

Child and Adolescent Mental Health Policy

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Functional Sub group Clinical/ Patient Services - Mental Health

Summary Sets out roles and responsibilities for areas in providing mental health care to children and adolescents.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Private Hospitals and Day Procedure Centres, Public Hospitals

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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CHILD AND ADOLESCENT MENTAL HEALTH POLICY

This policy was developed in consultation with the Child/Adolescent Mental Health Advisory Committee of the NSW Department of Health and Area/Regional Health Service Staff.

General Principles

1. While most young people are generally fit and healthy, 12 - 15% of children and adolescents are psychologically vulnerable.
2. Children and adolescents are recognised as having health needs distinct from those of adults and of each other. Mental health care should be tailored to these distinct needs.
3. Mental health care of young people should be comprehensive in range, taking into account the social, psychological and biological needs of the patients.
4. Care should be delivered through services which are accessible to all patients.
5. Mental health services for young people should be integrated so as to provide continuity of care and a range of care from highly intensive to less intensive levels.
6. Mental health services for young people should recognise and take account of cultural differences and the needs of the family as a whole.

Distributed in accordance with circular list(s):

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

7. In general, services for children and adolescents can be located on the same site however, some separation and differentiation is desirable to ensure that services are appropriate and acceptable to each age group.

Objectives of Mental Health Services.

1. Child and adolescent mental health services should give priority to young people who are seriously mentally ill, or at risk of serious mental illness, wherever possible.
2. Disturbed children and adolescents should remain within their family and community wherever possible.
3. The rights of young people and their families should be respected, including the right to confidentiality and the right to be involved in decisions affecting their care.
4. Community services for young people should emphasise prevention, early intervention and active follow-up of those at risk of further mental health problems.
5. Community services for young people should be easily accessible, visible and mobile.
6. Services should maintain formal links to ensure co-ordination and continuity of care.
7. Continuity of education or training should be maintained while young people receive treatment, wherever possible.
8. Good liaison should be maintained with the child's general practitioner and other agencies involved in the patient's management.
9. Services and assistance should be consistent with the principle of the least restrictive alternative.
10. Service providers should recognise and specifically address the needs of particularly vulnerable children and adolescents such as:
 - victims of physical, emotional or sexual abuse
 - victims of catastrophic losses or disaster
 - those from discordant or disrupted homes
 - those who have chronic illnesses and/or disabilities
 - those whose parents suffer from chronic physical and/or mental illnesses
 - those whose parents abuse drugs and/or alcohol
 - those who are economically disadvantaged
1. To ensure quality of care, peer review and quality assurance programmes should be established for every service, either at local or area/regional level.

12. Services should facilitate and encourage their staff to participate in research aimed at assessing the effectiveness of different treatments, and to better understand the causes and consequences of mental disorders.

Organisation of Child and Adolescent Mental Health Services

Mental health services for young people are organised on three levels:

Primary Care

Refers to community mental health services provided at a local level which serve as an initial focus for children and adolescents presenting with problems. The emphasis is on health promotion, prevention and educational programmes.

Services are provided by child and family health workers, youth workers and child and adolescent mental health workers based at community health centres. These provide initial assessment and some case management with supervision and consultation provided by specialist services.

Secondary Referral Services

- **Specialist Child and Adolescent Mental Health Teams**

These are based on an Area or Regional catchment and consist of multidisciplinary specialist teams, based in the community or attached to general hospitals offering assessment, treatment, referral, consultation and case supervision to primary care services, community residential facilities and other agencies. The emphasis is on early intervention and treatment within the family and community setting.

- **Community Based Residential Units**

Supported accommodation outside the natural, extended or alternate family may be necessary for some children and adolescents with mental illness. Placement in a group home where management and supervision is supported by specialist mental health staff may be desirable in these circumstances.

- **Mental Health Services in Paediatric Hospitals**

Children and adolescents suffering from mental health problems secondary to a variety of physical disorders should receive mental health assistance in close association with their physical treatment. Major paediatric hospitals have developed separate wards for adolescent patients. All such hospitals have access to child psychiatry consultation services.

Tertiary Referral Units

Inpatient admission is necessary for the assessment, stabilisation and short-term crisis management of some acutely and severely disturbed adolescents.

Inpatient units should have a Supra-Regional/Area responsibility, but should be linked to Regional or Area Primary Care and Secondary referral services.

The age of intake of the unit should be flexible, giving consideration to the developmental rather than the calendar age of the individual. Generally, the age of intake will range between 4 to 11 for children's units and 12 to 18 years for adolescent units.

Prevention and Education

1. Primary, secondary and tertiary prevention programmes should all be seen as integral parts of health services.
2. Each Area/Region should develop a preventative programme which is targeted at specific "at risk" groups within their catchment area.
3. Information on health issues, presented in a language and style that is both imaginative and relevant to children and adolescents, should be made available.

Staff Education and Training

Most medical and non-medical service providers have minimal educational exposure to the mental health care needs of children in their basic professional training.

1. All direct service staff should have the opportunity to participate in continuing education and professional development. This includes
 - in-service training
 - attendance at Departmental and external courses and
 - clinical supervision organised at either local or area/regional level.
2. Services should support and take an active role in the teaching and training of undergraduate and post-graduate students in the medical and allied professions.
3. Access to short courses and to direct experience of mental health consultation processes should be facilitated for general practitioners and community health staff.

Planning and Administration

1. Central planning and development of mental health services for young people should be carried out in consultation with Area Health Services and Regions. The central role is to:
 - establish and co-ordinate supra-regional and state services
 - ensure that services are networked at local, regional and state levels
 - avoid duplication of services
 - monitor trends in the demand for services

- ensure ongoing evaluation of services and programmes.
2. A Regional/Area planning and coordination role should be assumed by a delegate of the Regional/Area Director of Psychiatric Services to:
- establish and coordinate services
 - network services at a local and regional level
 - identify and make recommendations for service enhancements
 - evaluate services and programmes

B.J. Amos,
Director-General