SUBMISSION TO

THE CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) REVIEW

APRIL 2008

INTRODUCTION

The Youth Coalition of the ACT (the 'Coalition') is the peak youth affairs body in the ACT, and responsible for representing the interests of young people aged 12-25 years, and those who work with them. The Youth Coalition works to actively promote the human rights, well being and aspirations of young people in the ACT with particular respect to their social, political, cultural, spiritual, economic and educational development.

The Youth Coalition is represented on many ACT advisory structures and provides advice to the ACT Government on a range of issues related to young people and youth services.

The Youth Coalition works collaboratively with a range of other service providers and organisations, a key role being in the provision of coordination and analysis of the implication of ACT policy and program decisions for young people and youth services.

As the peak body for the youth sector the Youth Coalition facilitates the development of strong linkages and promotes collaboration between the community, government and private sectors to achieve better outcomes for young people in the ACT. The Youth Coalition works collaboratively with several hundred organisations, individuals and groups each year to achieve its aims.

The Coalition recognises the role of the Child and Adolescent Mental Health Service ('CAMHS') in dealing with the more severe mental disorders (in the broad sense of the word) amongst children and young people. The Coalition believes that the effectiveness of a CAMHS service is determined by the framework it exists under, its responsiveness to consumer needs, its responses to systemic weaknesses and the capacity of its entry and exit procedures to prevent stigmatisation and preserve continuity of care.

For these reasons, the Coalition makes recommendations in the areas of:

1. A multi-disciplinary framework;
2. Early intervention and outreach;
3. Young people in care;
4. Youth participation; and,
5. Transition processes.

The Coalition makes 4 recommendations with respect to these areas.

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Summary of Recommendations

Recommendation 1:
That Mental Health ACT develop a framework for the care and treatment of children and young people in the ACT with a mental disorder that has the following characteristics:

1. It is captured in protocols between the agencies;
2. It addresses the operational issues raised by the overlap between Commonwealth – Territory funding and governance arrangements for mental health service provision in the ACT;
3. It must provide each agency/ sector with consistent and complementary mandates, target populations, eligibility requirements, budgets, reporting structures, salary and professional development structures;
4. It must exist under a over-arching code of ethics;
5. It must standardise the operational language used in the various agencies/ sectors; and,
6. It must integrate into it, programs that work to reduce stigma towards children and young people with a mental illness.

Recommendation 2:

That Mental Health ACT develop a CAMHS early intervention program that at least has the following two components:

1. A program for the development of school counsellors in child and adolescent mental health; and,
2. An outreach program that utilises current community infrastructure such as youth centres for CAMHS clinician outreach.

Recommendation 3:

That Mental Health ACT build in youth participation mechanisms into CAMHS decision-making processes to allow the representation of CAMHS consumers in all levels of decision-making.

Recommendation 4:

That Mental Health ACT develop a CAMHS transition policy, appropriate for the four stage model, that adheres to the following principles:

1. Any transition process must be done in consultation with the primary care-giver and consumer;

2. Education for the consumer, the family and carers should be ongoing and should highlight the value of coordinated transition;
3. That adults, including those with childhood-acquired chronic conditions, should receive adult-oriented primary health care in adult health care settings;
4. That there needs to be a collaboratively developed 'best-practice' model for transition from CAMHS into adult services; and,
5. The (review and) removal of unnecessary and burdensome protocols, policies and restrictions.

1. An Effective Multi-disciplinary Framework

Child and Adolescent Mental Health Services provide specialist services that are just one part of a larger framework of services, and can only provide for young people with more complex and severe presentations. Enhancing the mental health of children and young people requires a holistic approach that engages families, children and young people where they may enter the mental health system. In the ACT, this means that a core principle governing a framework should be that no sector or agency should be excused from playing its full part in CAMHS. Thus CAMHS must be part of a system that engages and recognises the roles of the Department of Education, The Department of Housing and Community Services, and the various community organisations that serve as the first point of entry for families, children and young people.[i] Thus, this framework must provide for children and young people who may have a disability, a mental health issue, a drug and alcohol issue, those with intellectual disabilities, and those who are homeless or in detention.

The Coalition believes that such a framework must:

1. Be captured in protocols between the agencies;
2. Address the operational issues raised by the overlap between Commonwealth – Territory funding and governance arrangements for mental health service provision in the ACT;
3. Provide each agency/ sector with consistent and complementary mandates, target populations, eligibility requirements, budgets, reporting structures, salary and professional development structures;
4. Exist under a over-arching code of ethics; and,
5. Standardise the operational language used in the various agencies/ sectors.

In addition, this framework must integrate programs that reduce stigma towards children and young people with behavioural and emotional disorders and mental illnesses[ii] as part of its core processes to allow for more community and parental involvement in the care and treatment of these children and young people.

A comprehensive and overarching framework does not exist in the ACT and the Coalition recommends that one be created. The Coalition notes that this recommendation is within the third term of reference.

Thus the Coalition recommends:

Recommendation 1:
That Mental Health ACT develop a framework for the care and treatment of children and young people in the ACT with a mental disorder that has the following characteristics:

1. It is captured in protocols between the agencies;
2. It addresses the operational issues raised by the overlap between Commonwealth – Territory funding and governance arrangements for mental health service provision in the ACT;
3. It must provide each agency/ sector with consistent and complementary mandates, target populations, eligibility requirements, budgets, reporting structures, salary and professional development structures;
4. It must exist under a over-arching code of ethics;
5. It must standardise the operational language used in the various agencies/ sectors; and,
6. It must integrate into it, programs that work to reduce stigma towards children and young people with a mental illness.

2. Early Intervention and Outreach

Schools are a universal entry point for child and youth mental health services[iii] and thus notwithstanding the diversity of services involved in the care of a child or young person with a mental disorder, schools are the key places for the recognition of child and youth mental health problems, the management of mild and minor problems, and for preventative intervention.

Schools already have school counsellors who attend to their child and youth populations, and utilisation of school counsellors in early intervention strategies around child and adolescent mental health are critical to minimising the pressure put on CAMHS.

In order to effectively utilise school counsellors, they must be trained and then supported to promote mental health in schools. In this sense, a study carried by a CAMHS Early Intervention Services in Wales is instructive.[iv] The study investigated the value of providing child and adolescent mental health training to school nurses. The study found that nurses felt significantly more confident in their understanding of child and adolescent mental health issues generally, and were similarly more confident with their ability to identify the risk factors of mental health problems with their students after training. While the study is not able to provide data on the long-term impact of the training of nurses on child and youth mental health, it did find that nurses spent more time with children and young people with mental health problems, that they were able to differentiate between behavioural, emotional or other types of mental health issues, and had a greater awareness of CAMHS, its role and how to refer people to it.

For these reasons, the training of school counsellors to better understand child and youth mental health has the capacity to provide significant improvements in efficiency across child and adolescent mental health services in the ACT.

CAMHS outreach in youth centres for young people is a supplementary service that would increase the efficiency and accessibility of CAMHS. The availability of a CAMHS clinician at the several youth centres in the ACT at regular times during the week would be beneficial because it would allow the clinician to access young people within the context of the youth centre and would mean that the task of following up the young person could be carried out by the youth centre staff. While the Coalition recognises that those young people who will be presenting at youth centres may not have severe mental conditions, the provision of a CAMHS clinician to service the youth centres in the ACT would be a useful early intervention strategy that overcomes the need and resource implications of following up young people who may not have a fixed address or phone number, or who may, due to their

particular circumstances, unable to keep appointments at another location.

Thus the Coalition recommends:

Recommendation 2:

That Mental Health ACT develop a CAMHS early intervention program that at least has the following two components:

1. A program for the development of school counsellors in child and adolescent mental health; and,

2. An outreach program that utilises current community infrastructure such as youth centres for CAMHS clinician outreach.

3. YOUTH PARTICIPATION

Real participation of consumers in the CAMHS decision-making structure should be a goal of the new CAMHS model. Participation of any consumer makes a service more responsive to the consumers stated needs. Mental health consumer groups are sustained through the recognition that it is not possible for a clinician or a service to completely understand the needs of consumers and the participation of these groups in the decision making process of a service usually enhances its practice. Children and young people have distinct views that like people from other cultural backgrounds, or people from other socio-economic strata, are difficult to appreciate without consultation.

Further, Article 12, Sub 1 of the UN Convention on the Rights of a Child sets out that a child or young persons views should be given due regard depending on the capacity of the child or young person to make a decision. When we consider this alongside the soon-to-be enacted Children and Young People's Act 2008 and the discussion around the discussion taking place around a child or young person's capacity to consent, the outcome is that a child or young person's involvement in the decision making process of their treatment will grow. If children and young people have this capacity, then there is no reason why CAMHS shouldn't work with the children and young people when it reviews its policies and procedures.

Further, ancillary to the benefit to CAMHS of involving children and young people in its decision making processes, this process will have the added benefit of developing children and young people's knowledge and confidence in using health care, giving them some level of control and empowering them in their treatment.

These positions reflect a view of children and young people as active participants eager to be directly involved in managing the public decision-making processes that they are effected by and the Coalition recognises that this may not always be the case. The Coalition suggests that when framed as a 'positive' right, participation only needs to be invoked by those who wish to use it.

Thus the Coalition recommends:

Recommendation 3:
That Mental Health ACT build in youth participation mechanisms into CAMHS decision-making processes to allow the representation of CAMHS consumers in all levels of decision-making.

4. Transition Processes

The Coalition recognises the value of a four-stage model in providing for the specialised needs of different groups of consumers. However, a core concern of such a system must be to have mechanisms that remove barriers to effective transition from one stage to the next and into the appropriate stage from external referrals.

Inconsistent referral processes can create frustration and overlap between services, as can poor communication, which can also create a loss in the continuity of care and the disengagement of children and young people.

Thus processes must be in place to allow for the smooth transition between one stage and the next stage, and when entering or exiting the CAMHS. In this sense, the following principles from the American Society for Adolescent Medicine[v] are instructive:

1. Any transition process must be done in consultation with the primary care-giver;
2. Education for the consumer, the family and carers should be ongoing and should highlight the value of coordinated transition;
3. That adults, including those with childhood-acquired chronic conditions, should receive adult-oriented primary health care in adult health care settings;
4. That there needs to be a collaboratively developed 'best-practice' model for transition from CAMHS into adult services; and,
5. The (review and) removal of unnecessary and burdensome protocols, policies and restrictions.

Thus the Coalition recommends:

Recommendation 4:

That Mental Health ACT develop a CAMHS transition policy, appropriate for the four stage model, that adheres to the following principles:

6. Any transition process must be done in consultation with the primary care-giver and consumer;
7. Education for the consumer, the family and carers should be ongoing and should highlight the value of coordinated transition;
8. That adults, including those with childhood-acquired chronic conditions, should receive adult-oriented primary health care in adult health care settings;
9. That there needs to be a collaboratively developed 'best-practice' model for transition from CAMHS into adult services; and,

10. The (review and) removal of unnecessary and burdensome protocols, policies and restrictions.

ENDNOTES

[i] Vostanis P, 'Child Mental Health Services Across the World: Opportunities for Shared Learning', *Child and Adolescent Mental Health* (12:3) 2007, 113, 113.
[ii] Ibid, 114.
[iii] WHO 2005.
[iv] Fellows J, Parry C & Hammond-Rowley S, 'CAMHS training for school nurses in North Wales' *Primhe: Primary Care Mental Health & Education* (Sept 2007), 35.
[v] Blum RW et al, 'Transition to Adult Health Care for Adolescents and Young Adults With Chronic Conditions' *Journal of Adolescent Health* (33) 2003, 309, 310.