Metro South Addiction and Mental Health Services

Clinical Service Plan
Child and Youth Academic Clinical Unit
The Child and Youth Academic Clinical Unit (ACU) is comprised of specialised mental health teams that provide a comprehensive response to the varying needs of infants, children and young people with mental health problems or mental disorders and their families/carers in the community\(^1\).

**Our plan**

This clinical service plan has been written to outline the services provided by the Child and Youth ACU in Metro South for individuals, carers, families and the general community.

**Our vision**

To improve mental health and wellbeing\(^2\) for infants, children, adolescents and their carers in order to reduce the lifetime risk and burden of mental illnesses within our community.

**Our mission**

To deliver effective and comprehensive, developmentally and culturally sensitive, family-centred mental health care for infants, children and adolescents up to the age of 18 years who are suffering from, or at risk of developing, severe, complex and enduring mental health problems, in collaboration with carers, families and our other key partners.

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\(^1\) Community Child and Youth Mental Health Service. Model of Service. Queensland Public Mental Health Service

\(^2\) We recognise that mental health and wellbeing is not simply the absence of symptoms and signs of mental illness, but that mental health across the age span includes the dimensions of enhanced resilience, optimised developmental trajectory, good quality of life, developmentally appropriate functioning, and the capacity to engage in healthy relationships.
# Our strategic objectives for 2014-2017

The Child and Youth ACU has identified the following key strategic objectives to achieve in the next three years. These support Metro South Addiction and Mental Health Services’ four strategic priorities.

## 1. Better outcomes for consumers, families, carers and the community

- Ensure the provision of services are timely, equitable, accessible and appropriate

## 2. A partnership approach - linking and engaging with our community

- Services are delivered through collaboration, consultation and integration

## 3. Accountability and confidence in our health system

- Ensuring clinical care is supported by an organisational framework that is based accountable corporate and clinical governance

## 4. Excellence in clinical care, education and research

- Support an organisational culture that promotes integrated care through research and education for evidence best practice care

## Child and Youth Academic Clinical Unit

### Strategic Objectives 2014-2017

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<th>Strategic objectives</th>
<th>Key strategies</th>
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<td>1. Greater accountability, consistency and transparency in our efforts to improve health outcomes for our consumers</td>
<td>1.1 Develop our capacity to utilise routine health outcome measures (e.g. HoNOSCA, SDQ) to demonstrate treatment effectiveness</td>
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<td>1.2 Set appropriate response time targets (key performance indicators) for time from referral to assessment based on clinical need and risk</td>
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<td>1.3 Consistency in Child and Youth ACU triage processes and intake criteria</td>
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<td>1.4 Develop and implement a three-year Child and Youth ACU Carer and Consumer Involvement Strategic Plan</td>
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<td>1.5 Rigorous and continuous Child and Youth ACU service program evaluation utilising our health outcome data, clinician, consumer and carer engagement strategies, audit and research, the best available scientific evidence, and consultation with our key stakeholders</td>
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<td>1.6 Explore potential efficiency gains through enhancing our capacity to deliver evidence informed group therapy programs</td>
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2. Develop a coordinated, evidence-informed, prioritised and sustainable approach to training and professional development to ensure our clinicians are skilled in a range of core and specific clinical competencies

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<td>2.1 Establish a Child and Youth ACU Learning, Development and Research Committee</td>
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<td>2.2 Develop, adopt or adapt a Child and Youth ACU Clinician Competency Framework</td>
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<td>2.3 Develop and implement three-year Child and Youth ACU Learning and Development Strategic Plan drawing on:</td>
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<td>i. Best available scientific evidence</td>
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<td>ii. Continuous Child and Youth ACU service and program evaluation</td>
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<td>iii. Child and Youth ACU clinician, carer and consumer engagement strategies</td>
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<td>iv. Child and Youth ACU Clinician Competency Framework (in development)</td>
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<td>v. Local, National and international benchmarking</td>
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<td>vii. Metro South Mental Health Therapy Capability Frameworks</td>
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<td>viii. Queensland Health Aboriginal and Torres Strait Island Cultural Capability Framework 2010-2033</td>
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Opportunities to provide optimal care to families, consumers and carers within a child and youth framework.

1. **Prevention:** Working in a framework that helps the development of strategies to promote resilience and reduce the likelihood of future recurrence for the individual

2. **Early intervention:** Improved capacity of the individual/parents/carers/schools/others in the community to recognise and appropriate respond to early signs and symptoms mental health problems

3. **Partnerships with the broader community:** To increase community awareness about the service provision of the local public child and youth mental health service and other service providers in the primary care setting and non-government sector.
Our service delivery

The Child and Youth ACU provides and facilitates, through key partnerships with a wide range of services and organisations, a broad spectrum of mental health care that includes:

- Mental health promotion
- Prevention
- Early intervention
- Treatment
- Rehabilitation and recovery
- Consultation liaison.

The Child and Youth ACU particularly targets mental health problems and disorders in infants, children and adolescents (0-18 years of age) that are:

- Severe and/or complex
- Likely to represent emerging or diagnosable mental disorders
- Not responding to reasonable interventions at other levels of care
- Severely compromising quality of life and developmentally appropriate functioning
- Not amenable to treatment through alternative, equally appropriate, or more appropriate services
- Requiring coordination/integration across multiple services
- Likely to benefit from the range of interventions our service offers.

All decisions in relation to new referrals to our service are guided by clinical judgement with the best interests of the infant, child or adolescent paramount in decision-making.

Our primary aim on receiving a referral is to determine where and how each infant, child, adolescent and their carers can get the best possible and most appropriate assistance from the most appropriate service at the most appropriate time.

Our relationships with our key partners are central to ensuring effective transitions of care, shared care and stepped care coordination.

The paragraphs to follow attempts to provide a rough guide to the nature of the problems and disorders most appropriate to our service.
The mental health disorders and problems that we particularly target in collaboration with our key health partners include:

- Major Depression and other serious disorders of mood regulation, such as Bipolar Affective Disorder
- Non-suicidal self-injury
- Suicidal thoughts and behaviours
- Early psychosis and psychotic disorders, such as Schizophrenia
- Eating disorders, such as Anorexia Nervosa
- Trauma-related problems, such as Post-traumatic Stress Disorder
- Serious disturbances of attachment and carer-child relationships
- Complex anxiety disorders, including severe school refusal
- Complex developmental and behavioural disorders
- Emerging personality disturbances
- Substance use disorders.

Our multidisciplinary clinical teams of are staffed by:

- Psychologists
- Social workers
- Occupational therapists
- Speech and language therapists
- Nurses
- Aboriginal and Torres Strait Islander health workers
- Trainee registrar psychiatrists and other doctors
- Child and Adolescent Consultant Psychiatrists.

What is a severe mental health problem in a person aged 0-18 years?

A severe mental health problem in this age group is usually associated with one or more of the following factors:

- High level of distress (individual, family/ carer, wider support systems)
- High level of developmentally appropriate functional impairment (e.g. social, leisure activities, scholastic)
- Greatly reduced quality of life
- Not responding or resistant to reasonable 1st line interventions
- Signs and symptoms suggestive of high risk to self or others (e.g. suicidal behaviours)
- Signs and symptoms suggestive of serious psychiatric diagnosis (e.g. psychosis).

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3 For more information about our staff in the Mental health Service please refer t to the link provided; www.health.qld.gov.ACU/metrosouthmentalhealth/consumer/our-staff.asp#consultant
What is a complex mental health problem in a person aged 0-18 years?

A complex mental health problem in this age group is usually associated with one or more of the following factors:

- Multiple problems or multiple disorders (including developmental, physical and substance use disorders)
- Multiple professionals and/or agencies involved/concerned
- Personal history of trauma, abuse, or neglect
- Carer history of trauma, abuse, or neglect
- History or presence of carer mental illness
- Chronic physical illness or medically-unexplained physical symptoms
- Multi-problem family/carer/environmental context, including severe carer-child relational problems, homelessness and out-of-home care
- Forensic history.

Adolescent Inpatient Unit

The Child and Youth ACU has one ten-bed Adolescent Inpatient Unit located at Logan Hospital.

The Child and Youth Academic Clinical Unit has community clinics located at:

- Logan Central
- Cleveland
- Browns Plains
- Beenleigh.

We also provide an outreach clinic to Beaudesert.

The Child and Youth ACU specialised programs include:

- **Logan Evolve Therapeutic Service (Evolve TS)** – This program is a collaborative partnership between Queensland Health and the Department of Communities. Evolve TS specialises in the treatment of infants, children and adolescents with complex mental health, trauma and attachment-related problems who are in the care of the Department of Communities.

- **Parent-Infant Mental Health Program** – This program provides clinical services to families that are at high risk of developing serious attachment disturbances for children between 0 to 3 years.

- **Family Therapy Program** – This program works with families with young people who are experiencing severe and/or complex mental health problems utilising family therapy as the primary intervention.
- **Early Intervention Unit**, including Ed-LinQ – This unit offers a range of mental health prevention and early intervention strategies including universal, targeted and indicated prevention to the community including schools.

- **Aboriginal and Torres Strait Islander mental health liaison** positions – These positions provides cultural specific consultation to our mental health clinicians as well as cultural specific support to families of diverse cultural background in contact with our service.

**Our service partners**

Metro South Addiction and Mental Health Services acknowledge effective clinician engagement and successful partnerships are essential for high quality consumer care.

A mental health clinician engagement strategy has been developed that explores models addressing how to improve integration and coordination across all health care settings and types between government agencies, non-government and private organisations.

The Child and Youth ACU has a **commitment** to ensuring that clinicians actively consider all our key partners, both internal and external who assist in ensuring better health outcomes for an individual experiencing mental illness.

Effective, collaborative partnerships are central to delivering this broad spectrum of mental health care to our community.

Our key partnerships include:

- Families, consumers and carers
- Schools and other educational organisations
- Mater Health Services
- General Practitioners and Aboriginal Medical Services
- Medicare Locals
- Emergency Services
- Department of Communities
- Non-government organisations
- Mater private hospital
- Other Health and Hospital Services (HHSs)
- Other government services, including child development, child health, adult mental health, and emergency health providers
- RANZCP (Royal Australian and New Zealand College of Psychiatrists)
- Diamantina Health Partners
- Aboriginal and Torres Strait Islander community organisations.
Consumer journey- Navigating our service

The Child and Youth ACU incorporates recovery principles into service delivery, culture and practice providing individuals, carers and families with access and referral to a range of programs that will support sustainable recovery.

Typically the patient care system would look like the following diagram:

Access to the Child and Youth ACU

Child and Youth ACU services are accessible through the telephone triage service staffed by a multidisciplinary team of mental health professionals who will undertake timely triage and initial assessment of any individual needing mental health assistance.

Intake workers at our services will accept referrals from any member of the public. This service is provided during business hours (Monday to Friday, 9.00am-5.00pm). If you are concerned about a young person please contact the intake officers on:

- Bayside: (07) 3825 6000 (covers Redland and Wynnum)
- Logan: (07) 3089 4100 (covers Logan, Beenleigh, Browns Plains and Beaudesert).

NOTE: All services in the Princess Alexandra catchment are provided by the Mater Childrens’ Hospital. Please call (07) 3163 8111 for more information.

For afterhours support please call 1300 MH CALL (1300 64 2255).

- 1300 MH CALL (1300 64 22 55) is a 24 hour, seven day centralised phone number for mental health referrals, crisis and support.
Referrals

Being referred into our service can be a stressful time for individual, carers and families. However, we are here to help you navigate the mental health service system and connect to the right service in a timely way.

Where possible we would request the following information at the time of referral.

- **Self-referring children and adolescents or parents carer referral:** Triage clinicians will guide you through any additional information that may be required, including relevant current and previous history.

- **Emergency Services:** Facilitate access for children and adolescents in an acute crisis, and may be requested to provide appropriate contextual information.

- **General Practitioners:** Referral letter outlining mental health and physical health issues, reasons for referral, treatment provided, medication history and relevant investigations.

- **Private Health Practitioners and NGOs:** Treatment interventions provided or proposed, results of assessment, rating scales used, details of current General Practitioner/other service providers.

- **Schools:** Triage clinicians will guide you through any additional information that may be required, including relevant current and previous history, and school assessments that may have been conducted.

- **Other government health providers:** Triage clinicians will guide you through any additional information that may be required, including relevant current and previous history.

Involuntary care

The Mental Health Act not only provides for the involuntary assessment and treatment of persons with mental illness, but also ensures the protection of persons with mental illness. Depending on local arrangements, involuntary assessment and treatment could occur in a hospital or community facility of an authorised mental health service. Involuntary assessment and treatment only occurs when all less restrictive options have been utilised in situations of high risk.

Bulk billing clinics

Under the National Health Care Agreement, Queensland public hospitals and clinics can bulk bill Medicare for some services. This applies where we have a ‘named referral’ from your GP to an approved Consultant Psychiatrist.

It is your choice to be seen as a bulk billed patient or a public patient. If you are seen as a bulk billed patient, you may, if clinically indicated, have access to one of our Consultant Psychiatrists with right of private practice. Our clinics will continue to offer services free-of-charge and there will be no additional ‘out of pocket’ expenses for your consultations. Please contact your local Child and Youth Team for any clarification around referral process.
**Triage**

All referrals to the Child and Youth ACU undergo a triage process to assess acuity and risk of harm to self and others. This will determine the timing and nature of our response to the referral. All referrals are triaged into emergency, urgent or routine categories.

For individuals with an acute mental health crisis, service provision is prioritised in collaboration with emergency services as the need for service and urgency is established.

**Care provided**

All patients have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.

**Child and Youth ACU assessment processes may include:**

- Interview with the child or adolescent
- Interview with parent/ carer(s)
- Family interview
- Mental state examination
- Physical examination
- Risk assessment
- A range of psychological/developmental assessment tools, some of which may be completed by carers and educators
- Other physical health tests such as blood tests, brain imaging etc.

Once the initial assessment has been conducted the treating team can begin to formulate a treatment plan.

In general, we find that the collaborative development of an individually-tailored recovery plan for infants, children, adolescents and their carers is governed less by diagnostic category and more by an ever-evolving formulation that attempts to understand the current predicament of the young person and their carers as experienced by them, and the life story or pathway that has led them to that predicament.

The selection of particular therapeutic interventions to be incorporated into the recovery plan is then generally guided by this shared formulation, diagnosis, the best available level of research evidence, and consumer and carer choice.

Generally, the child or adolescent and their carers may then be provided follow up care in the community, and interventions up to a **period of six months** across a range of settings. The length of treatment is normally determined by an individual's clinical needs and the management plan that is established with them and their treating team.

Working with parents, carers and families is integral to our work and may in some instances be the primary intervention recommended. We see the management of infant, child and adolescent mental health problems as a responsibility shared between parents, carers and professionals.
In keeping with our recovery orientation, we aim to enhance the capacity of children, adolescents and their carers to cope and thrive without ongoing need for professional assistance.

In keeping with a ‘stepped care’ approach, many consumers and their families are transitioned to more appropriate services once the level of severity and impairment are significantly reduced.

**Key therapeutic treatments**

Our interventions may be targeted at the level of:

- Individual child or adolescent
- Family
- Parent or carer
- Parent/carer-child relationship
- Group (child, adolescent or carer)
- School
- Community
- Service integration and coordination across multiple providers.

Our psychotherapeutic work with children, adolescents and their carers is informed by a wide range of psychotherapy frameworks, including, but not limited to:

- Systemic and family therapies
- Cognitive Behavioural Therapy (CBT)
- Solution-focussed Brief Therapy (SFBT)
- Expressive psychotherapies (play, art and music therapies)
- Acceptance and Commitment Therapy (ACT)
- Dialectical behaviour therapy (DBT)
- Mindfulness-based Cognitive Therapy (MBCT)
- Mentalization-based therapy (MBT)
- Attachment-based and trauma-informed therapies, and carer-child relational therapies
- Motivational interviewing and motivational enhancement therapy
- Narrative therapy
- Psychodynamic psychotherapies
- Strength based practice interventions
- Psycho-educational approaches.
Not all our clinicians are trained in all of these approaches. To the greatest extent possible, we attempt to tailor interventions balancing consumer and carer recovery goals and preference, formulation, and diagnosis with clinician training and experience, commonly integrating approaches from a number of the above-mentioned therapies.

For information about each of these therapeutic interventions, please download the information brochure about the different therapies.

**Transition of care to other providers**

Transition from the Child and Youth Academic Clinical Unit is a process that ensures that there is continuity of care or appropriate referral and transfer to other services.

The General Practitioner, as the primary medical provider, will receive a comprehensive summary of the service provided. Child and Youth ACU will ensure that appropriate community supports are in place for the individual and referrals to other support services, if required, and are in place to ensure that the ongoing well-being of the consumer can be maintained.

Transition of care may also be to the following partners:

- Referral to specialist non-government/private support services
- Transition to an adult mental health service (upon turn 18 years old and after assessment of suitability and risk).

**Re- Entry**

It is recognised that mental health problems can be episodic in nature and changes to the consumer’s or family circumstances may influence the individual’s ability to manage their mental health during such times.

Re-referral to our services may be necessary to reassess their current needs and establish what specialised treatment can be provided.

In times of mental health crisis it is important that close liaison between service providers is maintained to ensure ongoing care needs are met until re-assessment is complete and referral into the appropriate care has occurred.

**Measuring our performance**

**How do we measure our consumer outcomes?**

Metro South Addiction and Mental Health Services collect mental health information about an individual utilising a state-wide application called Consumer Integrated Mental Health Application (CIMHA). This information is confidential and may only be shared with stakeholders if the patient has consented to the sharing of information or in extreme circumstances when there is a clinical or legislated requirement to share information.
Regular assessments are conducted to demonstrate how the clinical application of therapies has positively influenced the consumer’s recovery through the CIMHA application. This may include specific tools to examine the effectiveness of therapies provided and will be completed by clinicians and consumers. There are four (4) main outcomes measures that are available through this application.

The consumer outcomes measures are:

- The Health of the Nation Outcome Scales Child Application (HoNOSCA)
- The Strengths and Difficulties Questionnaire (SDQ-Young Person Report and SDQ – Parent Report)
- Factors Influencing Health Status (FIHS)
- Children’s Global Assessment Scale (CGAS).

The Child and Youth ACU will reference established international clinical guidelines to ensure that care is based on contemporary scientific evidence. Evaluation and research of treatment interventions and consumer outcomes will enable the Child and Youth ACU to maintain focus on quality, and up to date evidenced based practice.

All therapy programs within Child and Youth ACU will be evaluated and reviewed to demonstrate how the clinical application of therapies has positively influenced the consumer’s recovery.

**Expected outcomes for a consumer of the Child and Youth ACU**

The goal of the Child and Youth ACU is to utilise interventions based on evidence informed strategies and work in a recovery oriented paradigm so that we demonstrate positive outcomes for our consumers.

It is expected that a child or adolescent may benefit from the service provided in some of the following ways:

1. Decrease in psychological distress
2. Improvement in some of the child or adolescent’s target symptoms (mood, thoughts, deliberate self-harm, disruptive behaviour etc.)
3. Reduction of risk vulnerability
4. Improved understanding about mental health problems
5. Development of strategies to cope with persistent symptoms
6. Development of strategies to promote resilience, reduce the likelihood of future recurrence and maximise psychological growth and development
7. Increased access to mental health care in the primary care setting
8. Increased knowledge of community supports that are available
9. Improved quality of life and developmentally appropriate functioning (e.g. school, friendships, parent-child relationships).

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It is expected that a parents/ carers/ schools and other service provides utilising our service will benefit in the following ways:

- Clarification around diagnosis and management of mental health problems
- Increase in mental health literacy to recognise early signs and symptoms of mental illness
- Improved understanding of parents and carers as to how their own mental health and experiences growing up may impact on their parenting and relationship with their child
- Development of strategies to promote resilience and reduce the likelihood of future recurrence for the individual
- Improved capacity of parents/ carers/ schools/others in the management of child and adolescents who have mental health disorders
- Reduction of psychological stress in families
- Improved knowledge and access to other community services to assist families in strengthening their engagement and support within local communities.

**Model of Service - Guiding our service delivery**

A Queensland statewide Model of Service has been established for the provision of mental health care in the community setting.

The models of service and frameworks that are applicable to the Child and Youth Academic Clinical Unit are:

- Community Child and Youth Mental Health Model of Service
- Child and Youth Mental Health Inpatient Model of Service.

**Mandatory key performance indicators**

The Child and Youth ACU’s organisational performance is measured against the mental health key performance indicators (KPIs) which measure across select domains to ensure care delivery is effective, appropriate, efficient, accessible, timely, safe and sustainable. These are mandatory key performance indicators which is the responsibility of Metro South to report against as a whole system.