



# CAMHS newsletter

Issue 3, June 2013

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## A message from the A/Executive Director CAMHS

I am delighted to introduce the June issue of the CAMHS newsletter.

I have had a very busy first month in this role and I have enjoyed getting to know life in CAMHS better. Not only has it been a time to refresh my knowledge of CAMHS, but also a time to observe and compare the many similarities and shared challenges with my normal role in community health. The increased prevalence and complexity of mental health issues amongst children and young people is cause for reflection and concern.

I have observed some remarkable programs running across CAMHS in my short time here and have been inspired by so many colleagues who demonstrate such passion and drive in providing child and adolescent mental health services. The leadership of Sylvia and her team over the last two years is to be commended.

The team at Rockingham Community CAMHS has had a particularly challenging time recently as they have introduced the Choice and Partnership Approach model – leading the way for other community CAMHS services. While still in the early days, they have already seen some remarkable improvements. The introduction of a new appointment booking system has seen a significant change to the waiting list and considerably quicker access to first appointments. Although I haven't had the opportunity to meet the team yet, I have heard high praise from colleagues and I would like to express my congratulations and thanks to the Rockingham team for their continued hard work.

I would also like to thank our colleagues working in the three CAMHS youth programs; YouthReach South, Youthlink and the newly formed Youth Axis. These programs leave CAMHS on 1 July and join the North Metropolitan Health Service. While this governance change takes place, we will continue to work with our Youth Service colleagues in the same way to improve the mental health of our youth.

Mental health continues to remain on the public agenda and I am grateful for this insight at CAMHS into how we provide services for children and young people. I'm looking forward to seeing the *Mental Health Clinical Services Plan 2013-2015* and I understand that we can expect this to be released by the Department of Health and Mental Health Commission in the coming weeks.

Mark Morrissey

# Acute CAMHS

## Transition Unit Horse Riding Group

During term one, a small group of young people who attend the Transition Unit day program had the opportunity to participate in a horse riding program at Claremont Therapeutic Riding Centre. The eight-week program involved weekly lessons that aimed to provide both a therapeutic and learning experience for the riders psychologically, as well as physically. Qualified coaches from the centre worked together with the young people through a series of lessons to provide physical activity, improve coordination and posture, improve group participation and develop horsemanship skills. This was facilitated through duties such as grooming, feeding, leading, tacking and un-taking the horses and cleaning the stables.

*"Bentley Transition Unit went to horse riding on Thursdays in the afternoon. It was good because we learnt lots of different horse riding things. My horse was Clancy. He was brown and huge. Thank you".*  
**Comment from one participant**



## Spotlight on... CAMHS Quality Action Plan

CAMHS has developed a Quality Action Plan that identifies the major areas of focus for CAMHS over the next two years and guides the quality and research activities for all staff. The Plan outlines the actions that will address the:

- Recommendations from the Stokes review
- Recommendations from the Office of Chief Psychiatrist Thematic Reviews
- Coronial recommendations
- National Safety and Quality Health Service Standards
- National Standards for Mental Health Services

The CAMHS Quality Action Plan can be found on the W drive at:  
W drive → Mental Health → CAMHS → All Staff → Quality Action Plan

# Community CAMHS

## CAPA at Rockingham

The Choice and Partnership Approach (CAPA) went live at Rockingham and Kwinana Community CAMHS at the start of April. Early results include:

- Same day screening of all referrals
- Reduced time from referral to first appointment
- Collaborative first meeting appointments with referrers and families
- Ability to offer a selection of appointment times and dates for ongoing therapeutic work at the time of first meeting.

After two months using the new service model, the CAMHS service at Rockingham and Kwinana is operating with a reduced waiting time to access the service. All referrals are screened and processed on the day of receipt and families are contacted without delay and invited to book a suitable and convenient first appointment with the service. This process has ensured clear, timely and robust communication between the service, families and referrers.

To support the communication process a new 'welcome' pack of information about the service, including information about other community support agencies, has been designed with the direct involvement of children and carers and this is sent to each young person and their families. Included in this pack is the letter inviting families to book an appointment. This process has ensured families have a clear understanding about how and what CAMHS has to offer.

The service has also developed an on-site 'dashboard' to provide the team with 'live time' information to help monitor and track each child and family throughout the stages of their care from receipt of referral to discharge from the service. This ensures that the service is aware of the demands on the service from the community and can be responsive to this need and robust and consistent in its approach to supporting the community of Kwinana and Rockingham.

Recognition needs to be given to all the team within the service for their dedication and support in the implementation of this new model of providing services and their continued dedication in meeting the needs of the community they serve.

For more information about CAPA contact:

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### Looking Forward Project

Armadale CAMHS is involved in the Looking Forward Project, a research project led by Dr Michael Wright, which is aimed at engaging the Aboriginal community in service delivery. Youth Reach South is also actively involved. Armadale CAMHS also has the benefit of an Aboriginal Welfare Officer (0.6FTE) from the Specialist Aboriginal Mental Health Service which is promoting Armadale CAMHS within the local community and service delivery to Aboriginal people. This is leading to improved access to the service by more aboriginal families.



**The Armadale Team** Left to Right

Top row: Boyd McCamon, Janaya Smith, Darryl Milovchevich, David Albanis, Melissa Butcher, Opheleia Yee

Middle row: Cheryl Curtis, Elissa Carey, Jennifer Brown, Flora Botica, Vinita Fernandes

Bottom row: Stephen Dick, Jason Ellis, Simon Holt, Ian Bennell (SAMHS)

### Update on the Schools Suicide Response and Prevention Project

As reported in the last newsletter, the Mental Health Commission provided funding from the Commission and the Suicide Prevention Strategy for additional staff (approximately seven FTE) for Community CAMHS. This funding was to contribute to the management of priority and high risk cases, improve liaison with education systems regarding return to school and build the capacity of existing service providers.

The additional staff have been working within the teams at Clarkson/Hillarys, Swan, Bentley Family Clinic, Armadale, Rockingham and Peel, and contributing to reducing the priority waiting lists within those teams. This funding is available to the end of the financial year and active lobbying has been occurring to try to secure this funding in an ongoing way.

David Greeshaw, the project officer attached to the Project, has been working hard with the education sectors and CAMHS to develop protocols and pathways. He is soon to visit the Kimberley with his Department of Education colleague, where there has been a high number of suicides over an extended period of time.

## Leadership Training

Congratulations to Tessa Scholefield, who has been selected to participate in the Leading Collaboration Program, a joint initiative through the Chief Health Professional Office and the Institute for Health Leadership. Tessa is a senior social worker who works at the Integrated Service Centre at Koondoola. This position provides a child and adolescent mental health service to humanitarian entrants attending Koondoola Primary School. The Leadership Program will no doubt support Tessa's work in leading collaboration in this field.



## Training Update

Dr J Nadine Caunt has recently taken up a post with CAMHS to develop a program to orientate new clinicians to their role in CAMHS using a core competency model developed in NSW.

The overall aim is to develop an initial orientation and more intensive integrated program to develop core competencies. It is also hoped that the training can be used for clinicians to refresh and consolidate their core skills or to develop areas where they may feel de-skilled. For example this could be a clinician working in a highly specialised area who wanted to expand their knowledge base and potential roles in a team.

This project is initially for 12 months. It is hoped that this will also give time to develop a more comprehensive training and education framework for all staff by working together with other projects and staff with roles in training and staff development.

## Specialised CAMHS

Specialised CAMHS managers have been working together over recent months to produce a proposal for a new facility that would see the co-location of CAMHS Tier 4 services, Research & Education and Training. This proposal was submitted to health architects, Silver Thomas Hanley, who have been commissioned to provide initial architectural support including a schedule of accommodation and associated costs, conceptual block plan design and 3D drawings. The first set of concept drawings have been submitted to Executive and the final proposal to procure funding will be completed by early August.

### Youth update

The transition of youth services to the North Metropolitan Health Service is proceeding well and will take place on 1 July. All positions for the Youth Axis workforce have been advertised as well as the Youth Director and the psychiatric Head of Service positions.

An ex-client of Youth Reach South was awarded Curtin University's Highest Achieving first year student for 2012.

### CAHDS update

A review of the Complex Attention and Hyperactivity Disorder Service (CAHDS) was started at the end of 2012 to feed into planning and growth for the service. Services at the Murdoch centre have temporarily closed and the program continues to operate out of Community CAMHS for the coming months.

The review has looked at the program's clinical model and plans are underway to implement changes to CAHDS' operations and clinical model to ensure the service better meets the needs of children and adolescents and their families. It is anticipated that the new model of care and new clinical team for CAHDS will be in place towards the end of this year. A CAHDS "re-launch" committee is being convened to oversee its implementation.

### MST update

MST Rockingham has relocated to the Murdoch CAHDS premises. This will see delivery of MST services to the suburbs of Hamilton Hill, Spearwood, Beeliar, Coolbellup and Yangebup, which is good news for those families.

Recent evaluation of the average Therapist Adherence Measure (TAM) scores for the two MST teams over the last year of operation were rated as averaging 97% adherence, which is exceptional given that teams are only required to be 61% or higher. High adherence measures for the teams also reflect high ratings for the primary outcomes of no new arrests and remaining in school and living at home. Congratulations to the MST teams for a remarkable achievement sustained over a 12-month period!

### Pathways

As you have been aware, Families at Work (FAW) was temporarily closed to facilitate the physical redevelopment of the Bentley Adolescent Unit. With the temporary closure of FAW beds, we took the opportunity to review the model of care. It was obvious that Family Pathways (FP) and FAW targeted the same children who have severe emotional and behavioural problems that have not responded to intensive community based care. As a result, these services have been merged to become one program with an integrated model of care.

As such, children and families only undergo one comprehensive assessment, which may result in outpatient, as well as residential care. The FP building will provide the day and community outreach programs and FAW in Bentley will be the residential site. For the moment, the merged service is called *Pathways*, but we will be asking consumers and carers for their input regarding a new name to reflect the new model of care.

The Pathways residential service offers admission for children aged 6 to 12, with significant mental health needs in combination with difficulties in inter-personal family relationships. Admission is arranged for two to three weeks, within a broader six-week intensive inpatient and outreach intervention. The therapeutic approach incorporates an educational component, a mentalisation-based therapy ethos and children receive individual and family sessions from a case coordinator, who are in turn supported by a designated nurse key-worker. The key-worker role also includes providing structured therapeutic family activities within a timetable.

### Eating Disorders Program

The Eating Disorders Program has been awarded a \$200,000 research grant by the DoH Targeted Research Fund to support the HOPE registry project. This is in addition to an \$80,000 PMH Foundation grant awarded at the start of the year, a \$5,000 PMH Foundation grant to fund a visiting Professor to hold a workshop and \$5,000 from Curtin University for a Compulsive Exercise project.

## Research Update

CAMHS welcomes Daniel Rudaizky, who is filling the role of Senior Research Psychologist. For the past few months, Daniel has been in touch with staff across CAMHS to get an understanding of the variety of research projects currently underway. The results of this exercise have revealed that a majority of research projects are being run within Specialised CAMHS services with the Eating Disorders Program in particular running a focussed and productive research program.

A number of clinical staff are also successfully using Telethon funded research grants to support projects across a diverse range of CAMHS services including several Community CAMHS sites. The particular aims of these projects vary widely, from improving clinical practice through staff training to investigating the impact of new outcome measures on consumer engagement.

The inaugural meeting of the CAMHS, TICHR, Youth Focus and Governing Council CAHS Project Control Group (PCG) has been held. Chaired by Dr Rosanna Capolingua, the PCG is overseeing the development and implementation of an immediate to five year research program on social media, self-harm and suicide. A Telethon grant of \$260,000 has been provided as start-up funds. A subcommittee of the PCG, convened by Simon Davies, will be responsible for planning the content of the research and its implementation and ongoing governance. This will also include collaborations with universities, such as Murdoch and Edith Cowan. The first task will be to recruit research personnel.

PMH HREC has notified CAMHS Executive it will not accept submissions from community services (Community & Specialised CAMHS). While Executive are working on a solution to this, as well as alternatives, it will be incumbent on researchers to obtain Outright Approval from the HREC's of other institutions, such as universities or Area Health Services, before CAMHS Executive will approve continuation of research projects.

## Policy update

The CAMHS Metrowide Policy and Procedures Steering group coordinates the establishment, review and distribution of policies in CAMHS. The following is a snapshot of current activity:

### Soon-to-be endorsed policies

- Physical Health policies
- BAU-specific policies

### Other policies in development

- Risk assessment and management
- Access and entry
- Discharge and transfer
- Medication management

Staff should note that all documents produced by the Policy and Procedures Steering Group are available for them to access on the CAMHS All Staff Drive, under 'Policy and Procedures Steering

In addition to finishing off the policies under development, planning for the implementation of CAMHS policy is currently a priority for the Policy and Procedures group.

# What form do I use when...

## Something happens to a client or patient?

### Clinical Incident Form

OFFICE USE ONLY INSERT CASE ID HERE	
Date Entered	

Ensure medical records are factual and up to date before completing this form

Please ensure information included on this form is **FACTUAL** and **DOES NOT BLAME OR IDENTIFY** staff associated with the clinical incident. Information provided on this Clinical Incident Form is **NOT** protected by qualified privilege.

**INCIDENT NOTIFICATION** (to be completed by notifier)  
Please refer to prompts in the blue shaded areas when completing this form

Complete a Clinical Incident Form if something happens to a client or patient.

A clinical incident is an event or circumstance resulting from health care which could have or did, lead to unintended and/or unnecessary harm to patient/ consumer. It may be a near miss, an adverse event or a sentinel event.

For more information check out the Clinical Incident Management intranet page

## Something happens to a staff member?

Complete an Employee Hazard/Incident Form (available from the OSH intranet page) for:

- All injuries (event that cause an illness or injury requiring medical attention).
- All incidents (events that cause a minor injury of a first aid nature).
- All near-misses (events that did not cause injury but have the potential to do so).
- All hazards (anything which has the potential to cause ill health or injury).



NORTH METROPOLITAN HEALTH SERVICE  
OCCUPATIONAL SAFETY AND HEALTH  
**HAZARD/INCIDENT FORM**

OSH use only
Incident No:
WC <input type="checkbox"/> LTI <input type="checkbox"/>

Site/Service:  SCGH  OPH  NMHS MH  PHAC  WNHS  SKHS  Other:  
Person Completing This Form:  Worker Involved (Below)  Supervisor/Manager  Other

**WORKER'S DETAILS** (Person involved in the incident/ hazard )

<b>SURNAME:</b>	Details of <b>LINE MANAGER/SUPERVISOR</b>
<b>FIRST NAME:</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <b>Date of Birth:</b>	Name:
	Contact No:

Tell us your feedback on the newsletter as well as any topics you would like to see in the next issue.

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