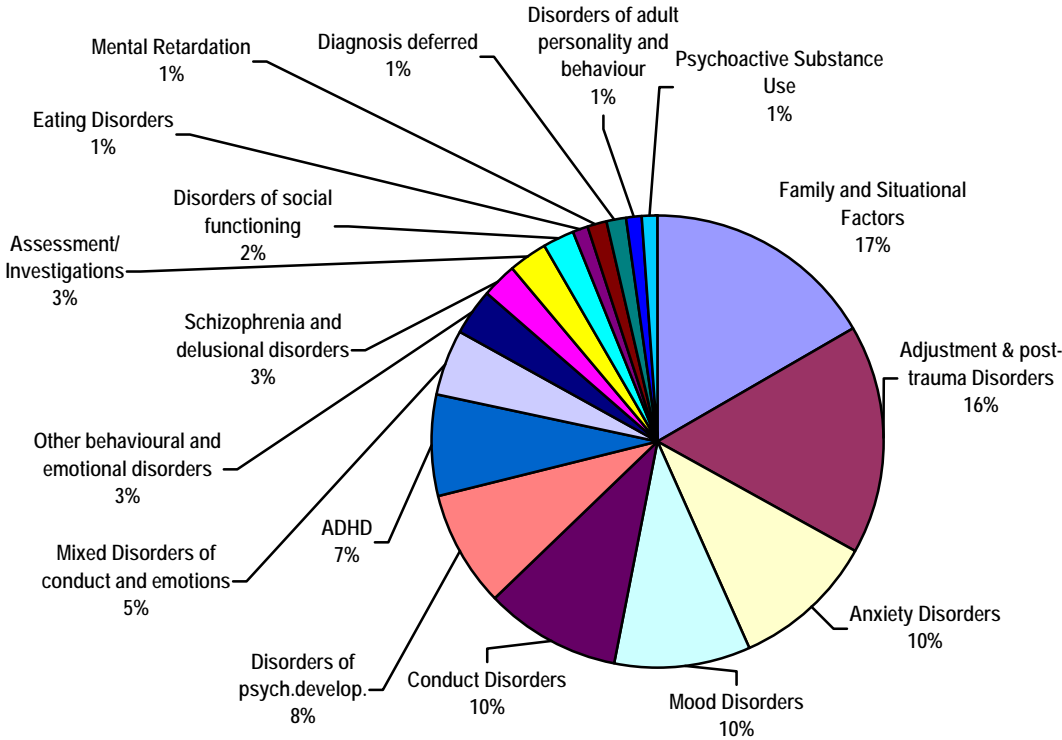


Figure 3. Distribution of Primary Diagnosis (ICD 10) for CAMHS Clients (RAPID data 2001)

Metropolitan CAMHS have either DE&T schools or DE&T education staff attached to their service. Each of these schools operate quite differently to one-another. They may offer specialist educational assessment, behavioural management, consultation and support to inpatient clients, run groups in clinics and schools and contribute to the multi-disciplinary CAMHS teams. CAMHS schools are also involved in consulting to and providing professional development to teachers. They are important conduits between the two departments at a local level.

3.3 Other Key Stakeholders

Primary Mental Health Teams

The Primary Mental Health and Early Intervention (PMHEI) Initiative was developed in response to Victorian Government priority policy areas, including:

- Support for the 2nd National Mental Health Plan
- Improving access to mental health services
- Developing a more inclusive mental health service system

There are 20 PMHEI teams state-wide. They have been developed and directed in partnership through steering committees established for each team made up of representatives from the area mental health service, community health services, divisions of general practice, psychiatric disability rehabilitation support services, carers and consumers.

The PMHEI teams support and enhance the capacity of primary care providers to recognise and treat mental disorders more effectively, in particular depression and anxiety disorders, through the provision of education, training and secondary consultation and short-term, shared-care, direct services for those people whose needs are greater than can be met by primary care providers alone.

School Nursing Program

There is a strong school nursing program in Victoria. Primary School nurses are involved in broad health screening and early identification of health difficulties in young children. The Secondary School Nurses Program was a government initiative to reduce risks to young people and promote better health in the school community. The Secondary School Nursing Program focuses on primary health care, primary prevention and early intervention in the secondary school system. The program is jointly funded by Department of Human Services (DHS) and DE&T but managed by DHS. Secondary School Nurses are allocated to selected schools and contribute to the school's student wellbeing team. The Secondary School Nursing Program has its own set of guidelines and has recently drafted program standards and professional standards. There are approximately 100 EFT secondary school nurses placed in selected secondary schools across Victoria.

School Focussed Youth Service (SFYS)

The School Focussed Youth Service was initiated in 1998. It was a joint initiative of the then Departments of Education, Employment and Training (DEET) and Human Services (DHS) in partnership with the Association of Independent Schools Victoria (AISV) and the Catholic Education Office (CEO).

The SFYS is an innovative service targeting young people between 10 and 18 years of age. The service works with the education, health and welfare sectors to enhance the physical, mental and social-emotional wellbeing of children and adolescents at primary and secondary levels of Government, Catholic and Independent schools.

Service initiatives are guided by local needs and implemented through community participation in decision-making processes. School focussed youth workers are managed by DHS through host non-government agencies. They have established a three-tiered consultative system consisting of local advisory groups (LAGS), regional advisory groups (RAGS) and state-wide advisory groups (SAGS).

Catholic Education Office (CEO)

The Catholic Education Office has audited the numbers of students with social/emotional issues since 2000. Their survey indicates a steady rise over the last few years with an increase of 17% between 2003 and 2004. As well as investing more into a student support service to manage the demand for student welfare support, the Catholic Education Office has invested in the professional development of the primary principals and year level co-ordinators of secondary schools. In collaboration with Melbourne University they have developed postgraduate training in student welfare specifically designed for teachers. The course provides counselling skill development for teachers as well as increasing knowledge and awareness of school-community partnerships. The underlying assumption is that leading teachers "on the ground" constantly support and contribute to the help seeking and decision making of young people with mental health issues. The Graduate Diploma has been offered to over 700 teachers over the last six years and the Catholic Education office has paid for the University (HECS) fees for each enrolment. Like DE&T, catholic schools have program support groups for students with special needs and also develop individual learning plans for them. Given this infrastructure, any agreement between CAMHS and DE&T could be extrapolated to the catholic education system.

4. Consultation Summary

4.1 Consultation Process

The Project Worker conducted approximately 30 regional consultations with separate groups from DE&T and Child & Adolescent Mental Health Services (CAMHS) as well as with key stakeholders, eg, students, parents, School Focussed Youth Workers, School Nurses, Mental Health Promotion Officers and the Catholic Education Office.

Consultations – DE&T & CAMHS

Each DE&T region was asked to invite representatives of key groups that contribute to the delivery of student wellbeing services, for example, principals, regional personnel, student support service officers, student welfare co-ordinators, school nurses and alternative program staff. Each CAMHS was asked to assemble members of the management group, mental health promotion officers, CAMHS education staff and interested clinicians. Young CAMHS clients were consulted within an inpatient setting and three classes of students at an inner-urban secondary school were consulted regarding their perceived pathways to care for mental health issues. Two groups of rural school nurses and the state-wide group of mental health promotion officers were also consulted. Individual consultations with parents, school focussed youth workers and practitioners who had worked across both systems enriched the information gathered from the group consultations.

The consultations included a presentation from the project manager regarding the key findings from the literature review and a service system map for CAMHS and DE&T. Participants were invited to explore the relationship between CAMHS and the schools within the CAMHS catchment and to identify the strengths, weaknesses, opportunities for improvement and possible threats to further collaboration. Participants were encouraged to describe and bring supporting evidence for good practice examples within their region.

Consultations – Young People & Parents

Six young people from a CAMHS Inpatient Unit and Years 8 & 9 students in a metropolitan school were consulted about suitable help-seeking pathways for students with mental health issues. Parent consultation was arranged through *Parents Victoria*, a peak parent representative body for DE&T, and involved parents whose children had been clients of CAMHS.

Consultations – Key Stakeholders

Key stakeholders such as school nurses, School Focussed Youth Workers, Primary Mental Health Promotion Officers, MindMatters, beyondblue and the Catholic Education Office were consulted separately throughout the project. Their findings have been incorporated into the following documentation.

Cross-departmental Workshops

The information collected from the consultations was collated and built upon to develop a draft model of Collaborative Practice. Regional combined workshops were later conducted across the state. These workshops included key people from CAMHS, DE&T, School Focussed Youth Workers, School Nurses and at times, members from the local Primary Mental Health Team. The participants heard of good practice examples, discussed common state-wide challenges that had been highlighted in the consultations, and explored opportunities for improvement. Feedback regarding the proposed model of Collaborative Practice was invited. The workshops also created an opportunity to discuss regional/local issues and make some plans for ongoing cross-departmental meetings so as to further develop the collaborative relationship between CAMHS and DE&T.

4.2 Consultation Findings

The consultations revealed many issues that were common to most areas and so were able to be generalized state-wide.

The findings from the regional consultations can be grouped into two main areas:

- Cross-departmental Issues
- Service Delivery Issues

The strengths, challenges and opportunities for improvement for each of these areas were explored during these consultations and are discussed in more detail below:

Cross-departmental Strengths

Examples of good practice highlighted the value of developing cross-departmental protocols and implementing them across both workforces through a collaboratively run professional development. Several regions already have cross-departmental committees that encourage collaboration and co-ordination, usually with a particular focus, such as, implementing MindMatters or examining systems issues at a district level. School Focussed Youth Workers were seen to be integral to some collaborative CAMHS/DE&T projects. In their role they are able to assist in co-ordinating activity, offer brokerage for particular projects and at times, they are integral to the collaborative work conducted.

Cross-departmental Challenges

The Cross-departmental challenges were seen to be due to different organizational contexts and target populations. The high demand on both service types may have lead to professional demarcation and created barriers to collaboration. Throughout Victoria, there are largely ad hoc agreements between each CAMHS and its local schools. Two metropolitan CAMHS and two rural CAMHS have protocols with the DE&T schools in their catchment. Some of these protocol documents are current and some may need reviewing. Protocol documents were seen as the final outcome of a valuable process through which representatives from both departments could address issues and develop mutually agreeable ways of operating collaboratively. Protocols were seen to be particularly important when organizations have a high turnover of staff. However, these agreements would need to be constantly updated and jointly implemented to become meaningful collaborative tools.

An area of confusion for CAMHS was the variation in the uptake of mental health issues across schools. The DE&T organizational structure encourages autonomy and local responsibility at the Network and school level. This allows Principals to design Student Wellbeing programs to suit their local school population and to rationalize resources within the Networks. However, the local CAMHS may have some difficulty focussing its protocol development or relationship building if the process is not well co-ordinated at the regional level, as each of the schools may vary in their response to developing a collaborative relationship with CAMHS.

The majority of people who attended the cross-department workshops were in agreement with the concept of collaboration between the service areas. However, it was acknowledged that communication and co-operation did not always occur satisfactorily and that there needed to be a preparedness to work together for the sake of the child or young person and their family.

Cross-departmental Opportunities for Improvement

Opportunities for improvement of cross-departmental issues were explored in the consultations. There was a strong emphasis on workers from both departments wanting leadership from their respective central bodies. Most workers consulted expressed a preference for a broad policy statement, and/or practice guidelines to steer the

development of collaborative practice. A strong relationship between DE&T Student Wellbeing Branch and Mental Health Branch has been established through this project. There is now an opportunity to maintain the momentum and continue to meet regularly to lead service improvement and departmental collaboration.

Regional cross-departmental committees/working parties were also seen to be vital so as to continue the cross-departmental communication and co-operation. Where joint committees/working parties were already established DE&T and CAMHS staff spoke positively of the benefits of such a structure. This committee/working party could:

- Where established, review its terms of reference to be inclusive of supporting the principles of collaborative practice between DE&T and CAMHS;
- Take the lead in working through some of the issues and developing a set of workable protocols that could be adapted to the local environment;
- Co-ordinate the exchange of staff lists, foster inclusive practice such as shared professional development and networking opportunities, organize cross-departmental orientation for new staff and create opportunities for cross-departmental staff exchanges;
- Include school nurses and School Focussed Youth Workers who already work with both DE&T and CAMHS, as well as Mental Health Promotion Officers, CAMHS staff with a particular interest in working with DE&T on Mental Health Promotion and Early Intervention, and
- Develop a regional or network Student Wellbeing plan that outlines mental health promotion and early intervention programs within the catchment and the responsibilities of each service involved.

In some of the larger DE&T regions or in regions where there are great cultural differences between the communities served by each CAMHS, it may be more beneficial to have local committees/working parties organized at the network level. The committees could be modelled on the structure used by the School Focussed Youth Service, that is, the state-wide (SAG), regional (RAG) and local (LAG) advisory groups.

Service Delivery Strengths

Service strengths were evident when the CAMHS and local DE&T staff had a common understanding of intake criteria and language. Innovative practice included the offering of secondary and/or primary consultations at the point of Intake to DE&T Student Wellbeing staff and when CAMHS clinicians performed consultations and assessments in the school environment. It was also considered good practice if CAMHS sent out standard letters to referrers regarding the triage decision.

Service Delivery Challenges

There was recognition that both services have a common interest, that is, to improve the mental health and learning of the student with mental health issues, despite their different perspectives.

Most of the people consulted acknowledged that there needed to be a clearer understanding of the CAMHS Intake criteria and referral language across the departments. In particular, the use of the term "crisis" was debated as it tended to be interpreted differently by both sectors.

Access to CAMHS services was a critical issue for DE&T personnel. Waiting lists were sometimes considered to be a stagnant entity that did not change over time and deterred further referrals. There was little awareness that CAMHS tend to have seasonal fluctuations in demand, which may in turn, affect the response to referrals. DE&T staff reported some frustration at not succeeding with a referral to CAMHS when the lead up time to engage families in the referral process can be quite significant. They also

reported that having made a referral, they were not very well informed of the response at Intake or throughout the case management process.

All consultations discussed the high demand for a limited combined CAMHS and DE&T workforce. There was also acknowledgement of the demands on both workforces of the DE&T Program for Students with Disabilities. When workers from both services are caught up in assessing students with disabilities and preparing reports for the Program they are less available to students with mental health needs.

Given that there appears to be a lack of therapeutic options other than those offered by CAMHS, the demands for service could encourage demarcation and professional rivalry between the two departments.

Communication between workers can be affected by different perspectives of the student's needs, as well as the lack of a common language. It can also be complicated by different understandings of the implementation of the Privacy Legislation and subsequent withholding of information when, with student permission, it would be appropriate to have a meaningful exchange

High demand on both services can reduce the availability of mental health clinicians and student support service officers to one-another and make it difficult to take the time it requires to build professional relationships. Some CAMHS clinicians expressed concern for their Student Support Service colleagues, as unlike in CAMHS, some Student Support Service Officers did not have professional supervision readily available and had no line management within the regional student wellbeing area. Operational line management is offered to Student Support Service Officers by the Principal of their host school. Professional supervision is seen as an important support needed for workers when offering direct service to troubled children, young people and their families.

The young people consulted were mindful of confidentiality issues and stigma associated with mental illness within the school environment. It appeared that young people feel comfortable in approaching people they know, for instance, a classroom teacher, if they have any concerns about their social/emotional wellbeing. It was notable that the older the young people became the more trusting they were of adults, including parents and teachers. Most young people considered that their main support system was their friendship group. However, some students felt that they had been let down by their friends and preferred to talk to adults who could maintain confidentiality. The large majority of students stated that they would ask for help if they needed it.

The parents consulted highlighted their feelings of disempowerment and poor communication that can be experienced when their children have mental health issues. They wished for greater co-operation between CAMHS and schools so that the young person would be treated more holistically.

Service Delivery Opportunities for Improvement

Suggestions for improvements in service delivery included the importance of developing and/or reviewing protocols between CAMHS and their local schools. This would enable a clarification of intake criteria, the gaining of a mutual understanding of intake criteria and the development of realistic expectations of one-another's service. These local protocols could build on a state-wide agreement that is developed centrally between the two departments.

Communication between the two departments might improve if each CAMHS team or service had a nominated DE&T liaison person who could trouble-shoot issues for DE&T staff, while the information flow could be well co-ordinated at the school by the Student Wellbeing Team.

It was suggested that shared care and collaborative case management across the services would enrich the assessment and ongoing treatment of children and young people and their families and help the school maximize the potential of the student. Such

practice may involve the sharing of the Individual Service Plan (ISP) with student wellbeing staff, providing permission is obtained from the young person and his/her family. This exchange of information would be in line with the Privacy legislation. Such an exchange of information would promote the development of a "therapeutic team" which could be set up in a similar structure to the student support group previously described and commonly used in schools.

Both DHS and DE&T have clear guidelines regarding the implementation of the Privacy legislation. A shared understanding of the Privacy legislation was considered important to enhance communication and allow for consultation along the continuum of care. If more consultations occurred before or at the referral stage, this might have a positive effect on reducing demand at Intake. Student wellbeing staff would feel informed and supported and so be able to better monitor and support students with mental health needs.

CAMHS clinicians are greatly appreciated when they visit schools. This allows for a greater understanding of their client's school environment. DE&T staff hoped that CAMHS clinicians could increase the opportunities to visit schools, which would assist them to further an understanding of their client's social context and help make classroom recommendations more realistic and practicable. CAMHS clinicians who have spent time in schools have valued the experience and consider that it enriches their overall understanding of their client's social context.

CAMHS clients can be offered a continuity of care by schools, given their long-term involvement with the student. To be able to do this the student wellbeing team would need to be supported by CAMHS clinicians. It was hoped that the development of collegiate professional relationships could be fostered by shared professional development and an increased mutual respect gained through collaborative client focussed work. Such practice must be endorsed and supported by Management in both services.

5. Project Objectives and Recommendations

5.1 Refined Project Goal

The consultation findings and literature review have created a greater understanding of the program (DE&T and CAMHS) context and the challenges of building a “more co-ordinated approach.....that will enhance early intervention and the timely treatment of young people’s mental health problems in the school environment” (see Project Goal page 4).

The CAMHS and Schools Project has initiated a process by which there have been cross program meetings held centrally between the DE&T Student Wellbeing Branch and the Mental Health Branch and at the local level between DE&T regional, network and school staff and CAMHS clinicians and management. The current good practice and spirit of collaboration have inspired a more developed aspiration that may be achieved from this project. Thus the project goal has been further refined and is detailed below. This refined goal was presented to the state-wide consultative group and accepted as appropriate.

To develop greater co-ordination, co-operation and collaboration between CAMHS and DE&T so that mental health promotion is effectively delivered to the school community and that students’ mental health needs will be identified, assessed and treated earlier and more comprehensively resulting in better mental health and learning outcomes.

Terms such as *co-ordination*, *co-operation* and *collaboration* are often used interchangeably, however they have quite distinct meanings and set within this project’s framework can be interpreted to mean different degrees of relationship across programs. Co-ordination suggests a harmonious adjustment of plans so that individual goals are met in a timely way. Co-operation may require short-term strategy whereby programs work together having complimentary goals, whereas collaboration requires both co-ordination and co-operation and more. It suggests that mutual goals are developed and strategies to achieve these are formulated with shared responsibility and clear role clarification for all participants.

To achieve this goal there are some underlying principles that need to be considered.

5.2 Project Objectives

The project objectives can be summarized as follows:

- Completing a literature review
- mapping the current mental health/social and emotional wellbeing activities within a continuum of promotion, prevention, early intervention and treatment
- consulting with DE&T and CAMHS staff and key stakeholders to identify current activities and explore the cultural and organizational issues that may contribute to the quality of social/emotional wellbeing of students in the school setting
- developing a vision statement that describes in principle how a collaborative relationship between CAMHS and schools could be structured to establish effective referral pathways and a collaborative approach to early intervention

The first three objectives have been detailed in the report to date. The development of a vision statement that describes the potential CAMHS and DE&T collaboration builds on the findings from the project and incorporates a refinement of the project goal, project recommendations, a model of collaborative practice and plans for future directions.

5.3 Underlying Principles

- Mental health is intrinsic to students' learning.
- CAMHS will support schools to provide mental health promotion, prevention and early intervention programs in a non-stigmatizing environment.
- Collaboration between DE&T and CAMHS will create a greater awareness of mental health issues within the school community and enhance the likelihood of early detection and early intervention for students with mental health issues.
- Collaboration between CAMHS and Schools encourages a more comprehensive approach to the identification, assessment and treatment of mental health issues.
- Schools are a major social learning environment and as such can contribute positively to students' mental health.
- A shared vision for CAMHS and DE&T staff will strengthen the combined workforce and increase co-operation and collaboration.
- Greater co-ordination and co-operation can ensure appropriate referral pathways and timely intervention for students with mental health issues.
- Collaboration between CAMHS and schools will enhance case management and improve mental health and learning outcomes for students.
- Effective collaboration between CAMHS and schools requires clear points of interface between the two services and the support of the Mental Health Branch, CAMHS and DE&T to implement collaborative practices.
- The development and implementation of local collaborative practice will be most effective if supported by a locally developed DE&T and CAMHS Student Wellbeing Plan. This will need to be consistent with existing DE&T and Mental Health Branch policies and frameworks.

5.4 CAMHS & Schools Interface

The consultation findings suggest that there is inconsistency in the way each of the CAMHS form formal relationships with DE&T. Collaborative practice that is clinically focussed operates at a CAMHS/school level with the child's or young person's clinical care providing a focus. However, any systems co-operation or professional collaboration that is not client focussed requires relationships to be established and strengthened at the DE&T Network and/or regional level with the local CAMHS. DE&T and DHS regional boundaries are similar but vary from each-other in some cases. For instance, two metropolitan DE&T regional offices liaise with 3 CAMHS services and some CAMHS need to forge relationships with 2 DE&T regional offices. Some CAMHS can have up to 8 Networks in their catchment area with some networks made up of between 30 and 40 schools and one metropolitan CAMHS has approximately 200 schools within its catchment.

Figure 4 illustrates the complexity of the current relationships between CAMHS and DE&T.

DE&T/Mental Health Service Interface

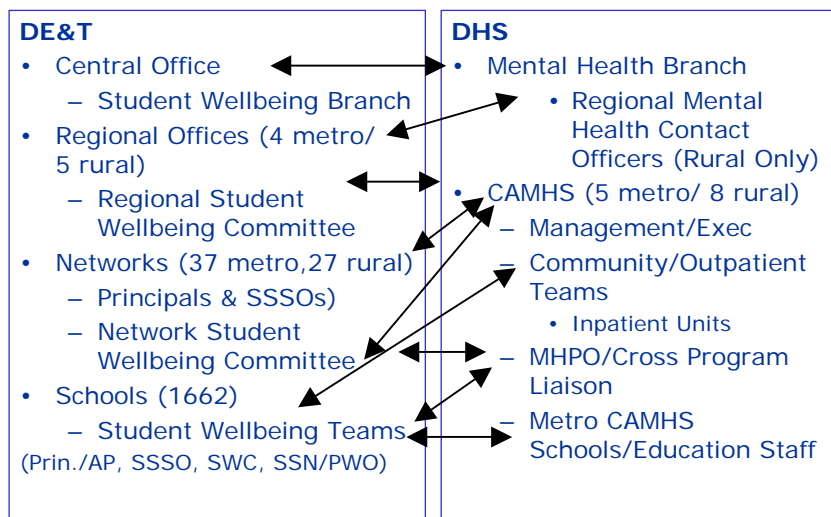


Figure 4. Current DE&T/Mental Health Interface

Given the apparent complexity of current relationships a central agreement between DE&T Student Wellbeing Branch and Mental Health Branch is important. The application of that agreement to the regional or local level can then be actioned according to the local circumstances. Relationships between the CAMHS and each local level of DE&T (central, regional, network and school) would be ideal but may not be able to be maintained at equal intensity. Relationships between CAMHS clinicians and Student Support Services should be focussed at the network level as DE&T uses this structure to resource, recruit and deliver their student wellbeing services locally.

5.5 Metropolitan CAMHS Schools

Particular attention needs to be given to the role of the metropolitan CAMHS schools and education staff in the CAMHS/DE&T interface. These educational services within CAMHS all operate in different ways but are united in the belief that they can form important links with both programs due to their understanding of both organizational cultures. These education staff can play a unique role in liaising and consulting to each program about the other. They can assist schools to understand referral pathways, make sense of a child's or young person's presenting problems and reduce the mystery of a CAMHS intervention. In addition to this, they can assist CAMHS clinicians to traverse the school service, understand the learning needs of the child or young person, adapt recommendations to the classroom environment and support the student and the school through the continuum of care.

5.6 CAMHS & Schools Project Recommendations

The following recommendations are based on the understandings gained through the project of current good practice, internationally and Australia-wide and the opportunities for improvement that were explored during the consultations.

- That the Mental Health Branch and DE&T Student Wellbeing Branch establish a central cross-program committee to develop an overarching protocol to guide the development of local collaborative arrangements.

- That each CAMHS and their DE&T regional representatives meet to plan the development of a cross-program (DE&T & CAMHS) committee that oversees the co-ordination, co-operation and collaboration between the services. This committee may be at the regional level or localized to the networks depending on the local circumstances but must include both practitioners and management.
- That the local cross-program committee adapts a centrally developed protocol to local specifications that will guide the development of collaborative practices and oversee their implementation. This protocol is to be evaluated and reviewed at regular intervals.
- That the local cross-program committee develops a Student Wellbeing plan that maps collaborative activity.
- That each CAMHS and DE&T region &/or network nominate a CAMHS/School portfolio holder to streamline communication between the programs.
- That the School Focussed Youth Service Workers be invited to join their local cross-program committee to forge stronger links, where not already present, between mental health, educational and other relevant community services.
- That the local CAMHS/DE&T cross-program committee develop a plan for the provision of shared professional development and consultations across both workforces.
- That the local CAMHS/DE&T cross-program committee develops a plan for creating opportunities for networking and staff exchanges that encourage a sharing of wisdom and experience across the programs.
- That CAMHS supports educational professionals to develop and deliver mental health promotion & early intervention activities in schools. This might involve collaboration between teachers, student support service officers, school nurses, CAMHS/School Portfolio holders and/or clinicians working with indicated and selected individuals &/or groups.
- That the local cross-program committee ensures that systems are set in place, for example, professional development and clear referral processes, to facilitate the early identification of mental health issues and to provide for early intervention within the school environment.
- That the CAMHS/DE&T local cross-program committee encourages a spirit of collaboration through the exchange of relevant information and allays concerns about privacy and confidentiality through professional development and relevant protocols.
- That, with the permission of the child/young person and their family, the mental health clinician & student wellbeing team from the school exchange appropriate information, including the Individual Service Plan (ISP) and the Individual Learning Plan (ILP) that may enhance early intervention and optimal mental health assessment & treatment as well as maximize learning outcomes.
- That through a structure such as a Student or Program Support Group, a therapeutic team be formed consisting of, where appropriate, the student, their parent(s)/carer(s), CAMHS clinician(s) and educational staff for the management of students with severe mental health issues.
- That each CAMHS is encouraged to develop flexible work practices that provide for assisting collaboration with DE&T, for instance, assertive outreach to schools to engage and/or treat reluctant families and their children.
- That DE&T Student Wellbeing Branch give consideration to the options for increasing professional support in the form of supervision and line management within Student Wellbeing to Student Support Service Officers who conduct direct intervention with children, young people and families.

6. Future Directions

6.1 CAMHS and DE&T Liaison

At each of the local cross-program workshops, participants considered it important that further discussions continue early in 2004. Most decided to establish a local cross program (DE&T & CAMHS) committee/working party, inclusive of practitioners and managers from both organizations, to oversee the process. Some groups were considering modifying already established regional committees to satisfy the same purpose. However, some CAMHS preferred to liaise with their school networks rather than develop regional committees. The aforementioned second recommendation suggested "that each CAMHS and their regional representatives meet to plan the development of a cross-program committee that oversees the co-ordination, co-operation and collaboration between the services"(see CAMHS & Schools Project Recommendations).

Figure 5 depicts the possible cross-program committee structure. The cross-program committee, whether it is formed at the regional level or is transformed into several network committees, would take responsibility for streamlining communication, developing protocols and overseeing collaborative practice at the local level.

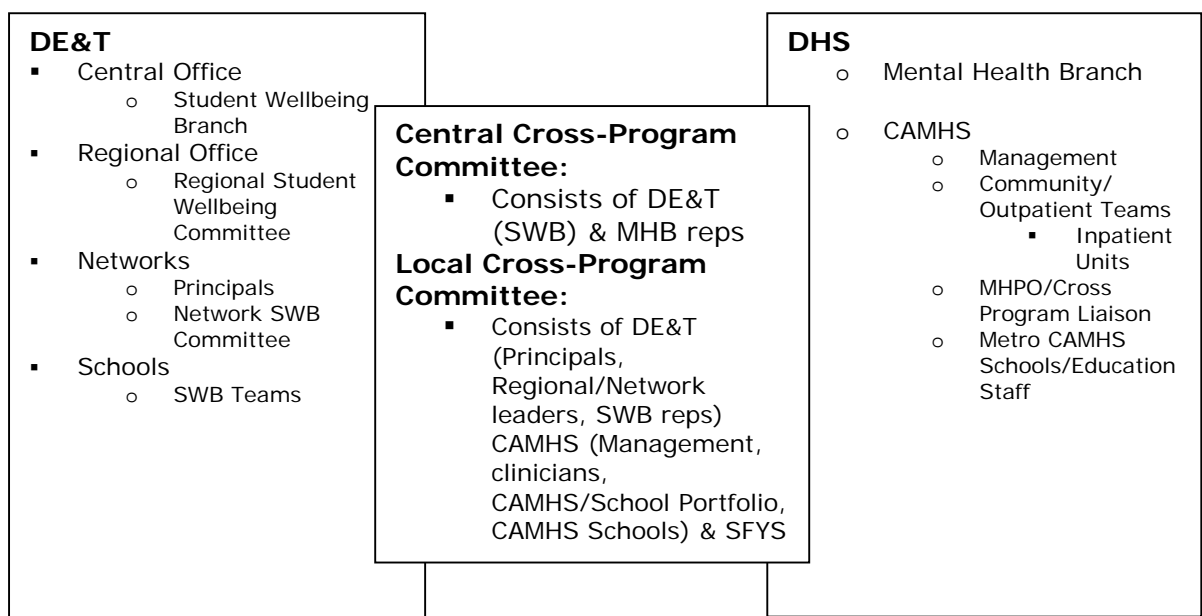


Figure 5. Co-ordinated Relationships between DE&T and CAMHS

6.2 Protocol Development

Protocol development is seen to be an important process by which both programs establish clear processes for communication, consultation, referral and collaboration. It was noted that the resolution of issues that were highlighted in the consultations was considered an important part of the protocol development process, equally important as the final document. However, with an appropriate implementation plan and associated professional development, the protocol document could be a useful guide to shaping greater co-ordination and future collaborative practice. Appendix B includes a framework for protocol development.

6.3 Model for Collaborative Practice

Figure 6 depicts a proposed DE&T and CAMHS Collaborative Model. The model has drawn together suggestions from the initial consultations, in particular around the service strengths and opportunities for improvement.

Collaboration needs to occur at both organizational and service delivery levels. The DE&T and CAMHS collaboration requires management endorsement from the central administration, regional administration and local school network and CAMHS levels.

The collaboration around clinical care - Schools & CAMHS collaboration, relies on mutually respectful and trustworthy relationships being built between workers from CAMHS and DE&T.

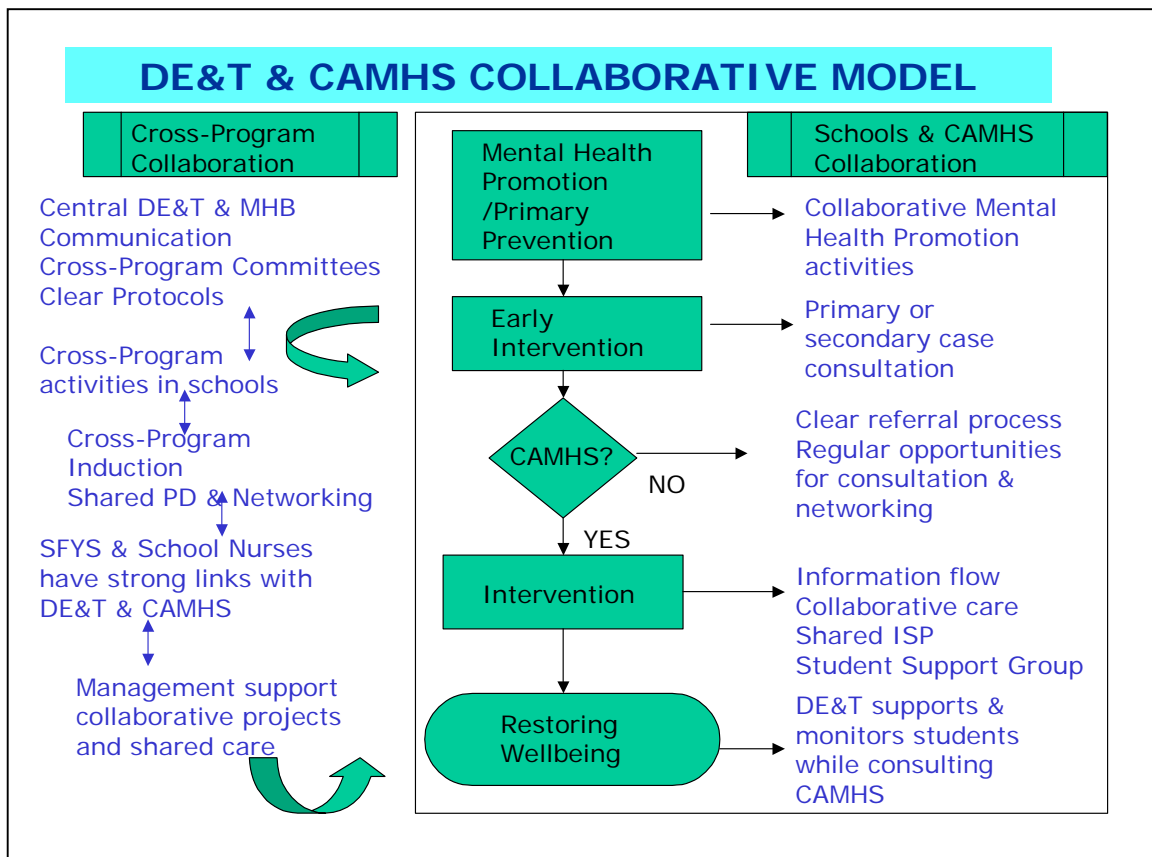


Figure 6. DE&T & CAMHS Collaborative Practice Model

DE&T and CAMHS Collaboration

The cross-program collaboration would require ongoing communication between DE&T Student Wellbeing Branch and DHS Mental Health Branch at the central level. Cross-program committees/working parties at the DE&T Region &/or Network level and the local CAMHS level would be established with the aim of developing and/or reviewing cross-program protocols and co-ordinating collaborative activity. The make-up of this group will depend on the local infrastructure. In some cases, a strong relationship at the DE&T Region level may be most appropriate, which will filter down to the network and school level, whereas in other cases, CAMHS may relate to the network co-ordinators within their catchment area.

Cross-program induction for new staff and ongoing shared professional development would facilitate staff awareness of the CAMHS/DE&T protocols and how to implement them. They could also be kept informed of mutual issues, of collaborative practice models and activities and have opportunities for consultation and networking that would add value to their client-focussed work. Some of these activities could also include School Focussed Youth Service Workers as they play a major role in linking schools with community partners.

Schools & CAMHS Collaboration

Once professional relationships have been developed across the programs through improved organizational arrangements and networking opportunities, workers may be more available to consult and intervene early so as to prevent further regression. This approach suggests that collaborative liaison and consultation could result in reducing individual referrals for overall case management to CAMHS while containing potential crises in the school environment.

At the point of referral to CAMHS, there would be a clear understanding of the referral process, the appropriate language and the intake criteria. DE&T Student Wellbeing Staff would be offered a primary or secondary consultation. A primary consultation is usually held with the current worker/case manager, the child or young person and their family. It presents an opportunity to reflect upon the intervention to date and examine options together. A secondary consultation is held between workers about a specific case without the child or young person being present.

6.4 Collaboration across the Continuum of Care

The true meaning of collaboration can be explored when applying it to the continuum of care. Collaboration refers to the development together of a shared set of goals, for instance, a protocol/agreement at the management level or a common Individual Service Plan at the clinical level. There is then agreement about how to reach those goals with role clarification of participants being an essential part of the process. Both mental health services and schools have the same continuum of care ranging from mental health promotion/primary prevention to post-vention/restoring wellbeing. Schools serve the universal population, whereas CAMHS offer services to children and young people with the most severe and complex disorders. Thus CAMHS offer services to selective and indicated groups as well as individuals and their families. The proposed model suggests that collaborative CAMHS and schools practice would ensure a greater co-ordination of services available to students.

Health Promotion and Early Intervention

CAMHS can be an invaluable support to DE&T in providing mental health expertise for the provision of universal health promotion programs such as MindMatters. Collaborative programs involving CAMHS clinicians and Student Support Service Officers and/or members of school student wellbeing teams already occur at an early intervention stage with selective or indicated groups. This is seen to be an appropriate way in which CAMHS clinicians can support the school system to reach individual students who may never access mental health services despite having some significant risk factors.

Targeted early intervention activities could be collaboratively delivered to groups of students who have been identified as at risk of disengagement from school or of developing mental health difficulties. The process of identifying risk could be eased by implementing an assessment tool that helps schools identify risk and protective factors for students at risk of disengagement from school. Collaborative interventions would ideally be delivered within a school network, in the school setting, targeting young people, in particular with early signs of depression, anxiety, substance misuse, conduct disorder and eating disorders.

Intervention

Once CAMHS has accepted case management of a child or young person, the model suggests that there could be an exchange of information between CAMHS clinicians and DE&T Student Support Service staff and/or members of the school's student wellbeing team. This would allow for a more comprehensive assessment incorporating the bio-psycho-social CAMHS assessment and the substantial school-based information, for example, the academic performance and social competence of the child or young person. In particular, the school's perception of a young person who may be struggling with maintaining attendance or is school refusing might be quite different to that of the home or a clinical setting. The assessment process would benefit from all perspectives.

DE&T have established a process by which the schools can co-ordinate support for students with special needs. This is termed a Student Support Group or Program Support Group, depending on the program. This group co-ordinates the collation of information about the student and formulates an Individual Learning Plan. CAMHS clinicians can be included in this group which offers a structured process for the exchange of information and an opportunity for co-ordination of services and potential collaboration. There are many advantages to implementing collaborative practice at this stage of the continuum of care. Parents/carers, the child or young person and all professionals involved are equally informed of the mental health and learning difficulties that have been identified and are in agreement of the therapeutic and educational goals that have been set by the group. The members of the Student Support Group are clear about their roles and the tasks they need to perform.

Post-vention/Restoring Wellbeing

Upon discharge from CAMHS, there is a structure in place whereby the school can provide the student and family a continuity of care that has been well planned. Most importantly, the child or young person has been involved in the process and if capable has contributed to the decisions being made about his/her mental health care and education.

The general feedback from the cross-program workshops was enthusiastic about implementing the collaborative model. Some people considered its implementation as essential to progressing the collaborative relationship. Most thought that it was feasible but needed management support and extra resources to develop new relationships between the programs. Interest was expressed in having school principals directly involved in the protocol development. This would encourage a commitment from the local principal network and from the individual school.

6.5 Professional Development

The CAMHS and Schools project has reinforced and affirmed strengths while exploring challenges and opportunities for improvement in service delivery issues. The project recommendations mostly suggest changes in the way DE&T and CAMHS staff might relate, co-ordinate and co-operate. Many services are already meeting these recommendations within their day-to-day client/student focussed work. However, the degree of suggested collaboration between the services may be difficult for some services to implement without leadership and good practice guidelines.

A desirable outcome of this project would be the delivery of a comprehensive professional development program demonstrating leadership and outlining the implementation of the proposed model of collaborative practice, delivered to both CAMHS and DE&T student wellbeing staff. This would allow for opportunities to network, an exchange of ideas, benefiting from the appreciation of different perspectives and a chance to grow together with a common focus, that is, improving the mental health and learning of the child or young person with mental health issues. It would also create an opportunity for workers in both services to share ideas and explore avenues for mental health prevention and early intervention within the school setting. Professional development of DE&T Student Support Service staff tends to be organized on a regional basis. Within CAMHS, *mindful*, the Centre for Training and Research in Developmental Health, provides state-wide training of CAMHS clinicians and each CAMHS organizes their own 'in-house' professional development. A collaborative effort between *mindful*, DE&T and CAMHS could be co-ordinated by a centrally based Mental Health Branch and Student Wellbeing Branch cross-program working party.

The NSW School Link program has provided extensive professional development as part of this major state-wide initiative. The School Link Training Program is a state-wide training course developed for school and TAFE counsellors and mental health workers. It is run by the NSW Department of Education and Training and NSW Health in collaboration with Area Health Service Management. It provides a model of state-wide professional development delivery that has been assessed as successful (School-Link Training Program Evaluation Report 2003). It aims to improve the prevention, identification and management of depression and related disorders in adolescents and to develop and implement local pathways to care for adolescents with mental health problems, particularly depression. It is considered to be unique in bringing together the staff from education and mental health services. Such a state-wide system of professional development in Victoria would require agreement at the central DE&T and Mental Health Branch interface with a possible pooling of resources. It would also require the co-operation of Area Health Services, CAMHS services and DE&T Regions and/or Networks. It would need to be centrally facilitated and delivered at a local level so that workers had an opportunity to explore new ways of working together.

This model of professional development could be extended to provide collaborative training on topics and issues relevant to both services. An initial scoping of the professional development available to both DE&T and CAMHS services and a training needs assessment would ensure appropriate selection of perceived areas of need and greater satisfaction for participants.

6.6 Possible Innovations

The Project Recommendations previously listed require little if any extra resources, rather they depend on an embracement of change and a willingness to make a difference through a collaborative workforce. The following innovations have come from discussions in the field and a review of international and inter-state collaborative practices. They require some additional financial support. These innovations would need to be considered further by the central DHS, Mental Health Branch and DE&T, Student Wellbeing Branch committee.

CAMHS & Schools Collaborative Practice Guidelines

CAMHS clinicians and DE&T staff consulted throughout this project were keen to see the development of CAMHS & Schools Collaborative Practice Guidelines. It was felt that there was a positive spirit of collaboration in the field and that staff from both services would appreciate some guidance as to how to implement the proposed Model of Collaborative Practice.

A suggested framework for such guidelines is as follows:

- Organizational Collaboration
- Service Descriptions
- Cross-sector Committee
- Protocol Development
- Induction & Professional Development
- Model of Consultation
- Target Group
- Enrolment/Referral Process
- Collaborative Case Management
- Student Support Group/Therapeutic Team
- Shared Individual Service Plan
- Role Definition
- Exit/Discharge Process
- Evaluation & Review

These Guidelines could be seen as a useful adjunct to the CAMHS and Schools Project's recommendations.

CAMHS-School Liaison Portfolios

If School Liaison Officers were to be appointed it would encourage co-ordination and facilitation of change. This person could be responsible for assisting the CAMHS to develop protocols with the local schools at the network or regional level. They could provide a co-ordinated focus and with student wellbeing staff and CAMHS staff, help drive the recommended service improvement in both organizations.

The role of the Schools Liaison officers would be to:

- Link in with the CAMHS management and clinicians, DE&T regional and network staff, local school student wellbeing teams and School Focussed Youth Service Officers
- Assist the cross-program committee/working party to develop local protocols

- Ensure open communication between the services
- Assist in developing greater co-operation between the services
- Co-ordinate and monitor collaborative activity
- Review outcomes and evaluate collaborative initiatives
- Assist DE&T staff to develop mental health promotion and prevention activities
- Be available for consultation throughout the continuum of care
- Work collaboratively with student support service staff and/or student wellbeing staff to develop and deliver targeted early intervention activities

In the metropolitan CAMHS services the Schools/CAMHS Liaison Officer would also need to link in closely with the CAMHS school. Preferably this person would be experienced in both service areas and be able to adapt comfortably to both organizational cultures.

CAMHS/Student Support Services Co-location Pilot

A CAMHS/Student Support Services Co-location pilot would create a working environment that would encourage and enable the implementation of the main recommendations of the CAMHS & Schools report. CAMHS clinicians and Student Support Service staff would be located in the one building and operate a service to the local community. Co-location provides an ideal opportunity to put into practice the aforementioned proposed collaborative practice model.

The British report on *Effective Joint Working Between Child and Adolescent Mental Health Services and Schools (2003)* outlines some advantages of the two services working together. They state that the impact on service delivery includes:

- Increased understanding of mental health issues and services;
- Early recognition of problems;
- Improved access to CAMHS services;
- More appropriate referrals especially for hard to access children.

The impact on children themselves relate to:

- Their happiness;
- Behaviour;
- Academic achievement;
- Exclusion and attendance.

Disadvantages explored are:

- Greater time investment required;
- Management difficulties;
- Information sharing;
- Getting swamped with referrals;
- Keeping professional identities.

The experience of the staff from different services who worked closely together was mutually beneficial. The CAMHS staff learnt a greater appreciation of the educational context and the educational staff gained a better understanding of mental health issues and access to services as well as reporting less anxiety about dealing with young people with difficulties. They had an opportunity to learn from each-other and appreciated different perspectives to a presenting problem.

The suggested pilot would involve co-location of CAMHS clinicians and Student Service Support Officers. The advantage of co-location would be to allow for greater understanding of each-other's roles and organizational contexts. It would allow for more readily accessible consultation and support and improve the communication between the two services. It would also enable shared care and collaborative case management and increase access to services for students who wouldn't normally approach mental health services. A two-year pilot program, one in the metropolitan area and one in a rural region could test out its applicability state-wide.

The ideal arrangement would be to jointly accommodate the staff within the catchment of a large local DE&T network and a CAMHS satellite, or in the case of a rural pilot, it may require a total team co-location. Some allowance could be made for seeing individuals and families at the centre where the staff would be based when school based assessment or treatment is deemed inappropriate. The CAMHS staff and Student Support Service Officers could continue to be managed according to their normal arrangements.

CAMHS clinicians would be allocated cases from the community served by the local school network. The majority of interviews for individuals and families would occur in the school setting and could allow for collaborative work with the Student Support Service Officer appointed to that school. This arrangement could also allow for a trialling of an exchange of staff between the two Government Programs in the form of time-limited secondments.

There would need to be a formal agreement at the central level, DE&T Student Wellbeing Branch and Mental Health Branch, as well as locally between the DE&T Network and CAMHS. This pilot would need further scoping by Mental Health Branch in liaison with DE&T Student Wellbeing Branch.

Appendix A - Framework for Protocol Development

Protocol development can be seen as an onerous task. CAMHS and DE&T staff expressed an interest in having a protocol template that could be adapted to the local level. During the consultations it was reported that only two metropolitan CAMHS had developed protocols with their DE&T partners, one of which was very recently launched. Two rural CAMHS had also developed protocols over the last few years.

Process of Protocol Development

As previously mentioned the process of developing a protocol between CAMHS and DE&T is vital if there is strong intent to strengthen the relationship at all levels of both organizations. Feedback from the consultations suggested that practitioners would appreciate being able to apply a protocol agreement at the local level. In the metropolitan area this can be challenging for the CAMHS as there may be up to 250 DE&T schools in their catchment area. It is considered best to develop protocols at the Regional or Network level, depending on the geographical specifications of the CAMHS catchment area.

The membership of the cross-program committee/working party should be carefully considered. There needs to be representation at the management level for both organizations to give the committee some authority and leadership. However, it is equally important to include practitioners from both organizations, for example, CAMHS clinicians, Team Leaders, Principals, school Student Wellbeing Team members and Student Support Service Officers. School nurses and School Focused Youth Workers should also be represented on each group.

Each committee/working party could use the proposed CAMHS & Schools Model for Collaborative Practice and the protocol template as guiding documents. It is considered good practice to officially launch the Protocol and to implement it with a professional development process. It was noted that the Western metropolitan region had delivered a series of collaborative professional development sessions run by the DE&T Student Wellbeing Manager and the CAMHS Mental Health Promotion Officer to DE&T and CAMHS staff regarding the implementation of the protocol agreement. This has been well received at a local level.

Protocol Content

The Northern Metropolitan Region (DHS & DE&T), funded by the Northern Region SFYS and steered by a representative group (schools, community health, mental health etc) created a guide for developing protocols in 2002, *Making It Easy*. This very thorough document is a guide for developing protocols between schools and services based in the community. Section 2 contains material relevant to the process of how to develop a protocol. Section 3 contains a proforma protocol that provides the basis for collaborative protocol design and Section 5 contains an example protocol. It is recommended that this document be used as a reference when developing local protocols between schools and CAMHS. Consideration will need to be given to reviewing the protocol document regularly and including it in annual professional development and induction.

A protocol overseeing collaborative practice between schools and CAMHS should ideally include the following areas:

- Service Descriptions
- A Rationale & Objective for Protocol Development between CAMHS and schools
- A defined target group
- A definition of Collaborative Practice
- Underlying Principles of Collaborative Practice

- Each Organizational Context (CAMHS & DE&T including CAMHS Schools/Education Centres)
 - A brief description of the service(s)
 - An organizational chart (if available)
 - The target population
 - A description of the services offered & by whom
 - Location of service(s)
 - Service Interface, for example, referral process, consultations, professional development
 - Definitions of terms
- Cross-program collaborative practice
 - Collaborative Care
 - Referral process
 - Information exchange
 - Confidentiality & Privacy Legislation
 - Consent for information exchange & for treatment
 - Record Keeping
 - Shared Care
 - Collaborative Case Management
 - Role clarification & expectations
 - Cross-program activities
 - Mental health promotion
 - Early intervention
 - Collaborative interventions
 - Evaluation
- Professional Support
 - Induction
 - Professional development
 - Consultation & liaison
- Management co-ordination of collaborative practice
 - Management support
 - Cross-program committee/working party
 - Grievance procedures
 - Protocol implementation plan

Protocol documents need to be able to be adapted to any local situation, thus general statements are preferable. Specifics, situational or geographic, can be detailed as appendices. It is anticipated that a template generated centrally as part of the DE&T/CAMHS agreement would form the basis for the development of local protocols.

Protocol Implementation Plan

The process by which the protocol agreement has been reached is worth celebrating! A launch and subsequent professional development is appropriate. The cross-program committee/working party could develop an implementation plan to ensure the distribution of the document across the services and its imbedding into practice.

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Useful Websites:

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www.sofweb.vic.edu.au/wellbeing

www.cms.curriculum.edu.au/mindmatters

www.sfys.ifoxchange.net.au

www.auseinet.com

www.beyondblue.org.au

www.youth.vic.gov.au

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