

# NSW Strategy:

**Making Mental Health Better**

**for Children and Adolescents**

NSW HEALTH DEPARTMENT

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For further copies please contact:

Better Health Centre  
Locked Mail Bag 5003  
Gladesville, NSW 2111  
Tel. (02) 9816 0452  
Fax. (02) 9816 0492

A full copy of this report can be downloaded from the  
NSW HealthWeb site: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

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# Principles

**The key principles for child and adolescent mental health service provision in NSW are:**

- Working together to achieve better mental health for all age groups spanning across infancy, childhood and adolescence;
- Applying a public health approach to child and adolescent mental health with a strong emphasis on mental health promotion, prevention and early intervention to achieve optimal outcomes for the whole population;
- Providing mental health care in a timely, effective, efficient and high quality manner to achieve optimal outcomes for children, adolescents and their families;
- Directing clinical care provision through evidence-based care and clinical guidelines for the treatment and management of mental disorders;
- Focusing on community-based services, preferably co-located with other child and adolescent community health services;
- Focusing on families and consumers, with service provision prioritised to children and adolescents in greatest need and at greatest risk, recognising cultural and family diversity;
- Developing client-centred information systems as an essential infrastructure to support continuity of care, effective service provision, monitoring and provision of information; and
- Reflecting empathy, enthusiasm, compassion and hopefulness in response to children, adolescents and their families, acknowledging the context of the family and the dynamic relationships between family members.

## Framework and strategic directions

*Making mental health better* provides strategic directions for progressing effective child and adolescent mental health services and programs across NSW. It defines service and program elements, including specific strategies that will contribute to improving the mental health of children, adolescents and their families throughout the State.

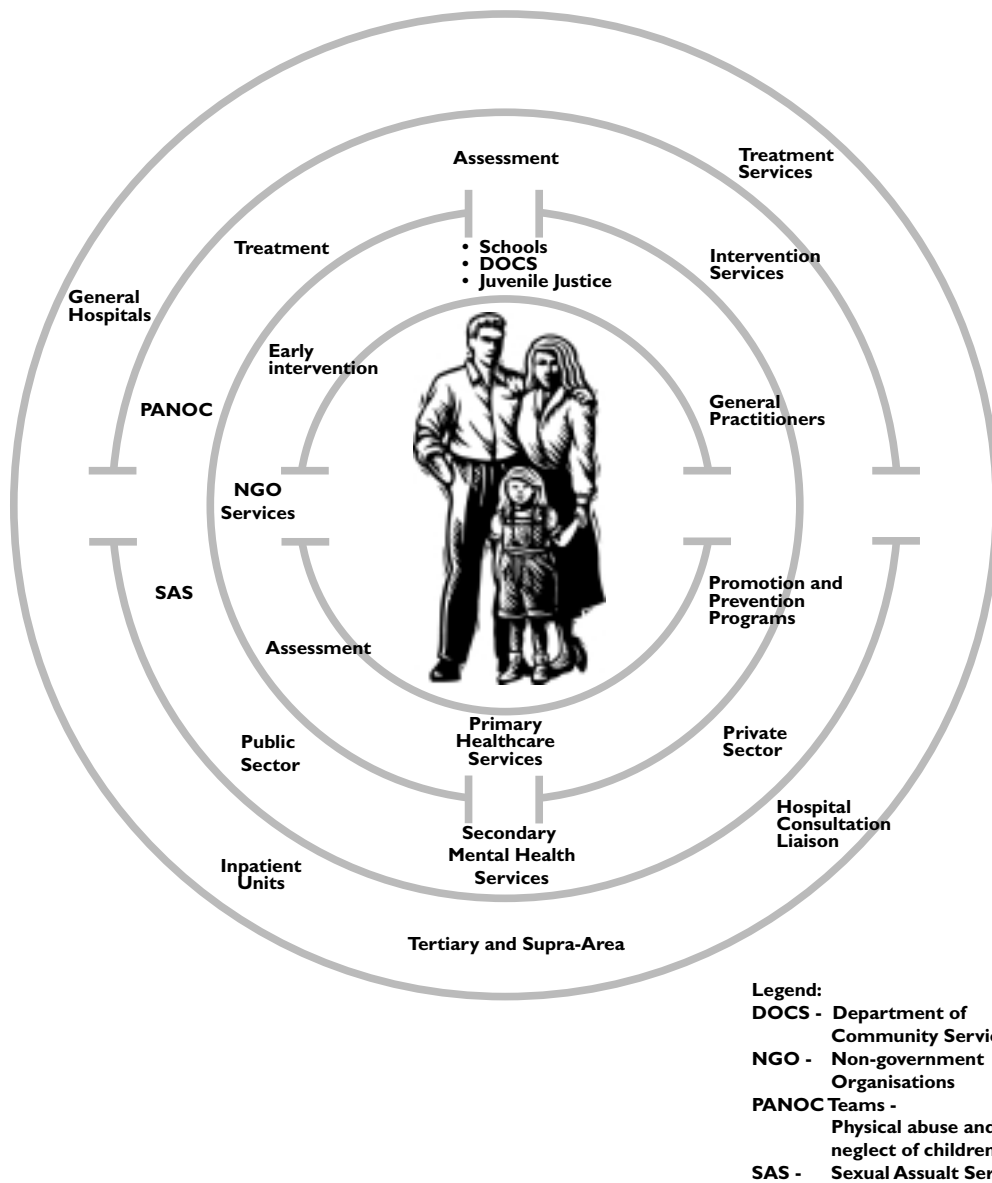
*Caring for Mental Health* provides an overall strategic framework for the delivery of mental health services and programs in NSW. It provides the context for the delivery of child and adolescent mental health services and programs in this State. Child and adolescent mental health services are one of the key components of services and programs provided by mental health.

***Making mental health better* outlines five strategic directions:**

- Strengthening the structure and working together for child and adolescent mental health.
- Mental health promotion, prevention and early intervention.
- Better mental health care for children, adolescents and their families.
- Crisis and emergency mental health response for children, adolescents and their families.
- Quality and effectiveness in mental health care.

Underpinning these strategic directions is the need to strengthen collaborative partnerships to provide good quality mental health care for children, adolescents and their families across the four tiers of mental health service provision: promotion and prevention; primary care; secondary mental health care; tertiary services and programs including supra-Area (across Areas) and Statewide specialist mental health services (refer over page to Figure 1).

**Figure I.**  
**Pathways to mental health care for children, adolescents and their families in NSW**



The *Pathways model* (Figure I) represents a flexible approach to child and adolescent mental health care, spanning promotion and prevention, primary, secondary, supra-Area specialist services for the 0-17 year age groups. It is important that the roles and links between these agencies is clear. All agencies have a part to play in preventing the development of mental health problems and improving early intervention for children and adolescents.

The primary health care sector including: maternal and child health services; general practitioners; community health; and youth health services has unique skills and understanding about working with children, adolescents and their families. Links are also needed with other specialist child and adolescent health professionals such as paediatricians. Collaborative partnerships are just as critical with other Government Departments such as: Education and Training; Community Services; and Juvenile Justice to ensure children, adolescents and their families receive the support and care they need. These agencies should have access to child and adolescent mental health expertise and support for education, assessment and management of complex and/or severe child and adolescent mental health problems.

# STRATEGIC DIRECTION I

## STRENGTHENING THE STRUCTURE AND WORKING TOGETHER FOR CHILD AND ADOLESCENT MENTAL HEALTH

### What are the issues

Child and adolescent mental health services are an integral part of Area Health Services and need to function in a united way with a range of health and other services. Community-based programs that preserve or restore family and support networks and educational and social opportunities are the best option. Child and adolescent mental health services are best co-located with child and adolescent health services, with administrative links to and as a key part of Area Mental Health Services.

A large proportion of mental health care for children, adolescents and their families is delivered outside of specialist child and adolescent mental health services. Sixty-five per cent of children and adolescents with mental health problems are seen by their local general practitioner. A smaller proportion are seen by community health workers and about one third are seen by a school counsellor or teacher. Only two per cent are seen by child and adolescent mental health workers. It is, therefore, vital that specialist child and adolescent mental health services provide education, consultation and support for these other services.

Secondary services involve specialist child and adolescent mental health teams who provide assessment and treatment for children and adolescents with severe or complex mental health problems or disorders within a network of local community health and other services. They also act as consultants to primary health services.

Tertiary child and adolescent mental health services provide a consultation and liaison role across Areas, as well as providing day and inpatient programs for the most complex and severe child and adolescent mental health problems and disorders. Close integration of services is even more important in these complex situations.

The NSW Government has allocated funding to strengthen child and adolescent mental health services in all Area Health Services in NSW. In 1996/97, \$5.5 million recurrent funding was allocated for programs for depression, first onset psychosis, suicide prevention, severe emotional and conduct disorders, Aboriginal and Torres Strait Islander communities, children and adolescents whose parents have mental health problems or disorders and families from culturally and linguistically diverse backgrounds. In 1997/98, \$4.77 million recurrent funding was allocated for collaborative programs with maternal and child health; schools; programs targeting at-risk populations in contact with the Departments of Community Services or Juvenile Justice; Area child and adolescent mental health clinical coordinators; and specialist child and adolescent mental health programs in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse background communities.

### Aims

- To improve the range and coverage of mental health services for children, adolescents and their families across NSW.
- To consolidate collaborative partnerships between specialist child and adolescent mental health services and other agencies to enhance mental health outcomes for children, adolescents and their families.

### Strategies

- 1.1 Providing a network of Area Health child and adolescent mental health services
- 1.2 Working together for better mental health for children, adolescents and their families

### How will we know

- Area Child and Adolescent Mental Health Plans submitted with annual up-date
- Area Child and Adolescent Mental Health Clinical Coordinators appointed
- Annual National Mental Health Services Survey indicators specialist child and adolescent mental health services

## Strategy 1.1 Providing a network of Area Health child and adolescent mental health services

Child and adolescent mental health programs and services need to be planned in a coherent and integrated framework at an Area level to meet the needs of the local population. Some Areas, particularly rural Area Health Services, may need to develop flexible and innovative strategies to best respond to local needs for primary, secondary and tertiary mental health care.

### What we have done

- 150 new specialist child and adolescent mental health positions have been funded.
- Clinical coordinators for child and adolescent mental health are being appointed in all Areas.

Administrative links with Area Mental Health Services enable integrated planning, implementation, monitoring and evaluation of child, adolescent and family mental health programs and services within Areas.

### What we will do

- Each Area will appoint a senior level clinician with experience in child and adolescent mental health as the Area Child and Adolescent Mental Health Clinical Coordinator by 1999. This person will prioritise, plan and coordinate evidence-based mental health programs. They will hold single point accountability for specialist child and adolescent mental health programs and report to the Area Director of Mental Health.
- Each Area will develop a Child and Adolescent Mental Health Plan by the end of 1999 and progressively implement it by 2003, addressing:
  - evidence-based prevention, early intervention and management programs for child and adolescent mental health;
  - 0-17 year age groups with a focus on community-based services;
  - clear pathways to primary, secondary and tertiary mental health care for children, adolescents and their families;
  - 24-hour availability of crisis or emergency response;
  - liaison and consultation with health and other sectors;
  - priorities for those most at risk, such as those who have experienced abuse or other trauma or showing significant social and educational impairments.
- Agreements may be required across Areas to share expertise and resources.
- Each Area Mental Health Service will provide a local service directory to facilitate links with child and adolescent mental health services, and update annually beginning 1999.
- Each Area will progressively establish appropriate levels of specialist child and adolescent mental health programs in the community to meet local service requirements by 2003.
- Collaborative partnerships will be the key to service delivery, particularly those with primary care, child and youth health sectors, schools, other Government departments and other child and youth community agencies.

## **Strategy 1.2      Working together for better mental health for children, adolescents and their families**

Most mental health care for children, adolescents and their families is provided by a network of primary health care professionals. Primary health care services include general practitioners, community health, maternal health, child health and youth health. Specialist health services are also provided by paediatricians, staff in paediatric teaching hospitals and other specialist child and adolescent health services. Services are also provided through other Government departments particularly the Departments of Education and Training, Community Services and Juvenile Justice.

Specialist child and adolescent mental health professionals provide education, consultation and support for these services as well as assessment and treatment for children and adolescents with complex or severe problems.

### **Strategy 1.2.1      Partnerships with general practitioners and other primary health care professionals**

General practice and other areas of primary health care are key settings for providing mental health care, as well as prevention and early intervention programs in collaboration with specialist child and adolescent mental health services.

#### **What we will do**

- Partnerships will be established with general practitioners to support prevention, assessment and treatment programs. Specialist child and adolescent mental health workers will assist through liaison, consultation, education, and support.
- Partnerships with primary care providers such as child health nurses, community health workers, youth health services will be developed to strengthen their mental health role and provide back up for complex and severe problems.
- The NSW Child and Adolescent Mental Health Education Program will train primary health care workers in a collaborative work-based context to identify and respond appropriately to a range of mental health problems experienced by children and adolescents across NSW from 2000.
- Each Area will establish clear referral pathways between primary health care and specialist child and adolescent mental health services.

#### **What we have done**

- Consultation-liaison and shared care programs with general practice are being established throughout NSW.
- Training has been provided to GPS and other primary care professionals about identification and early intervention for post natal depression.
- The NSW Institute of Psychiatry provides a course in Emotional and Behavioural Problems of Childhood.

### **Strategy 1.2.2      Partnerships with specialist child and adolescent health services**

Children and adolescents with chronic physical health problems or disabilities are at higher risk of developing mental health problems. This may be due to the symptoms and nature of their condition as well as a reaction to their circumstances. Children who have mental disorders that present as physical health problems are best collaboratively managed by paediatric and specialist child and adolescent mental health staff. Consultation-liaison services are available in the paediatric teaching hospitals - New Children's, Sydney Children's and John Hunter Children's Hospitals.

In rural Areas it may be preferable to use general and paediatric beds for short-term mental health admissions, supported by mental health expertise, rather than remove children and adolescents from family and friends.

#### **What we will do**

- Each Area will work with paediatricians and other child and adolescent health specialists to develop protocols for child and adolescent mental health liaison and consultation for those with chronic physical illnesses and disabilities.
- Protocols and guidelines will be developed for the provision of general hospital beds for children and adolescents with mental health problems requiring short-term treatment.

### Strategy 1.2.3 Partnerships with schools

School-based programs have the potential to reach large numbers of children and adolescents aged 5 to 17 years. Many children and adolescents with mental health problems turn to teachers and school counsellors.

#### What we have done

An Agreement has been reached between NSW Health and the Department of Education and Training for implementing school-based depression prevention and early intervention programs.

#### What we will do

- Implement the Agreement between the Departments of Health and Education and Training about school-based programs for adolescent depression.
- Programs such as School-Link are being developed with the NSW Department of Education and Training and specialist mental health services and will be supported by formalised agreements from 1999/2000. Mental health workers will be appointed across NSW to work with schools and support their management of a range of mental health problems.

### Strategy 1.2.4 Partnerships with other Government departments

Partnerships between other Government departments are essential in improving the mental health of children and adolescents across NSW.

The Department of Community Services is in contact with children and adolescents at increased risk of mental health problems, particularly those who have been abused or neglected, placed in care or who are homeless. Those in contact with the Department of Juvenile Justice experience similar risks. The Department of Community Services also provides services for children and adolescents with developmental and intellectual disabilities. These groups often have multiple health problems. Other departments that work with or develop policies affecting vulnerable children, adolescents and their families include the Departments of Housing and Gaming and Racing, the Attorney General's Department, the Department for Women and the Office of Children and Young People.

#### What we have done

- NSW Health is working together with the Department of Community Services to identify the needs of children and adolescents in care.
- Agreements have been established with the Department of Juvenile Justice to provide mental health support for young people in detention.

#### What we will do

- Collaborative work between Areas, Departments of Community Services and Education and Training for young people in care will be expanded.
- Child-Link Programs will provide maternal and early childhood workers and the Departments of Community Services with child and adolescent mental health support from 1999/2000.
- Youth-Link Programs will provide the Departments of Community Services and Juvenile Justice with links to specialist mental health services to assist vulnerable adolescents who are out of school or out of home from 1999/2000.

### Strategy 1.2.5 Partnerships with adult mental health services

Young people aged 16-24 years have the highest prevalence of mental health problems of any age group. There is a risk of these young people "falling through the gaps" as they span child and adolescent to adult mental health services. Links are also needed between child and adolescent and adult mental health services for families where a parent has a mental illness.

#### What we have done

- \$750,000 has been allocated for programs for children with parents with a mental illness in NSW.

#### What we will do

- Each Area will ensure that protocols facilitate smooth transitions between child and adolescent and adult mental health services.
- Each Area will develop protocols and programs for adult mental health workers to support the children of parents affected by mental health problems by 1999/2000.

- Adult mental health workers will be provided with education and training to deal with the basic mental health needs of children, adolescents and families.

### **Strategy 1.2.6 Partnerships with children, adolescents, their families and other carers**

Meaningful involvement of young people and their families in the planning and delivery of services is valuable and can help services to be “youth friendly”.

#### **What we will do**

- A Statewide youth mental health forum will be held to increase participation of young consumers in service planning.
- Information will be available in community languages for young consumers and their families from culturally and linguistically diverse backgrounds about commonly experienced mental health problems and disorders from 1999.
- Each Area will develop ways to promote participation of children, adolescents and their families in planning child and adolescent mental health services.

#### **What we have done**

- Funding has been allocated for Area Youth Mental Health Forums across NSW.
- Young consumers from each Area attended and participated in the Third National Conference on Child and Adolescent Mental Health, 1998.
- The Family Help Kit provides information to help families recognise and respond to their children’s mental health needs and how to get help.

### **Strategy 1.2.7 Partnerships with non-government organisations**

Non-government organisations (NGOs) play a vital role in supporting children, adolescents and families affected by mental health problems. This includes advocacy and information services such as the Mental Health Coordinating Council and the NSW Association for Mental Health. Other organisations such as Barnardos, Centacare, Burnside and Family Support Association provide care and support to children, adolescents and their families in need.

#### **What we will do**

- Innovative and collaborative programs that establish links between specialised mental health services and NGOs will continue to be supported.
- A forum will be held with mental health NGOs to involve them in planning child and adolescent mental health services in 1999.

#### **What we have done**

- NSW Health funds and supports several mental health NGOs.
- NSW Association for Mental Health provided telephone support for the launch of the NSW Suicide Prevention Statement in 1997.
- The Youth Insearch Program for at-risk young people links with Wentworth and Mid-Western Area child and adolescent mental health services.
- The Illawarra Youth Health Service CHAIN has been funded to complete the production of three videos about their peer education program for marginalised young people experiencing mental health problems.

# STRATEGIC DIRECTION 2

## MENTAL HEALTH PROMOTION, PREVENTION AND EARLY INTERVENTION

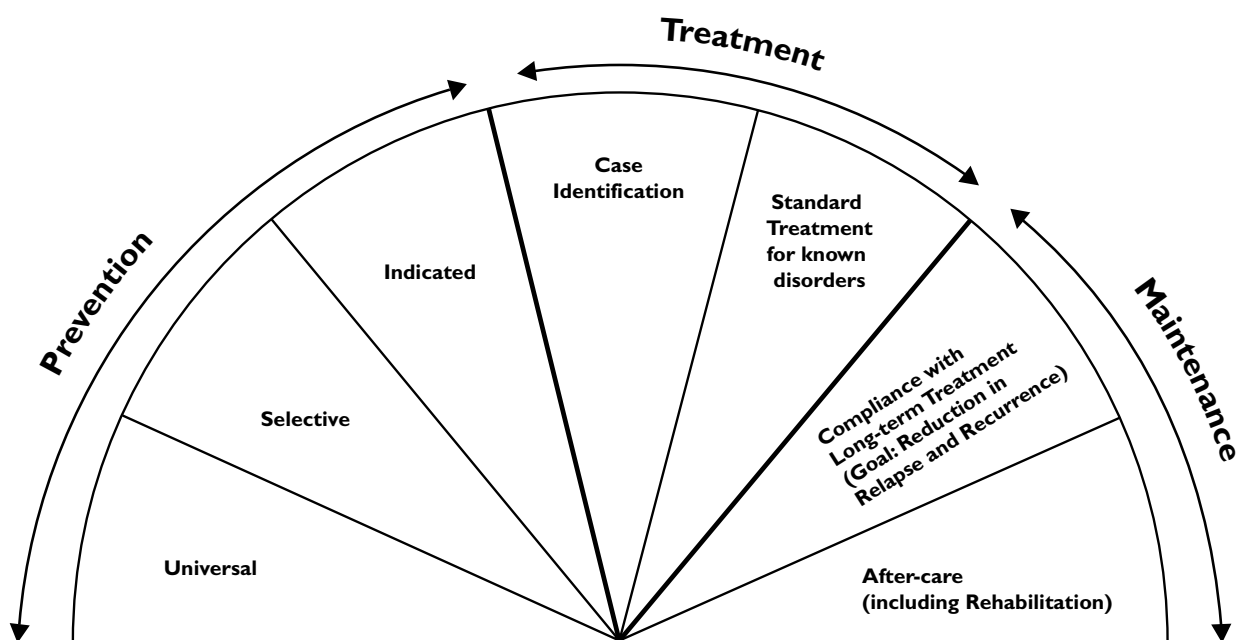
### What are the issues

Increasing evidence shows that preventing and intervening early for children and adolescents at risk of mental health problems and disorders can significantly improve outcomes. This is more likely to be effective than treatment for most established disorders. Comprehensive strategies involving the community, primary care, schools and other sectors are essential. Interventions should be community-based and supported by specialist child and adolescent mental health expertise. The *Second National Mental Health Plan* emphasises promotion, prevention and early intervention as a key theme. Strengthening the focus of prevention in health services is an important strategy outlined in the international health promotion framework of the Ottawa Charter.

Factors which increase the risk of, or protect against the development of mental health problems and disorders have been identified. Risk factors include genetic predisposition, exposure to trauma, parental discord and social disadvantage. Protective factors include a caring relationship with an adult, psychological resilience, positive parenting and supportive social environments encouraging achievement and development. Programs targeting factors that are common across a number of mental health problems and disorders may be most effective.

A spectrum of interventions is available for improving the mental health of children and adolescents. These range from promotion, prevention, early intervention and management and are best summarised by the model proposed by Mrazek and Haggerty (1994) as shown in Figure 2 below. Interventions cover: whole population groups (universal), such as all children in a school; specific populations at risk (selective) such as young children at risk of abuse and; those with early signs and symptoms indicating high risk of developing mental health problems or disorders (indicated). Prevention interventions can diminish the vulnerability to mental health problems in childhood, adolescence and adulthood.

**Figure 2:**  
The spectrum of mental health interventions



Source: Adapted from: Mrazek and Haggerty Eds. (1994). *Reducing Risks for Mental Disorders - Frontiers of Preventative Intervention Research*. National Academy Press; p.23.

A comprehensive array of strategies can be used including education, community development, policy and legislation and enhancing social and physical environments. All promotion and prevention interventions should aim to also enhance resilience for children, adolescents and their parents and involve specialist mental health expertise in their development and implementation.

### **Aims**

- To promote mental health and to prevent, where possible, mental health problems and disorders in children and adolescents, leading into adult life.
- To ensure the provision of the full spectrum of mental health interventions including promotion, prevention and early intervention across the ages of 0-17 years.

### **Strategies**

- 2.1 Promoting mental health
- 2.2 Preventing conduct disorder, aggression, antisocial behaviours and consequences of violence
- 2.3 Preventing depression and related disorders
- 2.4 Preventing suicide and self-harm in young people
- 2.5 Intervening early for depression and first onset psychosis

### **How will we know**

- Area prevention and early intervention programs for conduct disorder, depression, first onset psychosis and suicide prevention will be reported annually.
- Hospitalisation for intentional self-harm in children and adolescents will be monitored.

## **Strategy 2.1 Promoting mental health**

Universal and selective evidence-based programs should reduce risk factors for mental health problems and enhance protective factors. These programs should be relevant to the developmental stage of the child or adolescent and need to happen where children and adolescents live, play, learn and work, such as the family, the school and the local community.

Mental health promotion for babies and families includes programs such as specialised home visiting programs that improve parenting skills, reduce the risk of child abuse and enhance mental health outcomes. Programs for primary school aged children that involve parents and promote a mentally healthy school environment can assist the child's development. Programs for adolescents can build the young person's sense of identity and independence, their ability to participate in school and community life and reduce the risk of mental health problems.

Universal measures include advocating for public health strategies, such as improved access to quality child care and promoting child and youth friendly communities.

### **What we will do**

- Participate in the NSW Government Families First Program to enhance the mental health and well-being of families with infants and younger children by contributing to the mental health aspects of this program.
- Provide community education and information about mental health issues and resources for families with young children, including culturally and linguistically diverse communities from 1999.
- Mental health promoting environments will be developed at an Area level, in schools and the community by 2000.

### **What we have done**

- Mental Health Promotion in NSW: A Conceptual Framework report has been distributed to all Areas to provide a basis for local initiatives.
- NSW Mental Health Promotion Network is a forum for discussing key issues such as promoting mental health in schools and communities.
- The Mental Health Promoting Schools Forum was held in 1997 with the Department of Education and Training.
- South Western Sydney and Western Sydney have developed an Area Mental Health Promotion Strategic Plan.

- Pilot initiatives of the Mind Matters mental health promoting schools program will be supported in NSW secondary schools.
- Selective interventions for children, adolescents and families facing major life change, such as divorce, single parenthood, parental unemployment or illness, will be based on the best available evidence for optimal outcomes.

## Strategy 2.2 Preventing conduct disorder, aggression, antisocial behaviours and consequences of violence

Disruptive behaviour disorders in childhood may lead to conduct disorders, and to anti-social and delinquent behaviours in adolescence. When children with attention deficit hyperactivity disorder also have disruptive behaviour problems, their outcomes are likely to be worse. Conduct disorders result in profound emotional, educational and economic costs. Clear evidence now shows that several approaches can prevent many of these problems and potentially lessen the risk of aggression and violence in adulthood. This evidence shows that prevention interventions are more effective than treatment.

### What we have done

- \$750,000 recurrent was allocated in 1996/97 to develop programs for children with conduct or emotional disorders including prevention.

Up to 10 per cent of children aged 2 to 5 years have significant behavioural problems, such as severe tantrums, bullying and fighting. Behavioural problems cause disruption at home and elsewhere and alienate children from other children and adults. The use of harsh criticism or violent punishment is the least effective way to deal with these behaviours and can increase them.

### What we will do

- Each Area will implement effective parenting programs, such as Positive Parenting Programs, for vulnerable or at risk families. They will be developed with local health services including early childhood nurses and the Department of Community Services, and will be supported by specialist mental health expertise, by 1999/2000. Statewide mental health coordination of these programs will assist with implementation from 1999.
- Each Area will set up culturally-appropriate parenting enhancement programs in partnership with Aboriginal and Torres Strait Islander and culturally and linguistically diverse background communities supported by specialist mental health expertise by 2000.
- Each Area will implement effective prevention programs to deal with aggressive behaviour in partnership with schools through the School-Link program from 1999/2000.
- Develop guidelines for the preventive management of the mental health effects of trauma and violence by 2000.

## Strategy 2.3 Preventing depression and related disorders

Depression and related disorders increase in adolescence, making it critical to focus prevention in childhood and adolescence. Depression in young people can lead to serious problems such as: disruption of social, family, educational and work life; further episodes of depression; suicide and suicide attempts; and, other problems in adult life.

### What we have done

- Funding was allocated in 1998/99 for Statewide coordination of depression initiatives in NSW.
- Education, screening, counselling and treatment programs for post natal depression have been implemented.
- \$1.38 million recurrent funding was allocated to Areas in 1996/97 for adolescent depression programs, including prevention.
- NHMRC Depression in young people: Clinical Practice Guidelines have been disseminated across NSW to improve prevention, identification, assessment and management of depression in young people.
- Resourceful Adolescent Program has been piloted in schools in Western Sydney to reduce depression in adolescents.
- Young people on the Central Coast were involved in the Dumping Depression Program.

Depression has been identified as one of the major public health problems of the 21st century. Depression has also been identified as a National Health Priority Area.

Effective, multi-component prevention programs can decrease the prevalence of depression among young people. School-based interventions include the Aussie Optimism Program for primary schools and the Resourceful Adolescent Program for secondary schools.

#### **What we will do**

- Education, screening, counselling and treatment programs for post natal depression are being developed for Aboriginal and Torres Strait Islander communities and women from culturally and linguistically diverse backgrounds. Programs for prevention, screening and early intervention for post natal depression will be extended in 1999.
- Each Area will include prevention in local depression programs such as the Resourceful Adolescent Program or similar skills-focused interventions for primary and secondary school aged children by 1999/2000.
- An agreement has been finalised with the Department of Education and Training to guide implementation of depression prevention and early intervention programs in State secondary schools from 1999.

## **Strategy 2.4 Preventing suicide and self-harm in young people**

Young people are at high risk of suicide and self-harm. For every young person who dies from suicide there are many more who attempt suicide. Young people who have attempted suicide are likely to have mental health problems, especially depression. Young people who have previously attempted suicide are at increased risk of further suicide attempts.

Other risk factors for young people include: access to lethal means; living in rural areas, particularly young males; unemployment; being in custody; being an Aboriginal and Torres Strait Islander; being abused as a child; and, identifying as gay or lesbian. Child and adolescent mental health services have an important prevention role to provide mental health information, education and support to others in contact with young people.

#### **What we will do**

- The whole of Government We can all make a difference: NSW Suicide Prevention Strategy is being developed with 16 other Government departments by 1999. This strategy has a specific youth emphasis.
- Each Area will implement child and adolescent strategies consistent with the We can all make a difference: NSW Suicide Prevention Strategy from 1999.
- Additional suicide prevention resources will be developed including the NSW Youth Suicide Prevention Training Manual and Area Suicide Profiles during 1999.
- A review of deaths from suicide in children and young people by the Child Death Review Team will be completed in 1999.

#### **What we have done**

- The Premier launched the NSW Suicide Prevention Statement in 1997. \$15 million recurrent was allocated for suicide prevention programs for children and young people across NSW.
- Suicide prevention resources have been prepared including guidelines for managing suicidal behaviour in health facilities, NSW suicide and self-harm prevention initiatives, kits for managing media reporting and increases in suicides and Care and Support Packs for family and friends.
- \$1.8 million has been allocated for the NSW Rural and Regional Youth Suicide Prevention Program Project Officers have been appointed in all country areas.
- Suicide prevention taskforces or committees have been established in rural Areas.
- The NSW Suicide Surveillance system is being set up to provide up-to-date suicide information.

## Strategy 2.5 Intervening early for depression and first onset psychosis

Identifying and responding early to mental health problems in children and adolescents can improve mental health outcomes. Effective early intervention programs are available for many mental disorders including first onset psychosis and depression.

Mental health problems in young people are often not identified or appropriately referred for treatment. For example, most young people with first onset psychosis may not be recognised or receive effective treatment for up to 2 years. Depression in young people is also often overlooked.

### What we will do

- Statewide coordination will continue to provide consultation, education and training to assist Areas to implement early intervention programs for first onset psychosis and depression in young people for the next two years to 2000.
- Each Area will implement early intervention programs for depression and first onset psychosis programs consistent with National clinical practice guidelines for early psychosis and depression in young people. Progress will be reviewed in each Area Mental Health Service from 1999/2000.

### What we have done

- \$717,000 has been allocated for Statewide coordination of depression and first onset psychosis initiatives across NSW.
- Clinical Practice Guidelines will provide direction for early intervention and prevention for first onset psychosis and depression in young people in NSW.
- \$2.38 million recurrent was allocated in 1996/97 for depression and early psychosis programs in Areas.
- More than 100 consultations and 30 workshops have been held with Areas for first onset psychosis and depression.
- A first onset psychosis training kit has been distributed across NSW.
- Sally's Story, a first onset psychosis training video for mental health staff has been developed.
- An early identification and intervention program for depression has been developed for Campbelltown primary school aged children.

# STRATEGIC DIRECTION 3

## BETTER MENTAL HEALTH CARE FOR CHILDREN, ADOLESCENTS AND THEIR FAMILIES

### What are the issues

Evidence-based programs are an essential component of better mental health care for children, adolescents and their families. These programs need to be planned and implemented according to local mental health needs and available resources.

Specialist child and adolescent mental health services should provide education, consultation, liaison and support for primary health care and other services. They also assess and manage children and adolescents with complex or severe mental health problems or disorders. All programs should be evidence-based and emphasise short-term effective strategies provided in Community-based services. These programs should be available in developmentally appropriate frameworks across the age groups of 0-17 years. Families or other carers need to be included in assessing and managing mental health problems in children and adolescents.

Child and adolescent mental health services provide care for children and adolescents with disorders and problems such as emotional problems, depression, anxiety, eating, attention deficit and disruptive behaviour disorders, first onset psychosis and suicidal behaviour. Most programs and interventions are community-based but occasionally, for children and adolescents and their families with the more severe or complex disorders, admission to a specialist supra-Area unit may be required.

### Aim

- To promote the implementation of effective evidence-based protocols and programs for children and adolescents with mental health problems and their families in the least restrictive environments.
- To provide better mental health services for children, adolescents and their families.

### Strategies

- 3.1 Providing assessment protocols and care plans
- 3.2 Improving mental health care across age groups
- 3.3 Providing tertiary and supra-Area child and adolescent mental health services
- 3.4 Promoting better mental health care for all children, adolescents and their families

### How will we know

- Area Child and Adolescent Mental Health Plans will include evidence-based programs for the management of mental health problems and disorders in the 0-17 years age group.
- Area Plans will include clear pathways to primary, secondary and tertiary mental health services for children, adolescents and their families.

## Strategy 3.1 Providing assessment protocols and care plans

The clinical interview is central to assessment, particularly for at-risk children and adolescents. History taking and mental state examinations are core elements and should incorporate the young person's family or other care environments. Professionals should also consider issues such as the presence of other problems (including substance use), risk factors (including neglect and abuse), functioning in families, school/vocational and social areas, and cultural issues. They should also identify strengths and resilience. Assessment should be conducted sensitively and be relevant to the clinical situation and the child's mental state.

A core minimum assessment module should be complemented by other relevant assessment tools. Measures such as the Child Behaviour Check List (CBCL) should be used as appropriate.

Assessment leads to a working diagnosis and formulation, with a care plan identifying expected outcomes and time frames. Roles and responsibilities for implementing the care plan should be clarified. The care plan coordinator must be identified. Excessively repeated interviews and assessments are unproductive and should be avoided.

Criteria for discharge and referral should be included in care plans. Most interventions will be short-term, however, some children and adolescents with chronic and/or complex problems may require longer-term support and management. In some cases, families may benefit from appropriate referral to other agencies. Planned discharge and follow-up ensures continuity of care across services. Further specialist review and consultation may be required.

### What we will do

- A framework for child and adolescent mental health protocols for assessment, management and referral will be developed for use by Areas in 1999/2000.
- A manual and training programs to support enhanced and consistent assessment, management and referral processes will be provided by 2000.

## Strategy 3.2 Improving mental health care across age groups

Child and adolescent mental health care needs to be developmentally appropriate. Programs should be available across the age range from 0 to 17 years.

Within each age group, specific focus on family, child and later adolescent issues relevant to the particular child's needs will be the basis of care. Where appropriate, care may be provided by schools, general practitioners, primary care workers, child and youth health services or specialist child and youth health services such as paediatricians but in all instances, this should be informed by knowledge and skills for effective mental health treatment and optimal outcomes. Where problems are severe, life-threatening, or already affecting the child's social, cognitive or emotional development, it is critical that there is access to specialist child and adolescent mental health expertise.

### Strategy 3.2.1 Perinatal and infant mental health care

Adequate physical and emotional care in the first year of a baby's life promotes healthy development and reduces the risk of a negative trajectory including later mental health problems. Low birth weight and prematurity increase the risk of developmental problems and difficulties with feeding, sleeping, attachment problems and failure of bonding. Babies with these problems may be difficult to handle and at risk of abuse. Parental mental health problems, such as post natal depression, increase the risk of adverse outcomes. Links with adult mental health services are important.

#### What we have done

- Funding was allocated to Areas in 1997/98 for specialist child and adolescent mental health collaboration with maternal and child health.
- \$340,000 recurrent was allocated to South Western Sydney Area for specialist infant mental health programs including a day and outreach program for families and babies at Jade House.

### **What we will do**

- Child-Link will provide specialist child and adolescent mental health support for local maternal and child health and adult mental health services from 1999/2000.
- Specialist child and adolescent mental health expertise will support local home visiting programs, using the best available evidence supporting families with severe or complex mental health needs.
- Each Area will have programs and protocols for the early identification and management of women with post natal depression and support for them and their families by 2000.

### **Strategy 3.2.2 Toddlers and pre-schoolers**

Minor behavioural problems and fears are a normal part of development in this age group. For some children, these can become more serious and persistent and lead to mental disorders such as anxiety, depression or disruptive behaviour disorders. These children are at-risk of later mental health problems into adulthood. Persistent separation anxiety can impair transitions such as starting preschool and preparing for school. Developmental disabilities and pervasive developmental disorders, such as autism, may become evident at this age.

#### **What we have done**

- Several Areas have begun the Positive Parenting Program that include intensive mental health components.
- Northern Sydney and South Western Sydney Areas have set up special purpose programs for mothers with mental health problems and their children.

### **What we will do**

- Child-Link programs will link specialist child and adolescent mental health workers with the Department of Community Services and early childhood health services to assist children at risk from 1999/2000.
- Parenting Programs will be extended to assist culturally and linguistically diverse communities.
- Make information available to promote understanding of issues that contribute to family stress such as divorce, single parenthood, illness, mental health problems.

### **Strategy 3.2.3 Primary school aged children**

Almost one in 6 primary school aged children has an identifiable mental health problem. These problems tend to fall into two groups. The larger group has behavioural problems which seriously impede their schooling and alienate other children. The smaller group are sad, withdrawn or anxious children experiencing emotional problems. They usually make little fuss and few friends. Most of these children will have more than one mental health problem. Evidence-based treatment programs for mental health problems in this age group usually include a cognitive-behavioural component.

#### **What we have done**

- New child and adolescent mental health workers have been employed to work with school counsellors and teachers to provide comprehensive help for children with emotional and behavioural disorders.
- The NHMRC has published an evidence-based report on attention deficit hyperactivity disorder which will inform practice in NSW.

### **What we will do**

- Further child and adolescent mental health workers will be employed through the School-Link initiative to provide effective short-term interventions to work with schools to support children with mental health problems by 1999/2000.
- Clinical guidelines for the treatment of emotional and behavioural problems in childhood will be developed to support child and adolescent mental health services across NSW.

### Strategy 3.2.4 Adolescents

Adolescence is a complex transition stage and up to one-third of young people experience significant psychological distress during this period. Many mental disorders begin during this time with associated risks for suicide and self-harm and hazardous use of alcohol and other drugs. Long term consequences of mental disorders include school failure, social impairment, unemployment and increased levels of disorder in adult life. Eating disorders frequently manifest in adolescence and may require supra-Area specialist services, particularly for young people with more severe or complex problems. Treatment programs for adolescents with conduct disorder are less successful than those for younger children. Outreach services are needed for vulnerable adolescents, such as those who are out of school or out of home.

#### What we will do

- Areas will provide outreach services to vulnerable adolescents in collaboration with youth health services and the Departments of Community Services and Juvenile Justice through the Youth-Link initiative in 1999/2000.
- Develop youth focused service frameworks responsive to the needs of local youth cultures and address service access for young people by 2000.
- Develop good practice programs for co-existing hazardous use of alcohol and other drugs and mental health problems for this age group by 2000.

## Strategy 3.3 Providing tertiary and supra-Area child and adolescent mental health services

Appropriate assessment and treatment is provided at a local community level for most children, adolescents and their families. However, some do require tertiary expertise as their problems are so complex, severe or uncommon, such as severe eating or mood disorders. Due to the small numbers of individuals involved, these services should be organised across several Area Health Services (supra-Area) or on a Statewide basis. This also has the benefit of concentrating specialist expertise in one centre and facilitating specialist research and education.

Some children, adolescents and their families may require inpatient assessment and treatment or day programs. A smaller number of young people require involuntary treatment. Tertiary services require adequate resources to provide outreach to communities, such as in rural and other Areas.

#### What we will do

- Networks for Area access to specialist expertise for severe, complex or uncommon mental health disorders in children and adolescents, such as for severe eating or mood disorders will be facilitated.
- Child and adolescent mental health inpatient units in South Western Sydney and Hunter Area Health Services will be considered as part of the Statewide mental health capital works plan.
- NSW Health is developing a public health approach and Statewide service model for eating disorders. These frameworks may also be applicable to some other mental health problems and disorders.

#### What we have done

- New Children's Hospital at Westmead is developing a best practice model for early intervention for eating disorders for children and young people.
- Redbank House family unit provides supra-Area inpatient services for families with multiple complex problems.
- Rivendell Unit in Central Sydney Area Health Service provides tertiary programs for adolescents with severe depression or anxiety disorders, eating disorders or psychosis.

## Strategy 3.4 Promoting better mental health care for all children, adolescents and their families

Certain communities are exposed to increased risk factors for mental health problems and may experience difficulties accessing information and services.

### Strategy 3.4.1 Rural and remote communities

Rural and remote mental health services are different from metropolitan areas in the ways in which they are developed and integrated. Access to services, service delivery patterns, population distributions and availability of specialist services vary. Environmental factors, such as drought, flood and bushfires, isolation, distance and transport limitations and the impact of the rural recession pose challenges for rural communities.

#### What we will do

- Expand the Child and Adolescent Psychological Telemedicine Outreach Service to five new sites across rural NSW over 3 years.
- Develop education and training for rural health workers in child and adolescent mental health assessment and care by 2000.
- Ensure specialist child and adolescent mental health support and expertise are available to all rural and remote areas by 2002.

#### What we have done

- New Children's Hospital piloted psychological telemedicine services to Bourke and Dubbo.
- \$2.35 million has been allocated to extend this Child and Adolescent Psychological Telemedicine Outreach Service to 5 new sites in rural NSW.
- Sydney Children's Hospital provides regular outreach visits to 5 centres in Southern Area and fortnightly visits to Illawarra Area.
- The NSW Institute of Psychiatry provides the Adolescent Mental Health by Distance Education course.

### Strategy 3.4.2 Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander people may be affected by a lack of access and equity in mental health services. Pervasive and ongoing trauma is related to alienation from and lack of recognition of their cultural, social, geographical and spiritual roots. This group continues to experience ongoing effects of the "stolen generation", racial discrimination, marginalisation and intergenerational trauma. Poor physical health and high rates of premature mortality impact on mental health. In particular, young Aboriginal and

Torres Strait Islander people are exposed to multiple risk factors for depression. Programs are being developed recognising holistic Aboriginal concepts of health and well-being, in partnership with Aboriginal communities and within the principles of self-determination. These programs will provide specialised mental health care services and networks for children, adolescents and their families. Trauma and grief programs are an essential component of these.

#### What we will do

- Each Area will develop culturally appropriate programs to promote the mental health and well-being of Aboriginal and Torres Strait Islander children, adolescents and their families in partnership with the Aboriginal Health Resource Co-operative and Aboriginal community organisations by 1999/2000 covering a full range of initiatives.
- Information and other resources for Aboriginal children, adolescents and families supporting social and emotional well-being/mental health and dealing with trauma and grief in families will be developed with communities by 1999/2000.
- Suicide prevention programs for Aboriginal and Torres Strait Islander young people will be established in each Area by 1999/2000.

#### What we have done

- \$1.3 million has been allocated to implement the NSW Aboriginal Mental Health Policy which identifies key principles and partnerships to address the mental health needs of Aboriginal people.
- \$700,000 was allocated to Areas in 1996/97 for mental health programs for Aboriginal and Torres Strait Islander children and adolescents.

### Strategy 3.4.3 Culturally and linguistically diverse communities

Some migrant and refugee families may have unresolved grief and loss issues predating their decision to migrate. People who have recently arrived in Australia without support are at risk for mental health problems, particularly if they have limited English language skills. Parental depression and conflict experienced by some immigrant and refugee families may impact on children and adolescents. Services need to be sensitive to the impact of cultural and language differences on the experience of mental health problems.

#### What we will do

- Consultations with local communities from culturally and linguistically diverse backgrounds will inform mental health community education programs including suicide prevention by 1999/2000.
- Each Area will develop appropriate programs to promote the mental health of child and adolescent populations from culturally and linguistically diverse backgrounds by 1999/2000.
- Information on mental health in community languages will be available to improve understanding of child and adolescent mental health issues and provide information on mental health services in 1999/2000.

#### What we have done

- The Transcultural Mental Health Centre developed a peer support program for adolescents from culturally and linguistically diverse backgrounds whose parent has a mental health problem. Specific Youth Mental Health Forums for young people from culturally and linguistically diverse backgrounds have been conducted.
- Post natal depression screening tools and programs have been developed for culturally and linguistically diverse communities.
- A mental health strategy has been developed to enhance services to meet the needs of families from culturally and linguistically diverse backgrounds.

### Strategy 3.4.4 Adolescents with issues relating to gender and sexuality

Most adolescents have concerns and questions about gender and sexual orientation as a normal part of their emotional development. For up to 10 per cent of adolescents, this issue may cause distress and need sensitive, appropriate mental health interventions. Gay and lesbian adolescents may be at increased risk of suicide attempts and hazardous use of alcohol and other drugs due to feelings of isolation, stigma and discrimination.

A smaller group of adolescents may have significant concerns about their gender identity which may impact on their mental health and should be referred to specialist expertise such as supra-Area services.

#### What we will do

- The NSW Child and Adolescent Mental Health Training Program will include mental health issues for gay and lesbian adolescents.
- Provide information and training resources to mental health services and other relevant agencies on gay and lesbian issues especially in respect to rural communities and youth suicide.

#### What we have done

- Risk factors and management strategies for self-harm and suicide in young gay and lesbian people from rural areas have been included in the Youth Suicide Prevention Officers' Manual and Training Program.
- Support groups for young people to discuss concerns about their sexuality are being run by the Central Coast Health Service.

# STRATEGIC DIRECTION 4

## CRISIS AND EMERGENCY MENTAL HEALTH RESPONSE FOR CHILDREN, ADOLESCENTS AND THEIR FAMILIES

### What are the issues

When families experience crises these may impact on the mental health and well-being of children and adolescents. A coordinated response is needed to deal effectively with emergencies affecting children, adolescents and their families. Emergency response systems such as extended hours mental health services should ensure that these workers are adequately trained to respond to the mental health needs of children, adolescents and their families. Specialist child and adolescent mental health services should support other agencies providing care and treatment to children, adolescents and their families affected by traumatic events such as road accidents, sudden or violent death of a parent, child abuse, natural disaster, suicide risk or other acute problems.

### Aims

- To ensure that children, adolescents and their families have 24-hour access to mental health care in emergencies.
- To provide expert and specialised child and adolescent mental health responses and consultation as required for crises and emergencies.

### Strategies

- 4.1 Providing 24-hour access to mental health care
- 4.2 Improving responses for acute crises threatening the mental health of children and adolescents and family functioning

### How will we know

- Area Child and Adolescent Mental Health Plans will include emergency response protocols.
- Existing and developing information systems will be used to monitor Emergency Department presentations of children and adolescents with mental health emergencies.

## Strategy 4.1 Providing 24-hour access to mental health care

When children and adolescents are in acute distress due to mental health problems such as depression, anxiety, psychosis, effects of abuse or trauma, or suicidal thoughts or attempts, they need access to emergency mental health care.

Emergency Departments are one of the main points of after-hours contact for children, adolescents and their families in times of crisis. Telephone hotlines, such as Lifeline and Kids Help Line, also provide an important community service for people in crisis. Triage, assessment and referral are necessary for an effective response.

### What we have done

- Southern and Wentworth Area Health Services have piloted a 24-hour 1800 number staffed by skilled mental health professionals.
- The final report and recommendations for Mental Health Care in Emergency Departments is being used to develop guidelines for triage, assessment and management of mental health problems in Emergency Departments.

### What we will do

- Each Area will establish a 24-hour free call mental health number for the management of mental health problems which require emergency attention. This line will be staffed by skilled mental health professionals and those in need will be linked to appropriate follow-up services. The service will be supported by protocols and staff training.
- Each Area will establish protocols for child and adolescent mental health response to link to crisis telephone hotline services such as Kids Help Line, Lifeline and Child Protection and Family Crisis Service in case of emergencies.

- Management of child, adolescent and family mental health crises will be included in the mental health practice manual for staff in Emergency Departments.
- Specialist child and adolescent mental health services will provide consultation back-up to Emergency Departments. Links will be supported through crisis or extended hours services or other psychiatric emergency services which provide effective 24-hour response. This will be incorporated in Area Health Performance Agreements and service reviews by 1999/2000.

## **Strategy 4.2     Improving responses for acute crises threatening the mental health of children and adolescents and family functioning**

Families need to be able to access support at times of crisis to lessen the impact of adverse events on their children. Up to one in five children may suffer abuse or neglect. Children who witness domestic violence may be as adversely affected as those who have been assaulted by a family member.

### **What we have done**

- Access to specialist expertise has been facilitated through links between child and adolescent mental health services and Area Physical Abuse and Neglect of Children (PANOC) teams.

Loss of or separation from parents due to illness, imprisonment, divorce or death increases the risk of children and adolescents developing mental health problems. These may include: conduct disorders; mood disorders; anxiety disorders; and risk activities such as harmful use of alcohol and other drugs and inappropriate sexual activity. Loss and separation are also associated with frequent disruptions to home, school and social life. This increases the risk of school failure, impaired development and poor social and family relationships.

Programs to deal with these issues may need to provide emergency or crisis response and follow-up with short-term effective crisis, trauma or grief counselling services.

### **What we will do**

- Specialist child and adolescent mental health services will provide education and specialist support for other services and agencies that provide acute and crisis care to children, adolescents and their families.
- Protocols and referral networks will be established between specialist child and adolescent mental health services, and agencies such as the Department of Community Services, Children's and Family Courts and Corrective Services to provide effective prevention and support programs for children affected by separation from their parents.
- Specialist child and adolescent mental health services will collaborate with Physical Abuse and Neglect Of Children (PANOC) and Sexual Assault services to provide effective mental health interventions for children who may be in need because they have been abused or neglected.
- Each Area will develop programs for children with parents with a mental illness, with a capacity for crisis response.
- Children and adolescents who have been exposed to violence, life threat or other trauma will be provided with emergency mental health care and follow-up interventions based on best available evidence of effectiveness.
- Children, adolescents and families who have experienced acute bereavement will have access to effective counselling through appropriate agencies.
- Children, adolescents and families who experience a major disaster or other severe and sudden adversity will be provided with effective emergency and follow-up mental health response.

# STRATEGIC DIRECTION 5

## QUALITY AND EFFECTIVENESS IN MENTAL HEALTH CARE

### What are the issues

Building processes and systems to support child and adolescent mental health services is critical. The provision of comprehensive, effective and efficient care requires a sound infrastructure. Accurate data on the extent of child and adolescent mental health problems and disorders, risk and protective factors and interventions and outcomes are essential for planning effective mental health services. Data and information on child and adolescent mental health services have not been readily available. For the first time the National Survey of Mental Health Services 1996/97 has collected such data which will soon be available for service planning.

Prevention and early intervention are relatively new fields in mental health. Education and training of new and existing staff in child and adolescent mental health will ensure they have the skills and knowledge to promote positive mental health outcomes for children and adolescents. Outcome monitoring and continuous improvement are needed to determine the most effective and appropriate methods for delivery of quality services. High level research and academic leadership is needed to develop evidence-based knowledge and skills to inform local practice.

### Aims

- To improve the quality of information about child and adolescent mental health issues including risk and protective factors, patterns and extent of problems and disorders and child and adolescent mental health services.
- To provide education and training for child and adolescent mental health workers and services enabling them to provide quality child and adolescent mental health services.
- To ensure that Areas provide services which will lead to improved mental health outcomes for children, young people and their families.

### Strategies

- 5.1 Developing data and information systems
- 5.2 Providing education and training for the development of the child and adolescent mental health workforce
- 5.3 Evaluating to ensure improved mental health outcomes for children, adolescents and their families
- 5.4 Ensuring that care is of good quality
- 5.5 Establishing research and academic leadership

### How will we know

- An annual report on child and adolescent mental health services in NSW will be provided through the National Survey of Mental Health Services.
- Monitoring participation in the NSW Child and Adolescent Mental Health Education and Training Program.
- Reports and studies on local child and adolescent mental health research initiatives will be available and published.

## Strategy 5.1 Developing data and information systems

Information on the extent of child and adolescent mental health problems is essential for mental health service planning. Regular surveillance of child and adolescent mental health problems and disorders should be established including risk and protective factors. Current estimates using data projections with figures from the Western Australian Child Health Survey and monitoring data from NSW schools survey are available. The National Survey of Mental Health and Well-being for Children and Adolescents will provide systematic epidemiological data for the whole of Australia including NSW.

### What we have done

- The Centre for Mental Health has established an Evaluation Program to address immediate information needs and ensure mental health monitoring is included into existing and new health information systems.
- NSW Health has allocated \$24 million to developing and implementing the Community Health Information System which will include mental health information.
- The 1996 collaborative survey with the NSW Cancer Council included information on mental health, substance use and other health factors among NSW school students.

Effective mental health care for children and adolescents will be monitored and reported annually through a number of key reports and mental health indicators. These indicators will be derived from the National Survey of Mental Health and Well-being, the National Survey of Mental Health Services and the National Mental Health Standards.

#### **What we will do**

- The National Mental Health Services Survey will systematically collect information on Child and Adolescent Mental Health Services in NSW, their staffing levels and patterns, funding, and programs provided until 2001.
- Systematic data on Child and Adolescent Mental Health Services, staffing and programs will be built into current Health Department reporting systems so that annual reporting on these and their achievement of key targets or indicators can be conducted from 1999.
- Each Area Health Service will use information on the prevalence of risk and protective factors, mental health problems and disorders and local demographic information to plan child and adolescent mental health programs and services from 1999.
- Coding, recording and reporting data systems for mental health services will be developed and implemented with the introduction of the Community Health Information System. This data will include systematic recording of a full range of interventions and diagnostic data from 1999/2000.
- Data linkage with Areas will be developed to ensure that data concerning epidemiology, services, utilisation and outcomes can be used to maximum effectiveness and regularly updated.

## **Strategy 5.2 Providing education and training for the development of the child and adolescent mental health workforce**

Education and training are essential to progress child and adolescent mental health services in NSW. Increasing numbers of staff are being employed to work in and establish child and adolescent mental health services and programs. This workforce needs to have the skills and knowledge to provide evidence-based mental health services across the spectrum of prevention, early intervention and clinical management. Education and training needs to be linked to core professional training, continuing professional education, workplace education and training and regular supervision.

Training on child and adolescent mental health issues, identification and referral is required for health workers in other services and agencies that are likely to have contact with children, young people and their families. Roles and responsibilities of specialist child and adolescent mental health and other agencies need to be clearly delineated including their contribution to care provision.

#### **What we will do**

- The NSW Child and Adolescent Mental Health Training Program will commence in 1999 and initially target child and adolescent mental health workers.

#### **What we have done**

- A review of child and adolescent mental health education programs has been conducted, including: core skills, training focusing on outcomes, evidence-based interventions, enhanced assessment and care planning and shorter-term models of care.
- The training program for the newly appointed Rural Youth Suicide Prevention Officers including a Youth Suicide Prevention Manual has commenced.
- Training workshops on identifying and treating young people with first onset psychosis have been held throughout NSW.
- National and international experts presented at the NSW Prevention Forum in Child and Adolescent Mental Health held for Area Directors of Mental Health and Child and Adolescent Mental Health Clinical Coordinators in 1998.
- NSW Health sponsored the Third National Child and Adolescent Mental Health Conference in July 1998. International and national experts focused on evidence-based programs and practice, prevention, early intervention and child and adolescent mental health service delivery.

- Each Area will ensure that systems are in place for supervision and career development for child and adolescent mental health workers. Prevention of “burnout” of child and adolescent mental health staff should be a key component by 1999/2000.
- Further components of the NSW Child and Adolescent Mental Health Training Program will target other service providers including general practitioners, the primary health sector such as child and youth services, adult mental health services, non government organisations and other Government Departments such as Community Services, Juvenile Justice and Education and Training.
- The NSW Manual for Prevention in Child and Adolescent Mental Health will guide the development and implementation of prevention programs across NSW from 1999.
- A set of Child and Adolescent Mental Health Good Practice Manuals will be developed for clinical use to ensure evidence-based good practice and linked to the NSW Child and Adolescent Mental Health Training Program from 1999.

### **Strategy 5.3      Evaluating to ensure improved mental health outcomes for children, adolescents and their families**

There are increasing requirements for accountability regarding both the services provided and interventions for individuals receiving mental health care. Monitoring outcomes is important to evaluate the effectiveness of child and adolescent mental health services and programs. Outcome measures need to take account of a wide variety of factors relevant to the spectrum of interventions from prevention to tertiary mental health services. This should include individual, family and community measures and incorporate developmental issues relevant to children and adolescents. A national consultancy has reviewed and evaluated outcome measurement for child and adolescent mental health in Australia.

#### **What we have done**

- Several Areas have started outcome assessment for children and adolescents.
- Funding has been allocated for the development of evidence-based protocols for assessment, mental health outcome measurement and treatment guidelines.
- NSW is participating in the national consultation process to review models of consumer outcomes for use in child and adolescent mental health services.

#### **What we will do**

- An outcome monitoring protocol will be linked with child and youth mental health outcomes measures as determined under the National Mental Health Strategy. This will be implemented in each Area from 1999 to assist in evaluating programs and services.
- Evaluation of the progress on Area Child and Adolescent Mental Health Plans will occur annually beginning 2000 and be in line with the process used by the Second National Mental Health Strategy.
- Evaluation of the effectiveness of the NSW child and adolescent mental health strategy will be undertaken beginning 2000.

### **Strategy 5.4      Ensuring that care is of good quality**

Information is needed on the requirements for providing quality and effective child and adolescent mental health services appropriate to local needs. Wherever possible, mental health services provided to children and adolescents should be community-based.

#### **What we have done**

- A complete audit of all NSW child and adolescent mental health services, resources and current activity, was undertaken in 1995/6 and 1996/7.
- NSW Mental Health Benchmarking Study 1996/97 provided information to each Area on community-based and inpatient child and adolescent mental health services.
- Area Mental Health Services have commenced reviews towards meeting the National Standards for Mental Health Services as they apply across the life-span.

The National Standards for Mental Health Services set out key requirements to be met by all mental health services across Australia. These will be further adapted for child and adolescent mental health services and impact of these adaptations will be monitored. To ensure consistency these standards are being incorporated into existing service review and accreditation processes such as the Community Health Accreditation Standards Program (CHAMP) and the Australian Council on Healthcare Standards (ACHS).

#### **What we will do**

- A draft strategy for the implementation of the National Standards for Mental Health Services is being developed and reviews will be conducted using this during 1999 and subsequently.
- Child and adolescent mental health evidence-based practice will be reviewed and guidelines disseminated for key priority areas to Area Health Services and other agencies in 1999/2000.

## **Strategy 5.5      Establishing research and academic leadership**

There is a need to improve the level of research and academic leadership in child and adolescent mental health in NSW. This is necessary to increase understanding of effective child and mental health practice and outcomes for application in NSW. Local research in child and adolescent mental health has been limited despite its high priority and the significant short and long-term costs associated with these disorders. There is a need for consistent research development in this field. Current academics, while carrying out excellent research and teaching, are few in number and the majority hold senior clinical service positions with extensive clinical loads.

#### **What we have done**

- Several Health Areas have been funded to conduct needs assessments for children with a parent with mental illness.

#### **What we will do**

- A Mental Health Research and Development Strategy including child and adolescent mental health, will be developed through collaborative consultation with researchers, consumers, service providers and professionals beginning 1999 to 2000.
- Each Area will identify child and adolescent mental health research strategies by the end of 2000.

