

UPDATE

CLINICAL GUIDELINES DEVELOPMENT

John Dilileo has been appointed as research assistant to aid the groups in their search for articles and advice about evaluation.

In the COG Meetings we have been considering what is practical and achievable with regard to the development of clinical guidelines. We have decided that it would be more practical to take the process in two steps.

1. To develop guidelines for two high prevalence groups of disorders: Anxiety, and Disorders of Conduct and Attention, and for two low prevalence groups of disorders: Eating Disorders, and Infant Mental Health
2. To develop Clinical Guidelines for Mood Disorders, Pervasive Developmental Disorders, Psychosis, and Triage and Assessment to commence in February 2006.

Developmental Stages:

3. Report on Existing Clinical Guidelines or Outline of Clinical Guidelines by August 12th together with a work plan.
4. Draft Guidelines to be ready by November 4th: Presentation
5. These Groups will finalise the Guidelines by December 16th: Presentation.
6. Planning Day early February to plan the next Clinical Guidelines and review the existing Guidelines.
7. Clinical Guidelines for Mood Disorders, Pervasive Developmental Disorders, Psychosis, and Triage and Assessment to commence for completion by June 2006.
8. Future configuration of services: The RCH MHS is committed to (a) a single point of entry and (b) delivering services from local community bases near to centres of population.
 - (a) Single point of entry: the whole of the Mental Health Services is moving towards a single point of entry. Eventually this will be a single phone number for the whole state, with automatic direction to the local

service. Our current services are therefore in line with this development.

- (b) Delivering services from local community bases near to centres of population: there has been a gradual devolution of services to be more locally provided, as this facilitates service access and service delivery by enabling better liaison with local services. We know from previous experiences that local access is important and that up to 30% of referrals are lost if the distance travelled is >30 minutes.
9. Given that Anxiety Disorders and Disorders of Conduct and Attention comprise the bulk of the work of Community Teams it is proposed that Community Teams will continue to provide services for these problems. It is envisaged that following the development of the Clinical Guidelines that all clinicians in the Community Teams will be enabled to deliver services to the required standard from these locations.
 10. There will be a small group of clinicians who will specialise in Anxiety Disorders or Disorders of Conduct and Attention and it will be their role to maintain up to date guidelines and to advise the service of recent developments and research in these areas and to assist teams in the treatment of difficult cases.
 11. Low Prevalence Disorders: delivery of services for these disorders may vary according to needs and effectiveness of services. There may be some which require a specialised group that work closely together to facilitate good working relationships and communications such as eating disorders, and this may work from a centralised base or be centrally based but deliver some services from the spokes. Services for people with psychosis may similarly be provided given that the prevalence of these disorders in the under 15 yr old population is extremely low; this may be centred at Banksia. Infant Mental Health and Autistic Spectrum Disorders may develop on a different model, with central specialist group maintaining up to date guidelines and knowledge of recent developments to inform the service, with some of the work being provided in the Community Teams, supported through Secondary Consultation.



Clinical Director RCH MHS