

# CAMHS in communities

Working together to provide mental health care  
for Victoria's children and young people

September 2006





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## Foreword

Childhood and adolescence are times of rapid development when key building blocks for lifelong health, development, learning and wellbeing are being set in place. Mental health problems early in life can put at risk this important early development.

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

In Victoria, specialist child and adolescent mental health services (CAMHS) have a particular place within this, responding to those experiencing more complex and severe problems. CAMHS also play a lead role in promoting quality mental health responses in other sectors.

As the title of this document – *CAMHS in communities* – suggests, effective CAMHS are very much a part of the community they serve, and part of the broader range of services promoting and restoring the mental health of the children and young people in these communities.

Effective partnerships around mental health care are essential.

In 2005 each CAMHS participated in the CAMHS Strengthening Project in which services consulted with key partner agencies about how they could provide a more coordinated and integrated mental health response to children and young people through a stronger system of mental health care.

The feedback from consultations indicated strong support for a more systematic approach and a recognition that this needs to be a shared responsibility. There was consensus regarding the need for a new document about the role of CAMHS that would help those referring to and using these services.

This document was developed to assist. It provides a clear and easily read description of the operation of CAMHS for partner services, families, carers and young people wherever they live in Victoria. It builds on *Victoria's Mental Health Services – The Framework for Service Delivery: Child And Adolescent Services* (1996), which has guided service delivery over the past ten years, and highlights changes and priorities to be addressed as we move on.

At another level, it is a demonstration of the Victorian Government's strong focus on children and young people and sits alongside other key documents and guidance being developed by the Office for Children, the Office for Youth and the Department of Education and Training.

I look forward to working with you as we continue to improve the mental health and wellbeing of Victoria's children and young people and build stronger communities across Victoria.



**Bronwyn Pike**  
Minister for Health

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## Introduction

*CAMHS in communities* describes the role and place of publicly funded specialist child and adolescent mental health services (CAMHS) as one of a broad range of services involved in fostering, supporting and restoring good mental health.

It aims to provide leaders and managers of other services, potential referrers, families and carers, and service users with an understanding of what they can expect of CAMHS, wherever they live in Victoria.

A companion document, *CAMHS Core Business*, was written primarily for those who are funded to deliver these services, but will also be of interest to others wanting more detailed information. Both documents are available on the Mental Health Branch web site [www.health.vic.gov.au/health](http://www.health.vic.gov.au/health). CAMHS also have local service-specific documentation about how they operate within these guidelines.

This document highlights risk factors and the prevalence of mental health problems among children and adolescents as the imperative for delivering a co-ordinated range of service responses. These responses incorporate promoting mental health and wellbeing and recognising and responding to problems early, as well as specialist, longer term treatment and care for those with the most complex and severe problems – a ‘system of mental health care’.

CAMHS priorities span two broad areas: working directly with children and adolescents who have the most severe and complex mental health problems, and providing support to others delivering services to children and young people who may also have mental health problems.

### The meaning of the term ‘CAMHS’

While a broad range of services in Victoria support the mental health of children and adolescents, the term ‘CAMHS’ is usually applied very specifically to services that provide specialist mental health treatment and care to young people<sup>1</sup> up to 18 years of age through a multidisciplinary team. The majority of these teams in Victoria are the publicly funded CAMHS. There are also a small number of CAMHS within the private health care system.

Youth mental health services targeting the adolescent and young adult population are also being expanded.

At this stage they primarily focus on young people with psychosis, many of whom experience dual diagnosis (both mental illness and problematic drug and alcohol use) and are a specialty program within adult mental health services. They aim to engage early with young people experiencing problems, provide treatment and care specific to these early stages of illness and work with them across the period where relapse is greatest. They also provide support for families and carers. Good relationships between CAMHS, youth services and adult services are clearly essential for continuity of care.

### Who has mental health problems?

**Mental health** is not merely the absence of mental illness. It is the embodiment of social, emotional and spiritual wellbeing. It is fundamental to physical health, productivity in the workplace, school, family and overall quality of life. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just (VicHealth 2006).

Mental health is a prerequisite for normal growth and development. Most children and adolescents have good mental health, but Australian studies show that approximately one in seven four to seventeen year olds (14 per cent) experience symptoms of emotional or behavioural disturbance. This rises up to one in four (27 per cent) in 18–24 year olds, the age group where the rate of onset of serious mental illness is at its highest.

Mental health problems and disorders in children and young people can damage self-esteem and relationships with their peers, undermine school performance, and reduce quality of life, not only for the child or young person, but also for their parents or carers and families.

A **mental disorder** is a diagnosable illness that significantly interferes with thinking, emotions, behaviour and relationships. Mental disorders usually are more severe and persistent than mental health problems. The term **mental health problem** is used to describe a broader range of emotional and behavioural difficulties.

<sup>1</sup> *The terms ‘children and adolescents’ and ‘young people’ are used interchangeably through this document reflecting their usage in the community.*

Groups most likely to experience mental health problems include those who experience multiple risks in their life that are not offset by protective factors.

- **Individual risks** include developmental problems and learning difficulties; troubled transitions; physical health problems; experiences of abuse, neglect and violence in the home; drug and alcohol misuse; premature disengagement from school; and unemployment.
- **Parental or family risks** include a reduced capacity to provide adequate stability and protection from harm because of poverty, parental mental illness or drug and alcohol problems, violence in the home, or homelessness.
- **Community risks** increase with poor social cohesion and infrastructure (for example, the opportunity for positive and engaging social relationships through participation in sport and recreation), high levels of unemployment, high rates of crime, little tolerance of differences and culture, little community capacity to recognise and respond to vulnerable community members, and lack of positive adult and peer supports for young people.

Protective factors strengthen mental health and well-being, reduce the potential impact of risk factors and the development of problems and disorders. They include problem solving abilities, good self-esteem, supportive and stable relationships, a sense of connectedness and belonging, and economic security.

In some communities multiple risks are common; however, serious mental health problems can emerge in children and young people living in families, or with carers, with seemingly none or only one of these risks. Using a risk and protective factors framework, interventions are then targeted at either reducing risks that are amenable to change and strengthening protective factors.

In many cases, mental health problems gradually subside as stressors dissipate or as the child or adolescent learns to manage the challenging situation with the support of parents, extended family, peers or other adults. In some cases, there is a need for help from a professional within the child or adolescent's immediate community – the support, maybe, of a teacher or a general

practitioner. A smaller number need more specialist care from, for example, the social worker or counsellor at the community health centre, the school psychologist or a paediatrician.

Sometimes, rather than getting better, symptoms can worsen and signal development of a severe mental health problem or illness that requires the skills of a specialist mental health team. If treated early, many of these young people regain good mental health and problems do not recur. If untreated, mental health problems can re-emerge or persist into adult life and have far-reaching consequences, disrupting education, relationships and employment, and compromising physical health and overall quality of life. Mental illness can lead to serious self-harm and suicide.

## Good mental health outcomes

Getting good mental health outcomes starts with minimising the risk of problems by promoting mental health. This is best done in the everyday lives of children and young people by ensuring they are safe, loved and cared for and have opportunities for learning and development.

In addition to parents and family or carers and primary health services, a broad range of community supports and other services contribute to this endeavour, with the nature and type of these supports changing over time. For example, maternal and child health nursing services, preschools, child and family support services, primary schools and school nurses are ideally placed to promote mental health in the early years. As young people get older, secondary schools, sport and recreation clubs, youth services and housing and support services become increasingly important. For those with other difficulties, such as physical health problems, the services they are engaged with can incorporate a positive health-promoting approach into their care which reduces known risks and stressors.

Mental health problems often affect a number of areas of a child or young person's life and impact on those caring for them and working with them. Therefore, to support mental health within a community, a wide range of generalist services and specialist mental health services must work together.

Services working with children and adolescents and parents are increasingly recognising the critical role they can play in promoting mental health and preventing problems as part of their everyday work as well as their unique opportunity for early intervention if problems emerge. Many services are reporting that mental health problems and disorders are becoming more common and more complex, and that the demand for services is increasing. There are likely to be many reasons for this, although the picture is not yet clear.

For those experiencing mental health problems, good outcomes are most likely if the child or adolescent and their family or carer have access to timely, well coordinated advice, assessment and evidence-based treatment and care.

Good mental health outcomes require a clear understanding of what the problems are and what may be contributing to them or preventing them from getting worse, and for treatment and care to be delivered in ways that children and young people and their families understand, and at times and in places they can readily access. Services need to be culturally sensitive, based on the best available evidence, and provided by staff equipped with the relevant knowledge and skills.

The benefits of getting mental health care right include:

- less distress to the child or young person through earlier recognition and resolution of problems, reduced disability and the establishment of timely supports for parents, families and others who care for them
- more rational and efficient use of available resources
- clarity about the knowledge and skills (and hence education and training) required by staff working across sectors.

### Good mental health outcomes for children and adolescents require:

- **mental health promotion, prevention and early intervention** through broad community awareness of the risks to mental health and wellbeing; implementing programs that are known to promote wellbeing, reduce risks and build strengths; and early recognition and effective responses, including appropriate referral, when problems emerge
- **a well coordinated 'system of care'** planned and delivered through a range of service settings that promote help-seeking, provide effective early care, including collaborative management, clear referral pathways and culturally sensitive treatment tailored to the severity and complexity of problems
- **accessible and responsive specialist CAMHS** for those with the most severe mental health problems and disorders, including well coordinated multi-agency responses for those with multiple and complex difficulties
- **health, education, child and family support, housing and youth services** working effectively with children and young people within their programs experiencing less severe mental health difficulties supported by CAMHS
- **systematic use of evidence-based practice** at all levels of service and ways of **measuring effectiveness** of interventions
- **parents and carers, children and young people involved in the provision of care.**

## What has changed?

Since the publication of *Victoria's mental health service – the framework for service delivery: child and adolescent services* (1996), mental health services for children and young people have experienced ongoing development. *New directions for Victoria's mental health services: the next five years* (2002) has guided recent endeavours.

In addition to the expansion of core services (community and acute inpatient services) across both CAMHS and adult mental health services, CAMHS service developments have included:

- intensive mobile youth outreach services enabling improved responses to those teenagers who are at high risk and difficult to engage, including young people in state care
- youth dual diagnosis positions to improve responses for young people with both mental health and drug and alcohol problems
- CAMHS in Schools Early Action Programs for children with behavioural disturbance
- expanded services for young people with eating disorders, including a pilot day program
- systematic outcome measurement across all CAMHS (and adult mental health services)
- a single contact point of access for both CAMHS and adult mental health services.

Within adult mental health services, developments have included:

- youth-specific early psychosis services targeting 16–25 year olds
- primary mental health and early intervention teams better connect specialist mental health services with general practitioners and a range of primary care services
- youth residential services as options within psychiatric disability rehabilitation and support services
- prevention and recovery care services which deliver an interim subacute 'step up step down' service response for those leaving acute care or needing more than community-based care
- programs providing specific help for families in which a parent has a serious mental illness, including programs that take account of the higher risks for children and infants in these families.

This development has been accompanied by a broader awareness of the evidence about the importance of giving children a good early start in life. The impact of abuse and neglect, family dysfunction, bullying, educational under-achievement, drug and alcohol abuse, and having a parent with a mental illness or drug and alcohol problems on children's and young people's mental health is more universally understood. These experiences can disrupt development and mental health in childhood and adolescence, and if not addressed can contribute to problems in adult life and cause ongoing distress and dysfunction.

Government has strengthened effort in addressing inequality and disadvantage (*A Fairer Victoria* – [www.dpc.vic.gov.au](http://www.dpc.vic.gov.au)) and improving the overall health, development, learning and wellbeing of children more broadly (*The White Paper Protecting Children: The next steps* and "every child every chance").

Examples of other key developments across government include:

- the establishment of a Minister for Children and a new Office for Children within the Department of Human Services with a significant policy and legislation reform agenda aimed at promoting the safety, health, development, learning and wellbeing of all Victoria's children ([www.office-for-children.vic.gov.au](http://www.office-for-children.vic.gov.au))
- the establishment of the Take Two therapeutic service providing intensive treatment for children and young people on protective orders
- a new *Children, Youth and Families Act 2005* offering opportunities for a stronger focus on the social and developmental needs of children, earlier intervention when safety and protective concerns arise, and a more coordinated response to assist vulnerable families and at risk children
- innovative approaches to youth housing and homelessness
- the development of a whole-of-government youth policy *Future Directions* ([www.youth.vic.gov.au](http://www.youth.vic.gov.au)).

## What we need to do better

Recent consultations conducted by CAMHS with a broad range of service partners have highlighted the dedication and competency of staff and identified many strengths, but also a number of areas where improvements could be made. These include the need for:

- **more systematic regional planning and evaluation of child and youth mental health care** supported by other sectors, service leaders and service users, that build on and work with local planning networks and structures (for example, local government early years plans, and Primary Care Partnerships) and clearly identifying the roles of CAMHS and others responding to mental health problems in the service area
- **better access to CAMHS expertise earlier in the care pathway** to assist in assessment, early understanding of problems and care planning
- **greater clarity about CAMHS priority groups—‘those with the most severe and complex problems’**—including those in crisis, who may be self-harming or suicidal and who may not meet the criteria for a psychiatric diagnosis
- **more functional relationships with other direct care services** evidenced by local referral pathways and operating protocols that are regularly reviewed and updated
- **greater clarity and agreement about the nature of supports CAMHS provide for other services** working with children and young people with mental health problems within their programs
- **improved responses for youth** (the older adolescent and young adult age group) who are currently served by both CAMHS and adult mental health services
- **a stronger focus on outcomes** and measuring the impacts and effectiveness of interventions
- **increased involvement of consumers and carers** in service development and evaluation.

Each of these issues requires particular attention and will be the focus of work undertaken by the Mental Health Branch, other key areas of government including the Office for Children, CAMHS, adult mental health services and their partner agencies.

These priorities are in keeping with the findings of the report on mental health services *Improving Mental Health Outcomes in Victoria: The Next Wave of Reform* (July 2006) commissioned by the Victorian Government to contribute to discussions on mental health that has been a priority agenda for the Council of Australian Governments in 2006. The Report identifies opportunities for systematically improving mental health care across governments including the importance of increased investment in mental health services, a stronger focus on youth mental health and the importance of early intervention.

## A system of care

Children, adolescents and their families or carers are involved with and supported by a range of services that collectively enable them to realise their potential—physically, emotionally, educationally and socially.

The notion of a ‘system of care’ comprising levels or ‘tiers’ of care provides a useful way of thinking about how this support can be provided more systematically to prevent problems arising, to recognise and respond to problems early and provide a graduated range of responses tailored to need.

A system of care is about partnerships made up of service providers, families, carers, community organisations, and others who care for a child or young person. In a system of care services that work with children and young people as part of their core business and more specialist mental health services work together to ensure children and young people with social, emotional and behavioural problems and their families or carers have access to the services and supports they need.

The intention is not to create a rigid service framework, but rather to provide a schema for understanding how networks and services can work together for children and adolescents in mental health (see Appendix 1).

None of the tiers is better or more important than the others; they are simply different, each offering expertise in different ways and working together to support and strengthen the mental health and wellbeing of children, adolescents and families.

It is, however, important to keep in mind that while the schema is useful for explaining roles and functions of services, the needs of children and adolescents accessing services change over time and services need to strive, working both separately and together, to flexibly respond to meet these changing needs. Clear pathways within and between the tiers are essential to enable the effective level of care to be provided as needs change.

## Three ‘tiers’ of care

As mentioned, support for children and young people’s health and wellbeing—including their mental health and emotional wellbeing—starts within their family and social and community networks. Services that are most accessible are often the first places many young people and families or carers turn to for help. These include teachers, community organisations, general practitioners, maternal and child health nurses, preschool staff, child care workers, school nurses, and youth workers.

These services provide the building blocks of a system of care. They come into contact with more children and young people with problems than any specialist service, and they can provide competent support and care that is frequently enough to see the child or young person back on track again. They are of critical importance in recognising problems early and providing the support and help that can often prevent problems from escalating.

In the context of the three tier schema being used here, these services can be described as **Tier 1** services.

Tier 1 services are usually the first point of contact when problems start to show, and they provide a first line of response. The milder mental health difficulties typically seen by Tier 1 services are those that cause only minimal or occasional distress and are not usually associated with significant risk of harm unless there is a rapid deterioration or a crisis occurs. The child or young person and the parents or carers are receptive to information, advice, general support and simple medical or psychosocial interventions, and the family or carers and wider community provide adequate supports and resources that can be harnessed to help the child or young person.

An important role of Tier 1 services is also to identify when a child or young person needs more specialist mental health care, and to make the appropriate referrals or ask for specialist advice or support. This can be as straightforward as the teacher talking to the school counsellor, who might then see the child or young person and advise the teacher on classroom management. The counsellor may, if necessary, involve the general practitioner and organise referral to a Tier 2 or 3 service.

Tier 1 services may also include juvenile justice services, child protection and services providing out of home care (although some staff in these services also have specialist mental health expertise). Within these services are some children and young people who are at high risk requiring priority access to specialist Tier 3 mental health services by virtue of a crisis or because their mental health problems are complex and severe.

**Tier 2** professionals are people with specific expertise and skills in child and adolescent mental health. They tend to be based in community settings, such as community health centres, family centres or schools, or they may work privately. They include private practitioners, psychiatrists, psychologists, and other allied health workers; paediatricians; workers with specialised training in school settings, such as educational psychologists and student wellbeing and support staff; community health services staff; and workers in a range of non-government child, youth and family services.

The children and young people seen by Tier 2 professionals tend to have moderate to severe mental disorders, and/or a moderate to high risk of harm, or fall within a group known to be at higher risk of developing a mental health disorder. Interventions tend to focus on specialist assessment, and intensive treatment and follow-up to restore mental health. Often the family and other supports available to the child or young person are limited, and the mental health problem may be less responsive to simple medical or psychosocial interventions. Tier 2 services (for example, drug treatment services and Supported Accommodation Program services) are increasingly utilised by young people with more complex problems. A mix of problems may require an integrated response across services even when the severity of one problem alone (for example, mental health) may not be high.

**Tier 3** services, like Tier 2, are staffed by workers with specialist child and adolescent mental health care skills, but staff work as part of a multidisciplinary team. Tier 3 services can provide very intensive levels of care, crisis response, assertive outreach to young people who are difficult to engage, intensive community based care and acute hospital based care through specialist mental health inpatient services.

Publicly funded CAMHS play an integral part in this system of care. As Tier 3 services they provide specialist mental health services for those children and adolescents aged up to 18 years of age who have complex and severe mental health problems, and/or who are at high risk of harm (see page 9, 'Who do CAMHS see?'). A characteristic of CAMHS is that they can draw on their multidisciplinary teams to undertake comprehensive and complex assessment and treatment approaches as well as packages of care where more than one professional or intervention is required (see page 12, 'Who are CAMHS professionals?').

Children and young people who become involved with Tier 3 services often have multiple problems and poor social supports which need early intervention to prevent further deterioration in general functioning.

Tier 3 services also play an important role in supporting Tier 1 and 2 services to work with children and adolescents with less severe mental health problems or to provide initial treatment, continuing care and rehabilitation for more complex or severe problems. Some Tier 1 and 2 services may be able to continue providing assistance to a child or young person and their family or carers, even when problems get more complicated, with support from CAMHS. This arrangement can often be better for the child or young person and their family or carers than changing to a new service, new staff and a new environment.

CAMHS also work closely with other specialist services for those with particular types of mental health disorders (such as eating disorders), acute health services where a young person also has physical health problems, and drug treatment services for young people who also have problematic drug and alcohol use (dual diagnosis).

Shared care can also be a good option; that is, having the usual support (for example, general practitioner, community health counsellor or student wellbeing and support worker) collaborating with a specialist mental health worker in working through the issues and sharing the treatment. For instance, a student support services staff member may work individually with a young person while the CAMHS clinician delivers family therapy. In some situations a CAMHS-trained worker may spend some time working within another

service (for example, a general practitioner's surgery, community health centre, supported accommodation service or school), enabling children and young people, families and service providers to access additional help on site. In shared care, each person is clear about their responsibility in the overall care of the child or young person, and this is clearly articulated in the individual care plan.

### Other specialist mental health service responses for young people

Adult mental health services also have responsibility for some young people from the age of 16 years – the beginning of the developmental period where onset and prevalence of illnesses characteristic of adulthood are highest. Both CAMHS and adult area mental health services are required to develop arrangements whereby the clinical needs of young people in this older adolescent and young adult age group are met and continuity of care is maintained for those transferring from CAMHS to specialist adult services.

Given the high prevalence and onset of mental health problems among older adolescents and young adults and the need for services that can effectively engage with this age group in which help-seeking from professionals is low, specialist mental health programs that specifically target this age group are being developed.

## CAMHS principles

- **CAMHS provide flexible client-centred care** in which the needs and interests of children and adolescents are paramount. This includes respecting, listening to and valuing them as individuals with interests, abilities and potential as well as needs. CAMHS acknowledge and respect the culture, values and involvement of the child or young person's family, other carers and support networks. CAMHS deliver services in ways, at times and in places that promote help-seeking and family/carer involvement.
- **CAMHS give priority to those in greatest need.** CAMHS work with those children and adolescents experiencing severe and complex problems and disorders that cause high levels of distress, disability and risk of harm (see page 9, 'Who do CAMHS see?').
- **CAMHS provide timely assessment and treatment delivered by a well trained multidisciplinary team** using evidence-based practice and underpinned by rigorous clinical supervision and professional development to ensure practice remains contemporary and current. (see page 12, 'Who are CAMHS professionals?').
- **CAMHS respect the rights of children and adolescents** and their families or carers in the delivery of direct care, and actively involve them in service planning and evaluation more broadly (see Appendix 2: Charter for Parents and Carers of Young People who use a CAMHS, page 23, and Appendix 3: Kids' Rights, page 25).
- **CAMHS work collaboratively** with other agencies to define shared goals and to plan and implement effective strategies to achieve those goals, both at the service planning level and the level of individual client care. This involves shared responsibility and clearly defined roles for participants.
- **CAMHS support and build the capacity of others** to respond to the mental health needs of children and adolescents, through consultation, shared care, and education and training activities (see page 17, 'Working with other services').
- **CAMHS achieve measurable outcomes** through evidence-based practice, routine monitoring, evaluation and review of service performance and also use outcome measures to inform decision making (including feedback from young people themselves, family and others involved in their care).

## What services do CAMHS provide?

As outlined in the introduction, CAMHS activities can be understood as spanning two broad areas:

- **working directly with children and adolescents** to provide treatment and care for those with the most severe and complex problems (discussed in the following section)
- **working with other services** engaged with children and young people experiencing mental health problems (discussed in 'Working with other services' page 17).

### Working directly with children and adolescents

CAMHS direct care services include:

- **community assessment, treatment and liaison services**, which are multidisciplinary and community-based. They deliver:
  - intake services which provide advice, information and pre-assessment screening
  - crisis assessment
  - assessment leading to consultation and advice, referral onwards, or treatment in CAMHS
  - consultancy and liaison services to a range of Tier 1 and 2 services and to other specialist services, including paediatric services, adult mental health services, drug and alcohol services, Child Protection and Juvenile Justice
  - case management and a range of treatment approaches provided directly or on a shared-care basis with other individuals and agencies
- **clinics or services for special client populations**, for example specialist autism assessment services, infant mental health services and eating disorder services
- **intensive mobile youth outreach services** for high risk adolescent clients who are difficult to engage and need intensive case management outreach and support
- **day programs** for young people who need intensive rehabilitation or socialisation
- **inpatient services** (in acute hospital settings) for intensive assessment, containment, stabilisation and treatment of young people who cannot be safely or effectively managed at a lower level of care. Inpatient services are usually located within general hospitals. There are links with metropolitan services for clients from rural services who need CAMHS inpatient care.

Not all of these services are available in every region. Local factors, such as the availability of other Tier 1 and Tier 2 services, will also influence the way services are provided.

CAMHS are also expanding services providing early intervention with specific high risk groups. For example, an increasing number of CAMHS now provide CAMHS and Schools Early Action Programs, which work in primary schools with children displaying severe behavioural problems.

Where possible, CAMHS programs are provided to the child or young person in his or her local community, often on an outpatient basis. Programs can also be located in other settings such as early childhood services, schools and youth services which offer opportunities to deliver more collaborative and integrated responses through a shared service platform.

All CAMHS provide a crisis roster to enable a timely response. High risk outpatient referrals will be assessed and care provided within 24 hours depending on the nature of problems. Crisis assessments are seen earlier depending on the severity and level of risk to the child, young person or others. Sometimes the need for assessment is immediate. In some emergencies, CAMHS will jointly assess a young person with the support of the Crisis Assessment and Treatment Team (CATT).

One of CAMHS' major roles, along with working directly with the most vulnerable children and adolescents, is shared care where it is assessed as the most appropriate option for the care of the client. This involves a partnership between the primary service agency (eg. GP) and the specialist CAMHS.

### Who do CAMHS see?

CAMHS prioritise services to those aged up to 18 years who are most vulnerable living within their service catchment. They are those who have particularly complex mental health problems that require the input of a specialist team rather than an individual clinician or worker and require a case manager to coordinate and follow through care.

This means, most commonly, that there are issues beyond the presenting mental health problem that place the child or young person at high risk. These might be extensive family and relationship issues or issues relating to abuse or neglect (child protection

concerns) or other parenting concerns, drugs, criminality, housing or extreme poverty.

The mental health problem is usually severe enough to cause substantial distress to the child or young person, their family or others, and to have a significant impact on various aspects of the child or young person's life: development, family relationships, school, peers, and leisure activity.

Most children and adolescents who attend a CAMHS receive a mental health diagnosis; however, CAMHS also respond where a child or adolescent is severely distressed, at risk of harm, or showing very disturbed behaviour in reaction to an adverse social situation, although there is no clear psychiatric diagnosis.

A number of children and adolescents within the Child Protection and Juvenile Justice service systems are likely to be in this group.

CAMHS respond rapidly (within 24 hours) if there is a high risk of harm to the young person or others as a direct result of the mental health problem. This may mean the involvement of the CAMHS team or it may mean, for example, telephone consultation to contain the crisis or organising another service response. Similarly, follow-up may be by the CAMHS directly or working with the local service provider.

The local availability of other services has a bearing on the children and young people CAMHS see.

Determining the 'seriousness' of a child or young person's condition—its severity, complexity and risk – is always a clinical judgement. Therefore each CAMHS has a locally agreed mechanism for resolving any disputes over service eligibility and for providing feedback to a referrer as to why a child or young person was not accepted for assessment and treatment.

### Who is at higher risk?

Children and adolescents at higher risk of a serious mental disturbance include:

- those from disadvantaged, low socioeconomic backgrounds
- those who have been subject to physical, sexual and/or emotional abuse and/or neglect often found within child and family support, Child Protection and Juvenile Justice services
- homeless young people and those from chaotic or violent homes
- those who are disengaged from education, employment or social networks
- those whose parents have a mental illness and/or dependence on alcohol or other illicit drugs
- young people with drug and alcohol problems
- those with developmental difficulties, learning difficulties, intellectual disability and autism spectrum disorders, and general disabilities
- those with chronic physical health problems
- post-trauma and post-disaster victims including refugees and other new arrivals.

### Mental health diagnoses

The profile of children and adolescents that CAMHS see includes those experiencing:

- attention deficit and hyperactivity disorder (ADHD)
- autism spectrum disorders
- depressive disorders
- eating disorders
- mental health disorders associated with physical health problems
- mental health disorders secondary to experiences of significant abuse and neglect
- obsessive compulsive disorders
- phobias and anxiety disorders
- dual diagnosis (both drug & alcohol and mental health diagnoses)
- psychosis
- self-harm and suicide attempts
- Tourette's syndrome and complex tic disorders

Factors that determine the significance of mental health disorders*	
severity	degree of distress, extent of impairment or concern caused to the child or young person, family or others
complexity	number and extent of complaints, symptoms or patterns of disturbance, including the presence of other disorders or disabilities (co-morbidity)
impact	the adverse impact of the problems in different parts of the child or young person's life (for example, functional impairment in family life, school work, social relationships or leisure activity)
persistence	the actual or expected duration of the problem
developmental status	the developmental stage the child or young person has reached and whether, at that stage, problems are so common as to be normal
risk of harm	the risk of harm to self or others as a direct result of effects of the mental health problem on thinking and behaviour
contextual risk factors	the presence or absence of adverse contextual situations or difficulties that influence mental health problems
contextual protective factors	the presence or absence of supportive social relationships, attachments and personal strengths

*\*Adapted from National Health Service Health Advisory Service 1995, Together we stand: the commissioning, role and management of child and adolescent mental health services, HMSO, London*

If a child or young person is referred to CAMHS with a less severe problem (Tier 1 or Tier 2), CAMHS will assist in determining the most appropriate response which may include information and advice, consultation, shared care or arranging referral to another service. Equally, where a child or young person is in urgent need of specialist help, CAMHS will assist their immediate entry to the most appropriate type of service.

## How do you get help from or make a referral to CAMHS?

In general, children and adolescents are referred to CAMHS through a professional or a staff member working within another service. This includes school professionals, general practitioners, government agencies such as Child Protection and Juvenile Justice, nurses, other private practitioners and specialists.

Concerned young people and parents of children who have symptoms suggestive of mental health problems would usually talk first to their general practitioner or another Tier 2 health practitioner. If it is considered that the problem is one that requires a more specialist response, the general practitioner or health practitioner would consult CAMHS Intake by phone or support the parent or young person to seek help.

This can be more difficult in areas where there are few professionals available and, where necessary, a family or carer or young person can get help by contacting a CAMHS directly. Sometimes the CAMHS may be the most useful or appropriate point of contact for information about where to get help.

CAMHS do provide consultation to Tier 1 and 2 professionals on the management of children and adolescents with less severe mental health problems, and services that provide support to children and adolescents aged zero to 18 years can request such consultation.

It is well-known that older adolescents and young adults are less likely to seek help from professionals, particularly mental health practitioners. Delays in help seeking and treatment are associated with poorer outcomes. Both CAMHS and adult mental health services work to address this by establishing opportunities that promote early help-seeking in the way that they provide care. This may be in the first instance by working through the primary point of contact for the young person whether this be a Tier 1 health service or another service type altogether such as a supported accommodation service, a counselling or youth service and by delivering services at accessible times and in places that young people frequent.

### Contacting your local CAMHS

Each CAMHS provides services to people living within a specific geographic catchment. The purpose of this arrangement is to ensure a child or adolescent living anywhere in Victoria has access to CAMHS if and when the need arises. The Mental Health Branch web site provides a search capacity for identifying the CAMHS service for any suburb or town in the state at any time: **[www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth)**. The CAMHS telephone number and hours of operation are also provided.

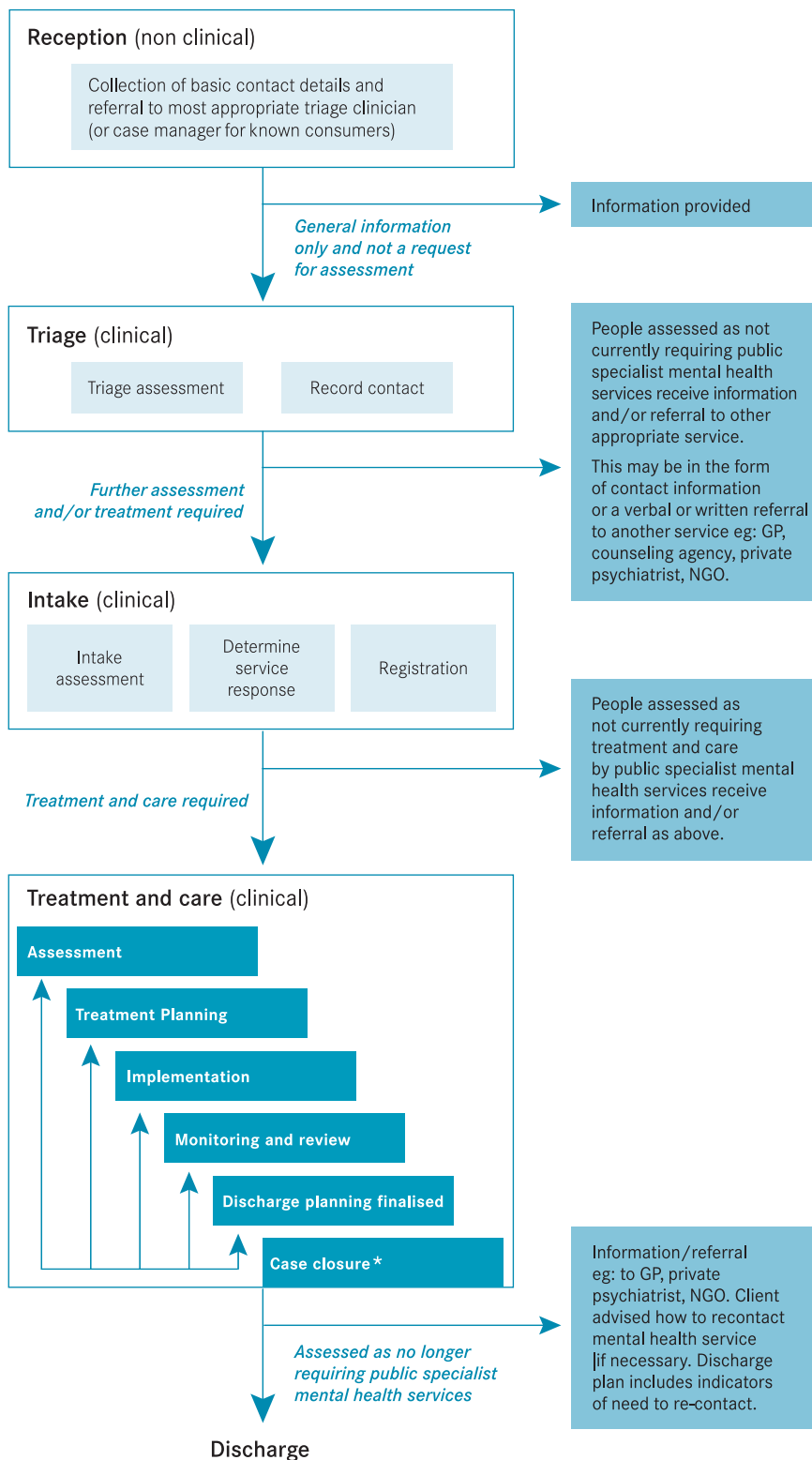
### Who are CAMHS professionals?

CAMHS teams are made up of highly qualified staff from a variety of medical and allied health disciplines. Individual teams vary, but may include nurses, doctors, social workers, clinical psychologists, psychiatrists, occupational therapists, and speech pathologists.

Each clinician brings to the team his or her own therapeutic knowledge, skills, abilities and interests. All are skilled in the core areas of service delivery and together the team is able to provide case management, therapeutic support, mental health assessments, treatment and to work alongside families or carers and referring agencies.

## What happens following a referral to a CAMHS?

### The Specialist Clinical Mental Health Service Delivery Pathway



\* For some consumers, transitional treatment and care arrangements may apply (eg graduated discharge, shared care with other service providers)

## Triage and intake

CAMHS' initial response to a telephone call is to assess the level of risk to the child or young person and to determine the most appropriate immediate response. Trained clinical staff will take this decision, usually in consultation with a range of other services with whom the young person or the family or carers have been in contact.

CAMHS Intake will require some preliminary information about the child or young person including their age, where they live, and some referrer details along with a description of the difficulties.

It is important to highlight any significant changes in behaviour, mood or ability to communicate that might indicate the nature of the problem. Once CAMHS Intake has this information, together with the parent or guardian's permission to proceed (for referral of a child), the CAMHS can help determine the most appropriate response.

For older adolescents and young adults, parental consent to treatment is not always required but this decision is based on clinical grounds and the age and maturity of the young person. Often, young people who initially refuse parental or carer involvement come to understand the benefits of involving family and supportive others.

All CAMHS provide a crisis response for those in urgent need and at risk. This service may be conducted in a variety of places, including the emergency department of a hospital, a community setting or in the young person's home if need be.

Access to triage is available 24 hours a day, seven days a week. Out of business hours, this may be provided in collaboration with an adult mental health service that has an appropriate level of specialist child and adolescent expertise. This may be staff located within emergency departments or, where urgent assessment in the community is required, the CATT (crisis assessment and treatment team).

If a referral cannot be accepted, referrers will be assisted with information to help find an alternative response and to connect the child and adolescent, family or carers with services as appropriate.

## Assessment

When early information suggests that a child or adolescent may have a severe or complex mental health problem or disorder, the CAMHS will carry out a comprehensive mental health assessment. This is usually done at a CAMHS service site in the community, on the grounds of a hospital, or in another service where staff are co-located or provide regular sessional input. However mobile outreach assessment is available for a high risk young person who is reluctant to attend and may be difficult to engage in other settings. Because outreach assessment is costly, it is used only where a child or adolescent is considered to be at significant risk and when it would not otherwise be possible to do the assessment.

At assessment, the child or adolescent is generally registered as a public mental health service client. Safeguards protect patient privacy and information collected on the registration form that becomes part of the confidential patient record held by the health service. These provisions also apply to the collection and use of information on the Department of Human Services' mental health service database, RAPID.

Assessment may include talking to parents, carers, teachers and others, as well as the child or young person, to:

- identify symptoms and signs of disorder and diagnosis
- evaluate strengths and vulnerabilities in the child or young person, their family and community
- review persistence of problems and the factors that influence this
- assess the child or young person's developmental status and its relevance to the presenting problems.

Basic assessment, diagnosis and initial treatment planning generally take about two hours. Assessing younger children often involves drawing, play and storytelling to gain insight into the child's thinking, emotions and ways of behaving and interacting with others. Older adolescents are interviewed so that a history of their problems can be taken, their concerns discussed, and risks identified as part of a mental state examination. Information will also be sought from others such as GPs, paediatricians, counsellors and student support staff with

appropriate consent. Parents, other family members and carers may also be interviewed in order to understand family, social relationships and overall development.

Some children and young people may require further specialist assessment of their psychological and neuropsychological status; cognitive, speech and language function; sensorimotor integration; developmental stage; educational attainment; or capacity in social relationships.

Family assessment may also be needed to understand the interaction between a child or young person's difficulties, their family or carers and community, and to provide appropriate levels of support and advice.

Some larger CAMHS provide specialist practitioners or clinics for specific disorders or problems. These can provide more detailed assessments, and their expertise can also assist clinicians and case managers in other CAMHS community teams. In areas where these services are not provided a CAMHS can negotiate access to such services in a larger metropolitan CAMHS.

Assessment may result in a number of outcomes:

- The child, adolescent and their family may be given information and advice about their problems or may be referred to another organisation with advice about management.
- The referrer may be provided with consultation and support.
- The child or adolescent may be accepted for treatment and mental health case management within the CAMHS.

Each client involved in CAMHS will be assigned a case manager who will coordinate their care in collaboration with the child or young person and, wherever possible, their family or carers.

## Treatment and recovery

Treatments in CAMHS vary and are tailored to meet the individual needs of the child. Treatment takes into account peer, familial, cultural and developmental aspects and usually involves interventions at a number of levels. Treatment approaches used by CAMHS include biological, psychological and social therapeutic interventions and are usually provided on an outpatient basis to individuals, families and groups. Those who are acutely unwell are either treated through more intensive community services or within inpatient settings.

The case manager coordinates care which is typically delivered through a number of people with relevant expertise within, and sometimes outside, the CAMHS service.

For younger children, treatment often comprises a range of play therapies whereas for adolescents talking therapies are most commonly used. The importance of supporting parents and carers to achieve good treatment outcomes is well-known and characteristic of CAMHS practice. Parent and family involvement in CAMHS treatment may include family therapy and education about their child's problem and the best ways to support and respond. In some instances family dynamics contribute to problems and need to be specifically addressed through family therapy or counselling.

Medications are prescribed by psychiatrists or doctors for some disorders where indicated but these are provided as part of management and care rather than as a sole response to problems.

Most children and young people within CAMHS are treated on a voluntary basis under parental consent. It is essential therefore that any treatment contract has the parent or carer's informed consent. Assent to treatment is usually sought from younger children but consent of older adolescents is also required.

Children and their parents and young people have a right to information about the results of the assessment, the diagnosis and likely outcomes without treatment, the available treatment options, and the potentials and risks associated with these options. The children and families and young people should be involved in developing and agreeing the individualised service plan and will be given a written copy of it.

Although children and younger adolescents are treated with parental consent and most are treated voluntarily, the *Mental Health Act 1986* does provide for involuntary treatment of people with serious and acute mental health problems, subject to strict conditions being met. Young people who are given treatment Involuntarily are usually very unwell and admitted to an inpatient unit or placed on a Community Treatment Order that requires them to be monitored and receive treatment regularly through a designated service and treating psychiatrist.

Where CAMHS staff become concerned about a child or young person's safety and well-being in terms of neglect or harm, they discuss their concerns and seek advice from child protection staff on the most appropriate course of action to address these concerns.

### Case review and quality care

Ultimately, the Director of clinical services in each CAMHS is responsible for each client's care, and he or she or a delegated psychiatrist or senior clinician is involved in developing and monitoring each client's treatment plan.

The CAMHS teams use a number of processes to ensure that the diagnosis, treatment goals and strategies for all clients are appropriate, and that clinicians have access to interdisciplinary consultation, case discussion and supervision to support safe, high quality care.

Case review is a formal process carried out by a multidisciplinary team (including a Child Psychiatrist) in order to monitor treatment and progress. Regular reviews are carried out at critical points in the care pathway (for example, as clients move between inpatient and community care, or at three monthly intervals). The outcomes of these reviews are then discussed with the young person, their family and carer, and the individualised service plan is modified as necessary.

### Transition and discharge planning

Only a minority of CAMHS clients require long term CAMHS case management, although some may return to CAMHS for several episodes of care over time. In general, however, the CAMHS team works with a client until symptoms have been alleviated and the child or adolescent has sufficiently recovered to the point where they can be managed by a less intensive level of support, or until wellbeing and family relationships have been restored and the child or adolescent is linked with another provider for monitoring or continuing care.

The criteria for determining the end of CAMHS involvement with a child, young person or their family are usually established on entry to the service. Depending on the purpose of engagement, CAMHS will discharge a client when:

- problems resolve
- problems resolve to the extent that his or her needs can be effectively met by Tier 2 or 1 services in the catchment
- the purpose of engagement is complete – for example the assessment has been undertaken and the referrer, family and others involved are provided with feedback and advice about ongoing management
- the young person or family requests discharge and there are no grounds for involuntary treatment under the Mental Health Act.

The decision to discharge a client is made in consultation with the young person, their family and/or carers, the CAMHS multi-disciplinary team and those who will be involved in the child or young person's ongoing management. This will include referrers, general practitioners and other primary care agency staff (subject to consent of the child or young person or their family or carer). CAMHS clients are usually discharged back to a Tier 1 or 2 provider who can provide follow-up monitoring and treatment and will be available should the child or young person's mental health difficulties re-emerge.

### Following a referral to CAMHS:

- A preliminary screening is done to determine immediate risk, severity and complexity of problems. If not accepted into CAMHS, the CAMHS will advise the referrer and where appropriate provide referral to another organisation or provider with advice on management.
- If in need of Tier 3 care, case management, assessment of needs and multidisciplinary treatment are provided.
- Comprehensive assessment of mental health status is undertaken, including (as necessary) talking to parents, other guardian or carers and teachers.
- CAMHS participate in a broader care team for high risk children and young people requiring multiple service responses where appropriate.
- Where necessary, further specialist assessment of specific areas follows (including neuropsychological functioning, physical health, assessment of family, the caring environment and available supports).
- Progress is regularly reviewed using outcome measurement and other recognised clinical tools.
- CAMHS liaise with Tier 1 and 2 services about the referral, management and discharge including those services that will be involved in shared care arrangements.

### Working with other services

Children and young people's safety, development, learning and wellbeing are best supported when there are strong relationships between those working with them. As well as working directly with children and adolescents, themselves and their families or carers, each CAMHS works with services in the health, education and child and family support sectors to build their capacity to provide support for those with less severe problems.

Any Tier 1 or 2 service provider working with young people aged zero to 18 years can request advice from a CAMHS to guide their own management of a child or adolescent or discuss the need for a specialist mental health assessment. Sometimes a worker may want to discuss referral of a client or simply want to briefly discuss a case with an experienced mental

health worker – maybe a ten-minute phone call – without a formal referral and assessment process and CAMHS are usually able to accommodate this. This has the added benefit of increasing the capacity of Tier 1 and 2 services to manage clients with mental health problems in the knowledge that timely help is at hand if and when required.

A significant proportion of the children and adolescents referred to CAMHS are managed in this way so it is routinely considered as one of a range of options in determining how best to respond at assessment.

CAMHS also provide triage and informal advice to other workers and to families or carers: a 'help desk' function. For example, if a parent rings in distress about a child who does not have severe and complex difficulties, the intake worker will provide brief advice and actively link the parent to another more appropriate agency.

CAMHS provide consultancy to a range of other services including:

- primary health (general practitioners, community health services)
- early childhood services
- child and family support services
- schools, student support services and school nurses
- disability services
- youth services
- adult mental health services
- supported accommodation and placement and support services
- paediatricians
- acute health services
- drug and alcohol services
- Take Two
- Child Protection and Juvenile Justice services

## Consultation

The aim of CAMHS consultation is to provide help for others working with children and adolescents with mental health problems or to strengthen their mental health knowledge base and provide them with support in working with the young people within their services. This also aids early identification of mental health problems and appropriate and timely referral for those in need of specialist care.

Clinical consultation can take two forms:

- **secondary consultation** where a Tier 1 or 2 service provider discusses a client's problems with CAMHS clinicians to obtain advice on management. This may be in an individual or group context and through a once off or regular consultancy arrangement.
- **primary consultation** where CAMHS clinicians conduct a direct assessment of the child or young person then work with the Tier 1 or 2 provider to develop a collaborative action plan and support their management of the child or young person. For this to happen, the CAMHS clinicians must obtain the client's consent to exchange information with the referring agency.

A mild mental health difficulty can herald the onset of a more serious disorder, be it a new disorder or a potential relapse in a disorder that comes and goes over time. In either case, early intervention can do much to prevent symptoms from escalating.

It is not easy to predict, however, when mild symptoms are likely to resolve or when they will become more severe. CAMHS will help Tier 1 or 2 providers to clarify diagnosis, or assist in determining whether a mental disorder is becoming more complex and severe and the implications for management and service.

Consultancy work may be through the CAMHS independently, processed through CAMHS Intake, or in collaboration with Primary Mental Health and Early Intervention Teams.

CAMHS provide consultation and support in a wide variety of ways. Examples include:

- a brief consultation over the phone or face to face to assist in clarifying issues and problems and deciding the best course of action
- once off advice to assist in assessment, diagnosis and management
- regular meetings with an organisation or a group of workers to discuss how best to work with clients with mental health problems
- partial or full co-location of CAMHS staff within other agencies
- education and training about how to respond to particular mental health problems and disorders
- participation in planning processes and the development of referral pathways and protocols about how best to provide mental health services.

Consultancy may include direct clinical care in collaboration with Tier 1 and 2 service providers (shared care) where other service providers feel the need for it; the development of referral pathways; supporting the development of health promotion, prevention and early intervention; and contributing to the care of young people using primary care and support services.

The CAMHS may have a full time community team to do this work, may rotate clinicians through such a team, or all clinicians may take on this role as a component of their work. The experience of other workers, such as the CAMHS mental health promotion officers, can also inform community program development and may be part of these teams.

Where Tier 1 and 2 providers are not readily available in a particular area, CAMHS will identify and develop links with those providers who can best undertake a supportive role. This is often within the role of the Mental Health Promotion Officer.

In some circumstances, CAMHS accept referrals from another specialist service (Tier 2 or 3) for consultant review. A consultant review is led by a CAMHS psychiatrist and is effectively a ‘second opinion’ that may provide advice on clinical management, further multidisciplinary assessment, agreed shared care arrangements, or referral to CAMHS for case management. When requesting a consultant review, the referrer must provide details of assessments already done and interventions undertaken together with details of unremitting symptoms.

Currently, consultant review referrals are accepted from senior clinical managers in:

- Take Two and Child Protection
- Juvenile Justice Adolescent Forensic Health Service
- Department of Education and Training and the Catholic Education Office
- private psychiatrists and paediatricians.

This service is not provided directly in rural CAMHS, although arrangements can be made with the larger metropolitan services on a case-by-case basis.

### Joint planning and service collaboration

CAMHS work with other services and sectors to understand the needs of children and young people in the communities they serve. This happens through participation in regional mental health planning undertaken by area mental health services or in planning undertaken by other sectors and services, such as local government (municipal early years plans) and Primary Care Partnerships, or through specific CAMHS-led planning engaging other local services that provide care for children, young people and families.

This planning typically maps population size, risks and needs and the location of relevant services and outlets. Planning work can result in:

- **local community mental health plans** that document service responses for particular groups or problems
- **enhancement to existing networks**, place-based and other community planning and partnership initiatives (for example, Best Start, Neighbourhood Renewal, Primary Care Partnerships, regional youth networks, and Family Innovations Projects)

- **referral pathways and protocols** that facilitate continuity of care within and across service sectors
- **systematic service user involvement** (client, family, carer and community partner) in service improvement and evaluation.

CAMHS community planning is an important means of coordinating CAMHS’ consultation and capacity-building activity. The collaborative model outlined in *The CAMHS and Schools Project report* (see [www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth)) provides one example of cross-sector coordination at state, regional and local levels.

Statewide protocols and program descriptions provide a framework for local service developments and promote a system where each sector is clearer about roles and responsibilities in mental health.

## Pathways and protocols

CAMHS directors and managers work actively with senior staff in other sectors of health, child and family support and education services to ensure mechanisms for collaborative practices are in place.

Most clients with severe, complex and persistent problems require care not only from Tier 3 services but also from a number of agencies working together over time. Continuity of care is paramount in managing transitions between services and for the effective treatment of intermittent and relapsing conditions.

Pathways of care within and across services provide direction and guidance on how services can access local partners. Tier 1 services need clear pathways for early referral as the need arises and ways of accessing CAMHS support. Equally, CAMHS need to understand how to access Tier 1 and Tier 2 services and providers involved in a child or young person's care.

Just as 'care teams' is an approach used to co-ordinate complex care within and across agencies at the individual client level, so broader collaborative structures that are endorsed by management enable the planning and delivery of care at the system level.

## Working with adult mental health services

As discussed earlier, CAMHS have responsibility for clients up to 18 years, and specialist adult mental health services provide services for some from 16 years. Serious mental health problems are more common among this older adolescent and young adult age group, so for those in need of ongoing care the transition from CAMHS to adult mental health services is vitally important.

Youth-specific services are one way of addressing concerns with this interface (for example, Orygen Youth Health in the western suburbs of metropolitan Melbourne, and Jigsaw in Geelong). These services aim to promote help seeking, reduce stigma and maintain engagement in treatment and care through the delivery of services within a youth friendly environment that employ interventions known to be more acceptable to this age group.

CAMHS and adult area mental health services also work together to ensure quality care for families in which a parent has a mental illness. These families can need additional support with parenting to assist with the challenges of parenting, to promote positive early attachment and to help meet the ongoing demands of parenting as children grow and develop.

Where a parent has a serious mental health problem that affects a child or young person's mental health and development, collaborative care usually involves a range of primary care services, including maternal and child health nurses and child and family support services, as well as the adult area mental health services.

Strong relationships between the CAMHS and adult mental health services are evidenced by activities such as joint programs and professional development around providing care for infants and younger children of parents with a serious mental illness, clear protocols for service entry, transition planning and after hours crisis care.

### Mental health promotion and prevention

Mental health promotion and prevention are fundamental to good mental health care.

In general, CAMHS contribute knowledge and skills to mental health promotion and prevention activities developed by Tier 1 and 2 services, rather than assuming responsibility for the day-to-day operational management of mental health promotion projects.

VicHealth ([www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)) takes a lead role in mental health promotion in Victoria. The Mental Health Branch funds mental health promotion officers in CAMHS to promote links and work with staff in a broad range of Tier 1 and Tier 2 agencies, including schools, youth networks and community support services. Funding is also provided to enable the coordination of the *Festival for Healthy Living* in schools across the state. *MindMatters* and its subsidiaries are Commonwealth-funded resources distributed with training throughout schools to assist with mental health promotion and increasing awareness of mental health issues.

Prevention and relapse prevention are built into the treatment of mental health disorders by ensuring clients and their parents or carers are well informed about the features of the problems or disorders that brought them to the service, about the risk factors and vulnerabilities that make problems worse, strategies for staying well and the early warning signs of problems returning.

## Conclusion

Over the past decade, mental health care has progressively moved towards a stronger outcome focus, with services working together with shared goals, and a flexible and overtly client-centred approach. Demand and complexity are driving the way CAMHS and their partners need to work – more flexibly, more responsively, and more collaboratively.

This poses challenges for both CAMHS and others involved in promoting and restoring the mental health and wellbeing of children and young people. However, recent changes in policy and the increased focus on children and young people across government and in communities also offer new opportunities for collaboration that will support this work.

This document sets out the current role of CAMHS and forms a basis for furthering both local and central developments to improve the mental health and well-being of children and young people across Victoria.

## Appendix 1: System of care – tiers

### Tiers of mental health care and examples of services and their roles

Service level	Service type	Role in child and adolescent mental health
<b>Primary care</b> <b>Tier 1</b>	<p>Maternity, child care and preschool staff, teachers, student well-being and support staff, housing and youth workers</p> <p>General practitioners, maternal and child health nurses, school nurses, community health staff, allied health workers, counselling and support services</p>	<ul style="list-style-type: none"> <li>• Have a major role in health promotion and illness prevention. Interventions may be targeted at individuals, specific 'at risk' groups or whole communities</li> <li>• Point of entry into the mental health system of care</li> <li>• Play a major role in initial assessment and response to mild-moderate problems and make referrals to other services as necessary</li> <li>• In partnership with specialist practitioners from Tiers 2 and 3, can also support some initial treatment, continuing care and rehabilitation for those with more complex or severe problems</li> </ul>
<b>Tier 2</b>	<p>Paediatricians, private psychiatrists, clinical psychologists, educational psychologists, guidance officers and others (including Tier 1 providers) with specialised training</p> <p>Child and adolescent mental health assessment, treatment and liaison services provided in the public or private sector</p>	<ul style="list-style-type: none"> <li>• Play a major role in the assessment and treatment of individuals with moderate to severe disorders, and/or moderate to high risk of harm, or groups with a known high risk of illness</li> <li>• Interventions provided at this level tend to focus on more intensive or specialist assessment, treatment and rehabilitation.</li> <li>• Play an important role in supporting Tier 1 services</li> </ul>
<b>Tier 3</b>	<p>CAMHS provided in the public or private sector. These services are delivered from a multidisciplinary team base. They are targeted at children and young people who present with severe and complex disorders that cause significant functional impairment.</p>	<ul style="list-style-type: none"> <li>• Provide multidisciplinary assessment and treatment, although the intensity of multidisciplinary involvement will vary. Community-based elements of service provision (for example, intensive mobile youth outreach services, group programs) have higher intensity of multidisciplinary involvement.</li> <li>• The types of interventions may be similar to those of Tier 2 services, but the focus is on highly complex issues or specific problems that need the skills of a multidisciplinary mental health team and carry high risk.</li> <li>• Successful intervention often involves intersectoral collaboration with other agencies.</li> <li>• Inpatient units usually offer intensive multidisciplinary programs in special settings to contain, stabilise and manage severe problems until they can be successfully managed at a less intensive level of care.</li> <li>• Play an important role in supporting Tier 1 and 2 services</li> </ul>

## Appendix 2: Charter for Parents and Carers of Young People who use a CAMHS

*A project team from the Royal Children's Hospital Mental Health Service, Austin CAMHS and Eastern CAMHS, in consultation with rural CAMHS, and together with children, young people and parents, collaborated to develop the following Charter of Rights for Parents and Carers of Young People who use a CAMHS, and the Kids' Rights included in Appendix 3. These were launched in October 2004.*

### Mission statement

The Victorian Child and Adolescent Mental Health Service, as part of the public health system, will continuously strive to achieve best practice as reflected in this charter.

### Aims

This charter aims to make sure that parents and carers are aware of their rights and responsibilities, and be confident that they will be upheld by the service. Where the service fails to observe your rights, you can express your concerns via the service's complaints procedure.

The charter complies with the National Standards for Mental Health Services.

### Your rights

You have the right to be treated with dignity and respect regardless of what you say or think, family background, race, religion, age, gender, ethnicity or abilities.

### Information

You have the right to:

- receive a written statement of your rights and have the opportunity to discuss them with staff
- ask questions and receive answers in a way that you can understand
- have an appropriately trained interpreter
- knowledge about how the service operates
- know how to access the service after hours or in an emergency situation
- receive sufficient information and support to allow you to make a contribution to the care and treatment of the child or young person, depending on their age and stage of development, except when this infringes on their rights to privacy and confidentiality.

### Privacy

You have the right to:

- receive written information and a verbal explanation about what happens to personal information you provide
- confidentiality regarding your personal information; however, there are some exceptions to this in the law
- be asked for permission and to be informed if you are invited to be involved in research or training
- expect that identifying information will not be included if your story is used as a case study for research or training
- access the child's or young person's file where appropriate. \* (This is provided for under Freedom of Information legislation and there may be a cost associated).

*\*Existing court orders and/or custody status may impact on the decision to release information.*

### Choice and participation

You have the right to:

- have your language and your cultural and religious practices respected
- ask questions regarding care and treatment and to have your questions answered in a way that you can understand
- have input into decisions regarding care and treatment and have your opinions respected
- express your concerns about treatment and/or ask for a second opinion and feel comfortable in doing so
- give feedback about the service and be involved in consumer participation processes
- be informed that your involvement in the treatment may change as the young person matures.

The service prefers to seek input from parents/ carers before making decisions about care and treatment. However, there may be situations where the young person's wishes may be accepted if they are seen to have developed the necessary ability and understanding to consent to treatment.

## Leaving the service

You have the right to:

- be involved in discussion and decision making when planning for the future
- be given both verbal and written information which details the child's or young person's involvement with the service
- know how to re-contact the service after leaving
- information about other services available and how to access them, including a referral where appropriate.

## Complaints

You have the right to:

- written information about how to make a complaint
- make a formal complaint about anything that concerns you while using the service
- make a complaint without fear of being disadvantaged
- be kept informed about the progress of your complaint
- expect that any complaint will be responded to in a respectful and a timely manner.

## Your role and responsibilities

As a parent or carer, you will have a lot to contribute to helping and supporting the child or young person. It will help you and them to get the most out of your time in the service if you:

- keep appointment times, or if unable to do so, notify the service as soon as possible
- treat staff with courtesy
- respect the privacy and needs of others attending the service
- treat staff as partners with you in assisting the child or young person
- provide accurate and honest information to help the service in the treatment of the child or young person
- let staff know if you don't understand the advice you are given
- are actively involved in the care and treatment of your child

- understand that choosing not to act on advice may affect the outcome of treatment
- understand the child's or young person's rights.

## The child and young person's rights

While your child is attending a mental health service they have the right to:

- be told about the service and why they are going
- be supported in a safe environment
- talk about how they are feeling
- be listened to
- ask as many questions as they want and receive answers they can understand
- have an opinion about what directly affects them
- be included in decisions about their treatment
- spend time on their own with the worker if they wish
- be supported in telling someone if they are unhappy with anything about the service
- access his/her own health information if the child is capable of consent, and that it is consistent with the *Health Records Act 2001* and the *Freedom of Information Act 1982*.

## Appendix 3: Kids' Rights

### What is a right?

Rights are about needs. Something is a right if people need it to help them live. A right is something that every person needs no matter who they are or where they live.

### Kids have rights

As a place that works with children, we will work hard to respect all children as people with feelings and rights of their own.

### When you come to see a worker here, you have the right to:

- get help to make you feel better about yourself
- be told where you are going and about the people who will be working with you
- be told what is happening to you
- feel safe
- tell people how you are feeling
- have a say in what happens to you
- make a complaint if you are not happy with the service
- be spoken to nicely
- ask questions and be answered in a way that you understand
- be asked about how things are for you
- have people be honest with you
- spend time on your own with your worker if you want to
- have someone you love or trust with you if possible
- know that your body belongs to you.

### Responsibilities

For everyone to have their rights respected we all need to act in a responsible way. Your responsibilities are to:

- respect the rights of others
- be the best person you can
- take care of yourself the best way you can
- make the best choices you can
- tell people when you are unhappy about something
- tell your worker when you don't understand something
- be honest with your parents/carers and the people working with you
- listen to what is being said to you
- try and follow suggestions made by the people working with you
- stand up for yourself and say no if you need to.









