

CAMHS SERVICE STRENGTHENING PROJECT

Mental Health Services, Royal Children's Hospital

A. Overview

This Project has been initiated in order to seek feedback on a proposed new CAMHS 'system of care'. Consultations are required in order to identify the response of the broader service sector and their capacity to operate within the proposed service structure. The Royal Children's Mental Health Service has contracted Russell Jaffe as an independent facilitator to conduct these consultations and write a report for the Service.

B. Project Objectives

In providing funding for this Project, the Director of Mental Health at DHS defined the Project aim as being to *assist CAMHS to engage relevant services at the local level in the early development of a 'system of care' and to identify priority outcomes and service linkages and supports for improvement.*

The specific Project objectives have been set down as follows:

- Identify service linkages and priority outcomes and linkages to be improved.
- Discuss with Tier 1 and Tier 2 agencies the roles and functions of CAMHS as a Tier 3 service within a 'system of care' in terms of (a) direct care, and (b) consultation and support to other services.
- Revisit and strengthen partnerships, mechanisms and structures that would enable the effective operation of a 'system of care'.
- Better align 'support' (consultation and education and training) for Tier 1 2 stakeholder services consistent with their expressed needs.
- Identify a model of how expanded consultation and support would be provided.

C. An Enhanced System of Care

A background document for this Project from DHS stated the following:

Most services, including CAMHS, are reporting significant increases in the prevalence and complexity of mental health problems and disorders....a particular focus (for CAMHS and the Mental Health Branch) has been the development of a more systematic approach to mental health care as a way of improving mental health outcomes for children and young people while also better managing demand.

A 'system of care' uses integrated planning and service provision to deliver a co-ordinated hierarchy of services...the intent is to provide a continuum of mental health care within a catchment....as a cross sector initiative, the successful implementation of such an approach requires local consultation and agreement of CAMHS as Tier 3 specialist multidisciplinary services, with Tier 1 (Primary Care Services) and Tier 2 (specialist community based services) stakeholders on both the framework and how best to achieve it.

Appendix One details the respective roles and functions for the three tiers of mental health care, while the 'system of care' is demonstrated diagrammatically at Appendix Two.

This structure envisages a stronger focus by CAMHS on highly complex cases requiring the intervention of a multi disciplinary team. The CAMHS team would also significantly increase its secondary consultation to tiers 1 and 2, with strong collaborative processes established. Inpatient units would focus on managing severe problems, until they can be managed at a lesser level of care.

With the increased level of support from the CAMHS sector, tiers 1 and 2 could expect a stronger role in assessment, treatment of problems of mild to moderate severity (more severe for tier 2, primarily individual intervention), with health promotion and targeting 'at risk' groups to be the function of the tier 1 – the 'initial point of entry' into mental health system of care.

It is this shift of emphasis which is to be the focus of these consultations.

D. Project Outcomes

The Project Outcomes have been defined as follows:

- **Consultant:** Report detailing all consultation themes and outcomes, recommendations in relation to the capacity of the various tiers to work under this proposed care model, and recommendations for future action and service improvements (including training and service changes for effective secondary consultation to best operate).
- **Service System:** An agreed system of care (including key roles and functions, secondary consultation processes, and ongoing education and training), as outlined in a Final Report, with associated service improvement steps and ongoing consultation processes.

Appendix 1: Mental Health Service Levels

Service Level	Examples	Role in Child and Adolescent Mental Health
Level 1 Primary care	General practitioners, maternal and child health nurses, preschool staff; teachers and youth workers.	<ul style="list-style-type: none"> • Point of entry into the mental health system of care. • Have a major role in assessment and treatment of problems of mild-moderate severity/complexity and managing referrals to other levels. • Interventions may be targeted to particular individuals, specific 'at risk' groups, or whole populations. • In partnership with specialist practitioners from level 2 and 3, can also support initial treatment, continuing care and rehabilitation for more complex/severe problems.
Level 2 Specialist care	Paediatricians, private psychiatrists, clinical psychologists, and other allied health workers, educational psychologists, guidance officers and others with specialised training. Child and adolescent mental health assessment, treatment and liaison services provided in the public or private sector.	<ul style="list-style-type: none"> • The focus of the intervention is more likely to be individuals with moderate-severe disorders, and/or moderate-high risk of harm, or groups with known elevated risks of disorders. • Interventions provided at this level tend to focus on more intensive/specialist assessment, treatment and rehabilitation. • Important role in supporting level 1 services.
Level 3 Specialist and Multi-disciplinary Care	Child and adolescent mental health services (CAMHS) provided in the public or private sector. These services will be operating as multidisciplinary teams.	<ul style="list-style-type: none"> • Provide multidisciplinary assessment or treatment, although the intensity of multidisciplinary involvement will vary. Community-based elements of service provision (eg IMYOS, group programs) have higher intensity of multidisciplinary involvement. • The types of interventions may be similar to that of level 2 services but the focus is on highly complex issues or specific problems that need the skills of a multidisciplinary mental health team, or where risk is high. • Successful intervention often involves intersectoral collaboration with other agencies • 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. • Important role in supporting level 1 and 2 services.

Appendix 2. The Victorian Child & Adolescent Mental Health System of Care.



