

# GOVERNMENT RESPONSE TO THE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES REVIEW AND RECOMMENDATIONS

November 2020

## Contents

Message from the Minister .....	3
Background to the Review.....	4
What the Review found.....	5
Recommendation 1: One state-wide CAMHS needs to be created.....	5
Recommendation 2: CAMHS model of service better reflects the Australian National Mental Health Strategy.....	5
Recommendation 3: CAMHS embrace a range of model of service reforms to make service delivery more efficient, contemporary and cost-effective.....	5
Recommendation 4: Current CAMHS should be appropriately funded to be able to provide best practice interventions for consumers with severe and complex needs, and in so doing, provide stakeholders with the CAMHS expertise they require.....	5
Recommendation 5: Reform of CAMHS should be supported by dedicated CAMHS management structures and workforce initiatives.....	5
Recommendation 6: Mental health leadership strongly advocate for CAMHS community clinics to be provided with suitable accommodation.....	6
Recommendation 7: Reform of CAMHS should be supported by an increased CAMHS capacity in service development, evaluation and research.....	6
Government Actions .....	7
Action 1: New organisational structure to drive and maintain meaningful change .....	7
Action 2: Changing existing functions (models of care) .....	7
Action 3: Addressing known service gaps .....	8
Proposed Implementation Timelines .....	9

## **Message from the Minister**

In July 2019, I released the Tasmanian Government's response to the Mental Health Integration Taskforce, in which I outlined that the Tasmanian Government accepted all 21 recommendations, and committed to eight actions to address the recommendations.

One of those recommendations was to conduct a review of the model of care for the Child and Adolescent Mental Health Service (CAMHS), with a focus on the integration of service responses for adolescents across community and inpatient settings.

The completion of this review marks an important milestone and opens a new chapter in the development and implementation of CAMHS services across the state. It also demonstrates the importance the Tasmanian Government places on the improvement of mental health and wellbeing outcomes for young Tasmanians and their loved ones.

The recommendations of the review suggest large-scale changes in the way CAMHS operates, inclusive of its structure, practice, and culture, to better support our children and adolescents, with particular emphasis on those most vulnerable and in need of support. The review affirms the importance of the role CAMHS services have as a specialist provider. The report also attests to the dedication of CAMHS staff in providing services for a growing child and adolescent population in Tasmania.

The review heard from many stakeholders who work for and with children and adolescents in Tasmania, and I would like to thank them and the organisations they represent for their ongoing support and engagement in the review process. Wide-ranging consultation with the sector in relation to the proposed Government actions has provided valuable insight that informs our approach, and I look forward to continuing to work closely together with the sector to deliver this significant reform to better support young Tasmanians living with a mental illness.



**Jeremy Rockliff MP**

**Deputy Premier**

**Minister for Mental Health and Wellbeing**

## **Background to the Review**

In March 2018, the Tasmanian Government outlined several election commitments related to mental health. This included the establishment of the Mental Health Integration Taskforce (the Taskforce) to consider the best approaches to achieving integration of Mental Health Services in Tasmania.

The Taskforce made 21 recommendations which were all accepted by the Tasmanian Government. Action 4 of the Government response committed Government to 'Review the model of care for the Child and Adolescent Mental Health Service, with a focus on the integration of service responses for children and adolescents across community and inpatient settings.'

The CAMHS review process was undertaken by an external consultant, Professor Brett McDermott. Professor McDermott provided expert clinical knowledge of child and adolescent mental health, expertise in clinical leadership of CAMHS and other service options (inpatient, outpatient, emergency and child protection). Professor McDermott also has significant knowledge of and experience in the operation of specialist CAMHS treatment models implemented nationally and internationally.

The objective of the CAMHS review was to 'enable an integrated pathway for children and adolescents and their families and carers to navigate the mental health system.' Two main deliverables from the CAMHS review were a comprehensive report outlining the review of the CAMHS service system and recommendations on how to develop Tasmanian CAMHS. An additional requirement of the review was that the recommendations be written in a way which provided guidance for the implementation of specialised clinical services.

The review process commenced in December 2019. The review process included a desktop analysis and file audit, including demographic data, service utilisation and planning data, stakeholder interviews with CAMHS providers and other Government agencies including the Children's Commissioner, Department of Education, Youth Justice Services and adult mental health services.

The review of the Child and Adolescent Mental Health Service (CAMHS) was progressed as part of the broader Tasmanian Mental Health Reform Program (TMHRP).

To obtain feedback in relation to the main findings of the CAMHS review and the proposed action areas for the Government response, stakeholder consultations were held in late August 2020, chaired by Dr Aaron Groves, Chief Psychiatrist Tasmania and Professor Brett McDermott. The feedback received indicated strong collective support across a range of stakeholders to reform CAMHS in the manner described in this response.

## What the Review found

The seven recommendations made as a result of the review process are provided below.

### **Recommendation 1: One state-wide CAMHS needs to be created.**

The review outlined that the current operation of CAMHS as three separate small teams was not consistent with meaningful reform and limited the ability for services to provide a standardised service approach. It was identified that there was an urgent need for the development of a state-wide leadership team to assist in the implementation of reforms and ongoing management of CAMHS, informed by enhanced use and understanding of service data to guide decision making.

### **Recommendation 2: CAMHS model of service better reflects the Australian National Mental Health Strategy.**

CAMHS was seen to require repositioning of its service to better respond to young Tasmanians with the most complex and challenging mental health needs. The need for CAMHS to adequately cater for this group is fundamental to a functional stepped care model; this notion is supported by the national strategy and current state reforms. In accordance with its position in a stepped care system as a specialist provider, CAMHS should aspire to be identified as an outward looking, collaboration-seeking and solution-focused service which is inclusive of consumers, their family and friends, and a wide range of stakeholders.

### **Recommendation 3: CAMHS embrace a range of model of service reforms to make service delivery more efficient, contemporary and cost-effective.**

A number of routine practices and procedures identified across CAMHS were seen to require alteration to become more efficient, contemporary, and cost-effective. These practices related to routine clinical care such as referral, treatment, assessment, intake, risk assessment, and service provision. In many cases, the common themes related to a lack of standardisation across the state in terms of process and implementation. The review also highlighted the use of treatment approaches which were identified as not in line with national and international best practice guidance. Other findings made it evident where CAMHS specific expertise or input into state-wide processes would benefit consumers, their family and friends, and other stakeholders.

### **Recommendation 4: Current CAMHS should be appropriately funded to be able to provide best practice interventions for consumers with severe and complex needs, and in so doing, provide stakeholders with the CAMHS expertise they require.**

This recommendation makes it clear that there are a number of services considered essential parts of a modern CAMHS which are not currently in operation in Tasmania. The reviewer highlights the need for these teams in Tasmania and asserts that the operation of these services is common in a specialist CAMHS. The individual service components recommended in the review are discussed in more detail below in association with the Government response.

### **Recommendation 5: Reform of CAMHS should be supported by dedicated CAMHS management structures and workforce initiatives.**

The review highlights that the provision of specialist services to young people with severe and complex mental health presentations requires a diverse and highly trained workforce, supported by a CAMHS specific management structure which is approachable, flexible, and supportive (further reinforcing recommendation 1). The recommendation proposes the establishment of team leader and professional senior groups to facilitate discipline specific supervision. The increased prominence

of the community's (inclusive of consumers, their family and friends, and various stakeholders) voice in service design and delivery was also identified as vital.

**Recommendation 6: Mental health leadership strongly advocate for CAMHS community clinics to be provided with suitable accommodation.**

The review found that of the three sites that CAMHS community teams currently operate from, two are not suitable for providing contemporary CAMHS services. This recommendation discussed the need for contemporary spaces that are consumer-friendly, accessible, suitably private, and, wherever possible, co-located with other organisations that provide services to children, adolescents and families.

**Recommendation 7: Reform of CAMHS should be supported by an increased CAMHS capacity in service development, evaluation and research.**

The reviewer discussed the importance of ensuring that CAMHS adopt and maintain a philosophy of continuous service development. This was seen to be actionable through a more engaged quality improvement cycle. In addition, participation in more formal research processes such as service evaluation and applied clinical research, with the intent of producing peer-reviewed papers and output, was encouraged.

## **Government Actions**

**The Government accepts all seven recommendations of the review, and commits to the following three overarching actions:**

### **Action 1: New organisational structure to drive and maintain meaningful change**

The overarching goal of this action is to ensure that CAMHS services are coordinated and provide a consistent, evidence-based service. A state-wide leadership and management structure that includes medical and administrative functions needs to be established as a priority. This would entail reorganising existing CAMHS senior positions to establish and fund state-wide director and manager positions. Of particular urgency is the appointment of the State-wide Clinical Director to provide clinical leadership in progressing the reforms.

The introduction of these positions and their role in the service will require the development of new governance arrangements. Specifically, there will be a need to form leadership and senior groups to better standardise approaches to service provision, training and staff development to reflect a new approach to operating CAMHS.

Concurrent with changes to governance, improved approaches to monitor and evaluate services using available service data need to be developed and maintained. Continuous service improvement, including links to research and program evaluation, should be encouraged at all levels of the organisation. Relationships with academic institutions with experience in the evaluation of mental health services, specifically in relation to CAMHS, should be developed and integrated with changes in the governance structure through partnerships with academic staff and academic institutions.

*Timeframes - To be established as a priority during FY2020-21*

*Relevant Recommendations - 1,5,7*

### **Action 2: Changing existing functions (models of care)**

The review discussed the need for CAMHS to align itself to relevant and contemporary state and national strategy. These requirements include:

- Reviewing and enhancing the way current services can respond to demand, acknowledging the need to respond to the most complex and challenging mental health presentations. This may include, but is not limited to, changes in the way the service responds to the following presentations:
  - Mental health presentations in young people who also have intellectual disability, autism spectrum disorder, or developmental disorders.
  - Mental health presentations in young people who have also experienced other challenges such as sexual, physical, or emotional abuse.
  - Individuals with trauma related mental health diagnoses such as post-traumatic stress disorder.
  - Individuals who lack parental or familial supports.

This process will require a comprehensive review of the model of care for all existing services, with alignment of revised models to relevant national and international best practice, with significant ongoing sector-wide stakeholder consultation.

- An analysis of training needs to identify what skills need to be enhanced in order to deliver a contemporary CAMHS service in line with demands on the service and changes to the models of care. Training should be made available as soon as the requirements are clear in order to facilitate improvements in service delivery.
- It should be noted that critical review of facilities will commence alongside a review of models of care, with the ultimate outcome being to assess the suitability of the facilities to deliver the updated, contemporary model of care required. This way, contemporary facilities will become available as new revised models of care are implemented, providing the service with the appropriate resourcing for successful implementation and future growth.

*Timeframes - Working groups to align the models of care to commence in FY2020-21, work to be completed during FY2021-22.*

*Relevant Recommendations - 2,3,5,6*

### **Action 3: Addressing known service gaps**

As outlined in recommendation 4, there were observed gaps in the services provided by CAMHS, limiting their ability to respond to evidenced service demand. The following new programs were recommended for implementation in Tasmania to ensure improvements in accessing specialist, age appropriate services.

**Children in Out of Home Care Intensive Support Team:** A highly specialised intensive mental health intervention and consultation service for those children/young people who have complex mental health care needs. Two teams, working across different parts of the state, will be created.

**Youth Forensic Mental Health Service:** Multidisciplinary team, including adolescent psychiatrists, that provides specialist assessment, offence-specific interventions, risk assessment, and management plans.

**Youth Early Intervention Service:** Focuses on early recognition and treatment for young people experiencing early psychosis and other emerging severe and complex non-psychotic disorders. Key elements include flexible access for assessment and treatment, assertive outreach, and a range of interventions tailored to individual need. Two teams, working across different parts of the state, will be created.

**Perinatal and Early Years Mental Health Service:** An expansion of the current Perinatal and Infant Mental Health Service (PIMHS), to get greater state-wide coverage and consistency. The expansion will also allow PIMHS to provide a greater range of treatment options.

**Eating disorders day treatment programs:** Development of day programs to provide time limited, evidence-based therapies for those in need of strategies to manage their eating more independently, moving towards a healthier relationship with food and eating.

*Timeframes - Varied based on clinical team, but to commence in FY2020-21 and to occur over a five-year period thereafter.*

*Relevant Recommendations - 3,4*



## Proposed Implementation Timelines

A preliminary scoping by senior State-wide Mental Health Service and Mental Health, Alcohol and Drug Directorate (MHADD) staff of the required tasks relative to budget and timelines has indicated that a three-phase approach could be undertaken to implement the proposed Government response.

Table I provides preliminary timelines surrounding implementation, subject to future budgetary consideration.

**Table I:** Proposed implementation timelines for CAMHS initiatives

Phase	Time Frame	Initiatives to be Implemented
Phase One	FY2020-21	<p>Establishment of a new tiered senior management team to facilitate a single unified CAMHS, inclusive of appointment of State-wide Clinical Director and manager <b>(Action 1)</b></p> <p>Introduction of specialist and dedicated analytics to enable ongoing service development, evaluation and research <b>(Action 1)</b></p> <p>A reorientation of existing services towards addressing severe and complex mental illness (re-development of the CAMHS model of care) <b>(Action 2)</b></p> <p>Identification of suitable accommodation for future community services <b>(Action 2)</b></p> <p>Increase of capacity of the Perinatal Infant Mental Health Service to provide coverage to the North and North-West* <b>(Action 3)</b></p> <p>Securing appropriate contemporary facilities for community outpatient services <b>(Action 3)</b></p>
	FY2021-22	<p>Establishment of a dedicated and highly specialised CAMHS service for children in out-of-home care (one out of two services) <b>(Action 3)</b></p> <p>Establishment of Youth Early Intervention Service (one out of two services) <b>(Action 3)</b></p> <p>Securing appropriate contemporary facilities for community outpatient services <b>(Action 3)</b></p>
Phase Two	FY2022-23	<p>Includes the remaining community-based services and recommendations: ^</p> <p>Establishment of a dedicated and highly specialised CAMHS service for children in out-of-home care (second service) <b>(Action 3)</b></p> <p>Establishment of Youth Early Intervention Service (second service) <b>(Action 3)</b></p> <p>Increased capacity of the Perinatal Infant Mental Health Service <b>(Action 3)</b></p> <p>Establishment of a state-wide Youth Forensic Mental Health Service <b>(Action 3)</b></p>

		<p>Eating disorders day treatment programs <b>(Action 3)</b></p> <p>Enhancement of Perinatal and Early Years Mental Health Service <b>(Action 3)</b></p> <p>Securing appropriate contemporary facilities for community outpatient services <b>(Action 3)</b></p>
Phase Three	TBD	The establishment of an adolescent inpatient unit

\*: provided through existing Commonwealth funding

^: Subject to funding resulting from the budgetary submission in FY2021-22

### Proposed Implementation Budget

Implementation of the proposed actions are an important priority for the Tasmanian Government to alter the provisioning of CAMHS services, to ensure children and adolescents have access to the best possible care, support and treatment. To this end, the Tasmanian Government is committing \$4 million over FY2020-21 and FY2021-22 to commence Phase One of transforming the service. It should be noted that all actions listed above have been identified as important steps in supporting the development and proper functioning of a dedicated inpatient CAMHS service which can meet service demand.



Mental Health, Alcohol and Drug Directorate  
Department of Health  
GPO Box 125  
HOBART TAS 7001

03 6166 0778

[mhadd.director@health.tas.gov.au](mailto:mhadd.director@health.tas.gov.au)

[www.health.tas.gov.au](http://www.health.tas.gov.au)