Australian Government
Department of Health and Ageing

DRAFT

OPERATIONAL GUIDELINES

FOR THE

ACCESS TO ALLIED PSYCHOLOGICAL SERVICES (ATAPS) PROGRAM

CHILD MENTAL HEALTH SERVICE (CMHS)

APRIL 2012

Mental Health Services Branch
Mental Health and Drug Treatment Division

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ATAPS CHILD MENTAL HEALTH SERVICE (CMHS)

1. Introduction

The Access to Allied Psychological Services (ATAPS) Program funds the provision of short term mental health services for people with mental disorders through fund-holding arrangements administered by Divisions of General Practice and operational Medicare Locals. The fund-holding arrangements will transition to all Medicare Locals during 2011-12 as they are established and demonstrate capacity to provide mental health services.

ATAPS funding was significantly increased in the 2011-12 Federal Budget with an additional $205.9 million to be provided over five years to increase the capacity to provide services to an additional 184,000 people in hard to reach groups including around 50,000 children and their families. Funding to improve access to psychological services for children under the ATAPS Program has been allocated through the following two measures:

- 2010 *Taking Action to Tackle Suicide* (TATS) – Additional Services for Children with Mental Health or Developmental Issues (2010 Election Commitment) - $34.1 million over 5 years; and
- The *Delivering National Mental Health Reform* package announced as part of the 2011-12 Budget (Expansion of ATAPS – Improving Access for Children) - $69.9 million over 5 years.

Children who have, or are at risk of, developing a mental, childhood behavioural or emotional disorder can receive treatment through Tier 2 of the ATAPS Program, known as the *ATAPS Child Mental Health Service* (CMHS).

Medicare Locals will need to prioritise access to services for children being managed by their GP or paediatrician in the primary care setting (refer *ATAPS Operational Guidelines – Managing Demand*).

2. Purpose of this Document

This document is designed for use as a guide by Medicare Locals which are providing the ATAPS CMHS under Tier 2. This document provides information specific to the CMHS and builds on the information available in the *ATAPS Operational Guidelines*. Medicare Locals should use this information in conjunction with the information in their Funding Agreement, and the 2012 *ATAPS CMHS Purchasing Guidance* to inform their service planning and delivery.

The *ATAPS CMHS Operational Guidelines*, and the *ATAPS Operational Guidelines* will be revised from time to time and updated versions will be provided to Medicare Locals.

It is anticipated from mid 2012, additional ATAPS training and clinical support will be available to assist allied health providers working under the ATAPS CMHS to meet more specific service requirements. These program enhancements are expected

to improve the quality of services and increase the capacity of service providers to deliver quality child mental health services.

3. Objective of the CMHS component of the ATAPS Program

The objective of the CMHS component of the ATAPS Program is to provide eligible children with evidence based short-term psychological strategies services within a primary care setting. The psychological services and interventions must be relevant to infants and children with mental, emotional or behavioural disorders, and to their families or to other individuals having responsibility for the child.

Medicare Locals should ensure business plans and service delivery mechanisms underpinning the CMHS contribute to the overall ATAPS Program objectives, as well as the CMHS objective through:

- establishment and maintenance of appropriate referral pathways and linkages with government and non-government stakeholders at the community level (including those outside of the clinical mental health system);
- provision of efficient and effective services, that are managed within the overall capacity of the Medicare Local to meet demand for services; and
- provision of a high quality standard service, that is clinically appropriate for children (under 12 years of age) and delivered by a trained and appropriately skilled allied health professional qualified in accordance with the *ATAPS Operational Guidelines*, including these specific *Operational Guidelines.*

4. Child Mental Health Service Co-ordination and Liaison (CMHSCL) Function

Medicare Locals must develop and maintain effective linkages with service providers and local community groups to meet the objective of the ATAPS CMHS. In particular, this new funded function from 2011-12 is intended to assist in the early identification and intervention of children with, or at significant risk of developing, a mental, childhood behavioural or emotional disorder.

The Medicare Local may decide to engage one full-time or several part-time positions in order to address the geographical and child mental health needs of the Medicare Local catchment area. However, the budget for this role must not exceed one full-time position. This position is not envisaged to deliver clinical services but to:

- establish and maintain relationships with community organisations, early childhood education services and all relevant schools in the region to:
  - raise awareness of available child mental health services and support, through the ATAPS CMHS, and associated referral pathways;
  - distribute general ATAPS CMHS promotional material produced by the Medicare Local and Department to better inform staff/and or members about child emotional or behavioural difficulties and mental disorders; and

- present at relevant forums, including parent and citizen meetings and relevant community events to promote the service, particularly where awareness is non existent or to meet service capacity;

- provide general advocacy and support to stakeholders and members of the public in navigating the CMHS and other related childhood service systems (clinical and non-clinical) that interlink with the CMHS; and

- provide assistance to allied health professionals in the co-ordination and management of:
  - consultation schedules and arrangements to facilitate the participation of child and family and relevant others (including case conferences);
  - relationships with relevant family and health support services, such as referring practitioners, state or territory health services (including local hospitals), child and maternal health clinics, AMS's, and Australian Government Family Relationship Services Australia - Family Mental Health Support Services;
  - strategies that will lead to service satisfaction, such as innovative, flexible service delivery, that is provided in a supportive and culturally appropriate setting;
  - support to GP practice staff/nurses in a capacity building role; and
  - facilitating access to any further or more relevant services for clients, such as referral pathways for children 'at risk' of suicide to relevant local services.

5. Service Establishment

Divisions of General Practice already provide ATAPS services to children. Medicare Locals are expected to continue to provide ATAPS services to children as part of the transition of the ATAPS program from Divisions to Medicare Locals in accordance with the *ATAPS Operational Guidelines*. Medicare Locals should ensure continuity of services for existing and new clients during the transition period.

The additional Tier 2 funding available for child mental health services is to enable Medicare Locals to enhance and expand existing services which more appropriately meet the needs of children and their families. This could be achieved through:

- establishment of formal linkages and referral pathways are in place with stakeholders specifically involved with the mental health of children, including:
  - GPs and other referring practitioners;
  - state or territory child and maternal health services;
  - schools (including early childhood centres); and
  - community and other relevant organizations;
- engagement (where required) and training/upskilling of allied health providers, including the provision of information on the requirements of the ATAPS Program;
- development of support structures (including employment of relevant officer/s to undertake the new ATAPS CMHSCL function across the catchment area, clinical supervision and other clinical governance arrangements); and

- promotion of support structures (including ATAPS After Hours Support Service for children at risk of suicide or self harm) where appropriate; and referral to other services when necessary.

Medicare Locals may require up to three months to implement all aspects of the CMHS.

6. Eligibility for the ATAPS CMHS

The ATAPS CMHS is primarily designed for children under 12 years of age who have, or are at risk of developing, a mild to moderate mental, childhood behavioural or emotional disorder, and who could benefit from short term focussed psychological strategies services. The short term, goal oriented focussed psychological strategies services that ATAPS provides are of most therapeutic value to individuals with common disorders of mild to moderate severity. However, individuals with more severe illness whose conditions may benefit from focused psychological strategies services as part of their overall treatment may also be provided with ATAPS services.

The eligibility criteria for services under the ATAPS Tier 2 Child Mental Health Service include:

- a child assessed as having definite or substantial signs and symptoms of an emerging mental disorder (including conduct disorder), where this causes "significant dysfunction in everyday life";
- a child at risk of developing a mental disorder, where the child shows one or more signs or symptoms (social-emotional-behavioural) of developing a mental disorder and/or where the child's developmental pathway is considered to be disrupted by their mental health condition (i.e., not limited to disruptive disorders). Signs of disruption to functioning in one or more settings are included. That is, one setting is considered sufficient to warrant the child's eligibility to receive services under ATAPS CMHS (e.g., home or school); and

In some circumstances, children between the ages of 12 and 15 can also access the CMHS. In such circumstances, a child must have the clinical need and no other suitable mental health services exist in the region that the child could be referred to.

6.1 Mental Disorders and Contextual Factors

A mental disorder may be defined as a significant impairment of an individual's cognitive, affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder – this definition is informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD - 10 Chapter V Primary Health Care Version.

The mental disorders and contextual factors relevant to children under 12 years of age that can be treated under ATAPS CMHS are outlined in Table 1 below. This list builds on the general ATAPS list of mental disorders (refer *ATAPS Operational Guidelines – Attachment B: Definition of Mental Illness for the Better Outcomes in Mental Health Care Program*).

For the purposes of the ATAPS CMHS, 'childhood behavioural disorders' are included as mental disorders and incorporate the Attention-Deficit and Disruptive Behaviour Disorders as defined in the *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR). Relevant components of the DSM-IV-TR Attention-Deficit and Disruptive Behaviour Disorders include:

- Conduct Disorder;
- Attention /Hyperactivity Disorder (ADHD);
- Oppositional Defiant Disorder; and
- Disruptive Behaviour Disorder, not otherwise specified (NOS).

More information on the mental disorders and contextual factors applicable under ATAPS CMHS can be obtained from the 2012 *ATAPS CMHS Purchasing Guidance*.

Table 1: List of disorders and contextual factors (ICD-10) for treatment under ATAPS CMHS

1	Attachment disorders
2	Depressive disorders
3	Adjustment disorder
4	Anxiety disorders – including: (a) Generalised Anxiety Disorder (includes overanxious disorder of childhood) (b) Separation Anxiety Disorder (c) Social Anxiety Disorder /Social Phobias (d) Phobic disorders /Specific Phobias (e) Obsessive Compulsive Disorder (f) Post traumatic Stress Disorder (g) Panic disorder*
5	Elective Mutism (or Selective Mutism)
6	Sleep disorders
7	Somatoform disorder
8	Neurasthenia (Chronic Fatigue Syndrome)
9	Feeding disorders[3]
10	Eating disorders
11	Encopresis[1]
12	Enuresis[2]
13	Bereavement disorders
14	Childhood behavioural disorders – limited to: (a) Conduct Disorder; (b) Attention - Deficit / Hyperactivity Disorder (ADHD) (c) Oppositional Defiant Disorder (d) Disruptive Behaviour Disorder, not otherwise specified (NOS)
15	Tic disorders (e.g. Tourette's syndrome)
16	Substance use disorders (e.g. glue sniffing, alcohol and drugs)
17	Dissociative (conversion) disorder*****
18	Sexual disorders – including but not limited to Gender Identity Disorder of Childhood
19	Emotional disorders with onset specific to childhood (F93)
20	Mental disorder, NOS
21	Contextual factors- including but not limited to: (a) Problems related to upbringing (Z62) (b) Problems related to negative life events in childhood (Z61) (c) Other problems related to primary support group, including family circumstances (Z63)

[1,2,3] In cases where children (e.g., with behavioural/toileting/feeding difficulties) can competently be treated by GP's, paediatricians, maternal and child health nurses, and/or mental health nurses etc.(and where these services are available), it is recommended that the child should not be referred to ATAPS CMHS as a first option. However, an exception may arise when families live in remote areas and do not have access to a range of primary care services.

* Note: Although prevalence rates for some disorders listed in this table are less commonly observed in childhood (marked *), they have been retained under ATAPS CMHS in order to be inclusive and for ATAPS CMHS to benefit children at risk of developing these disorders- in line with an early intervention approach to mental health service delivery.

6.2 Access to ATAPS by Parents and Family

The CMHS is also available to parents and family members or to other persons having responsibility for the child (i.e. guardians or persons having custodial responsibility) to assist them to better support the child. It is important that parents or other responsible adults who have a mental disorder themselves and require psychological strategies services be referred to ATAPS Tier 1 services rather than receive services under the CMHS component of ATAPS.

Future references in this document to persons having responsibility for a child accessing ATAPS CMHS include parents, guardians or persons having custodial responsibilities for the child.

6.3 Eligibility of Children "At Risk of Suicide or Self Harm"

All Medicare Locals must have service plans that clearly articulate the referral pathway for children 'at risk' of suicide which is relevant to their local area. Where children are at risk of suicide, Medicare Locals may choose to refer to the ATAPS Suicide Prevention Service subject to an individual's clinical need and available expertise within the service to manage children at risk of suicide. Treatment and referral in crisis situations must be supported by the local protocols developed by the Medicare Local (refer also to the *ATAPS Suicide Prevention Service Guidelines – Attachment F* to the *ATAPS Operational Guidelines*) to ensure crisis referral arrangements are in place for children under 12 years of age.

As stated in the 2012 *ATAPS CMHS Purchasing Guidance*, more complex client cases may require ATAPS clinicians to work in conjunction with other professionals (e.g., child psychiatrists and paediatricians) on a case by case basis depending on the availability of other clinicians and parent consent.

Children who are at acute or immediate risk of suicide or self harm or who have a severe and persistent mental illness should be referred to the emergency department of a children's hospital (if available) or relevant state/territory government acute mental health service or a child psychiatrist. The CMHS is NOT designed for individuals who are already being managed by state/territory government mental health services and is NOT intended to divert people from the care of state public mental health services. It aims to provide referral pathways for GPs or other approved professionals to better support their patients in the primary care setting.

7. Referral Requirements

Infants and children can be referred to the CMHS by their GP, paediatrician or psychiatrist.

Infants and children do NOT need to have a mental or childhood behavioural or emotional disorder diagnosed in order to access the CMHS. However, if they do not have a diagnosed disorder, there needs to be clear clinical evidence that they are at significant risk of developing a disorder, in order to access the CMHS. In cases where there is no diagnosis the referring GP, paediatrician or pyschiatrist should record

symptoms which indicate that the child is at significant risk of developing a mental disorder or childhood behavioural or emotional disorder.

Stakeholders and referring practitioners should be made aware, that referrals to ATAPS CMHS are only for individuals that require short term support, and in some cases individuals may be more appropriately referred to another local service, such as the Child and Youth Mental Health Services (CYMHS) and Early in Life Mental Health Services (formerly CAMHS) where available.

The 2012 *ATAPS CMHS Purchasing Guidance* provides detailed clinical advice concerning referral pathways and the assessment of children with or at risk of developing mental disorders and their families or other responsible persons.

7.1 Provisional Referral

In some instances a referral from a GP, paediatrician or psychiatrist may not be possible. A 'provisional referral' can be made by the following professions and clinicians:

- Allied health professionals who are eligible to provide services under ATAPS (appropriately trained occupational therapists, social workers, psychologists, mental health nurses and Aboriginal and Torres Strait Islander health workers). An allied health professional may not refer someone to themselves or to someone operating in the same practice;
- School psychologists/counsellors or Deputy Principals/Principals. Referrals from schools and early childhood services need to be made via senior staff members (e.g. Directors or Principals/Deputy Principals), where the school or early childhood service does not have a qualified psychologist or counsellor (in consultation with the parents);
- Directors of early childhood services; and
- Medical officers in non government organisations (NGOs).

Other provisional referral arrangements apply for the different ATAPS Program target groups, which may be appropriate for some children and can be found in the following specific operational guidelines:

- *ATAPS Aboriginal and Torres Strait Islander People Mental Health Service;*
- *ATAPS Aboriginal and Torres Strait Islander Suicide Prevention Service; and*
- *ATAPS Suicide Prevention Service.*

Provisional referrals to the CMHS may enable service delivery to commence while arrangements are made to see a GP and have an ATAPS Child Treatment Plan (otherwise known as a "*GP Mental Health Treatment Plan")* developed (refer section on ATAPS Child Treatment Plan).

7.2 ATAPS Child Treatment Plan (ATAPS CTP)

For the purposes of the ATAPS CMHS, professionals should use the term ATAPS Child Treatment Plan (otherwise known as "*GP Mental Health Treatment Plan-MHTP*"), in light of issues around labelling/stigmatising young children that may hinder families from becoming engaged with ATAPS CMHS.

Clients must have an assessment conducted and an ATAPS Child Treatment Plan (ATAPS CTP) developed to be eligible for ATAPS CMHS. Provisional referrals do not require an ATAPS CTP to be provided at the time of referral to the Service.

Where referrals are made by professions other than a GP, patients must have an ATAPS CTP prepared in consultation with a GP as soon as possible, preferably within two weeks of the first session or four weeks in a rural and remote area or as soon as practical where there is no ready access to GPs.

The Department encourages a high standard of communication between referring and treating providers. A team based approach to care involving the GP in care coordination is often crucial to effective whole-of-person care. It is recognised that in some communities or for some individuals a GP may not be the primary provider responsible for the overall care of the person. Where an individual is receiving primary care from an Aboriginal Medicare Service (AMS) for example, the parent/guardian should be encouraged to visit this alternate primary health care provider in order to ensure other health care needs are being managed.

There may also be difficulties in meeting the ATAPS CTP requirement in very remote areas without ready access to GPs, with providing treatment to homeless people including homeless children, or in some Aboriginal and Torres Strait Islander communities. Medicare Locals encountering difficulties in meeting the requirement of an ATAPS CTP should contact the Department to discuss.

7.3 Format of the ATAPS CTP

Referrals may be made face-to-face, by telephone, electronically or in writing. It is suggested Medicare Locals use a referral proforma based on the format suggested by the Royal Australian College of General Practitioners (RACGP). For the parameters for a referral letter see Attachment E of the *ATAPS Operational Guidelines*.

GPs can access Medicare Benefit Scheme (MBS) items to develop the treatment plan or another MBS item where appropriate.

Where there is no diagnosed mental disorder the referring medical practitioner should document in the ATAPS CTP that there is evidence that a child is at a significant risk of developing a mental, childhood behavioural or emotional disorder and would benefit from short term focussed psychological strategies services.

8. Number of Sessions

As outlined in the *ATAPS Operational Guidelines*, currently the total number of sessions the client can access under the CMHS is up to 12 in a calendar year (up to 18 in exceptional circumstances), as outlined in Table 2 below. In the case of children, referral for up to an additional 6 sessions under exceptional circumstances eligibility could be extended to include specific clinical situations where ceasing treatment would lead to a detrimental outcome for the child (determined on a case by case basis).

The assessment of the child plays a pivotal role in determining the nature and severity of the disorder, the type of intervention required and the number of sessions required and hence, the referral pathways. Sessions one to three may contribute to the initial assessment to identify if the ATAPS CMHS is appropriate for the individual or to inform the most appropriate treatment.

ATAPS CMHS clinicians have the option of referring children out for a developmental/cognitive assessment (with parental consent) to a suitably qualified professional (e.g. school psychologist or private practitioner) as deemed necessary.

Parents can be present at all sessions where clinically appropriate. Clinicians can determine how many services to provide to parents or relevant others without a child being present, however they should ensure that the child receiving treatment must always be the focus of services and support, and that there is maximum capacity for treatment of children within the total available sessions.

It is a requirement of ATAPS CMHS for the child to attend for regular review and monitoring by the clinician during treatment (e.g. estimated as every third session).

Table 2: Number of ATAPS CMHS Sessions

Sessions with the individual	
1-6	Sessions one to three may contribute to the initial assessment to identify if the ATAPS CMHS is appropriate for the individual or inform the most appropriate treatment. Sessions will be subject to appropriate referrals and ATAPS Child Treatment Plan (CTP) requirements and timeframes. Where there is no diagnosis of a mental disorder, the referring medical practitioner should document in the ATAPS CTP that the child is at a significant risk of developing a mental disorder/childhood behavioural or emotional disorder and record the presenting symptoms.
7-12	On completion of the initial course of 6 sessions, the allied health professional is to provide a written report to the referring medical practitioner. Following receipt of the report, the referring practitioner will consider the need for further treatment and if clinically required issue a referral for an additional 7-12 sessions.
13-18	In exceptional circumstances, the individual may require an additional six sessions above those already provided (**up to a maximum total of 18 individual sessions per client per calendar year**)[4]. Following receipt of the allied health professional's report, the referring practitioner will consider the need for further treatment and issue a referral for an additional six sessions. Further allied mental health services may not be provided without a referral for additional services.
Sessions with parents, family members, guardians or other persons having responsibility for the child without the child present	
Parents can be present at all sessions where clinically appropriate. The total number of services is up to 12 in a calendar year (up to 18 in exceptional circumstances) for both with and without child present. Clinicians can determine how many services to provide to parents or relevant others without a child being present, however they should ensure that the child receiving treatment must always be the focus of services and support and that there is maximum capacity for treatment of the child within the total available sessions.	
Group Sessions	
1-12	Up to 12 group therapy services within a calendar year involving 6-10 people, providing appropriate referrals have been made and ATAPS CTP are prepared. It is envisaged that children and their parents or other responsible adults may participate in such groups depending on the clinical appropriateness.

[4] Exceptional circumstances are defined in the *ATAPS Operational Guidelines* as a significant change in the client's clinical condition or care circumstances which make it appropriate and necessary to increase the maximum number of services. It is up to the discretion of the referring practitioner, who should be guided by their professional ethics and/or Code of Conduct, to determine that the client meets these requirements. In these cases a new referral should be provided and exceptional circumstances noted on that referral. In the case of children, referral for up to an additional 6 sessions under exceptional circumstances eligibility could be extended to include specific clinical situations where ceasing treatment would lead to a detrimental outcome for the child (determined on a case by case basis).

9. Involvement of Parent, Guardian and other family members in treatment

As outlined in the 2012 *ATAPS CMHS Purchasing Guidance*, the approach to assessment of children and families will vary depending on the allied health professional's role, the setting and their professional relationship with the family. A comprehensive assessment always includes consideration of strengths and vulnerabilities that the parents and children bring to their current circumstances, a developmental focus (including the relational context), and attention to bi-psycho-social factors that help or hinder the child and family at this time of rapid developmental change.

A range of information needs to be gathered from a number of sources, determined at least in part by the setting in which the child and family are being seen and the purpose of the assessment.

Parents, guardians, family members or other persons having responsibility for the child can also access the CMHS to assist them to better support the child that has, or is at a significant risk of developing a disorder and who has an ATAPS CTP.

In circumstances where it is not clinically appropriate for the child to be present, parents, guardians, family members or other persons having responsibility for the child can access sessions without the child present. Parents, guardians, family members and other persons with responsibility for the child may attend treatment sessions subject to the following:

- the allied health professional is comfortable for clinical reasons with more than one person being in the room;
- this is not detrimental to the treatment of the child; and
- the primary focus of the session is the treatment of the child.

Clinicians can determine how many services to provide to parents or relevant others without a child being present, however they should ensure that the child receiving treatment must always be the focus of services and support and there is maximum capacity for treatment of the child within the total available sessions.

It is important that parents, family members and others who have custodial rights and who have a mental disorder themselves and require psychological services should be referred to ATAPS Tier 1 services rather than receive services under the CMHS component of ATAPS.

10. Interventions

10.1 Interventions

The CMHS should be tailored to meet the needs of infants and children under 12 years of age, who are experiencing or are at a significant risk of developing, a mental, childhood behavioural or emotional disorder.

It is considered of great importance that service delivery under ATAPS CMHS is based on principles and standards which underpin good clinical practice. The 2012 *ATAPS CMHS Purchasing Guidance* contains principles and practice standards which are considered by mental health experts to underpin good clinical practice for clinicians working with children who are experiencing or are at a significant risk of developing, a mental, childhood behavioural or emotional disorder.

The interventions that can be provided through this Service shall be consistent with the following treatments[5] as these are considered to have a strong evidence base:

- Behavioural interventions;
- Parenting/family-based interventions; and
- Cognitive Behavioral Therapy (CBT) Interventions.

The specific interventions to be provided as part of the above treatments include:

- Attachment Intervention – family based intervention (where expertise is available);
- Behavioural interventions;
- CBT (including individual child and family/parent based);
- Family based interventions (Behaviour or CBT based intervention only); and
- Parent-Child Interaction Therapy (PCIT) -for attachment and behavioural disorders (where expertise is available).

The following interventions are NOT included under ATAPS CMHS:

- Art therapy;
- Mindfulness-Based Cognitive Therapy (MBCT);
- Play therapy; and
- Family therapy (other than behavioural/cognitive behavioural treatments) including:
    - Psychodynamic;
    - Structural;
    - Constructivist approaches (e.g. Milan);
    - Narrative; and
    - Solution focused interventions..

The 2012 *ATAPS CMHS Purchasing Guidance* provides the evidence for the above treatment interventions for the relevant ATAPS CMHS mental, childhood behavioural or emotional disorders.

10.2 Intervention Period

The CMHS is designed to provide short term support for children and their families or others with responsibility for the child. The Service is not intended to provide long-term intensive support, and Medicare Locals should ensure clients and other stakeholders are aware of the objective of the CMHS. However, individuals with more severe illness whose conditions may benefit from short-term focused psychological strategies services as part of their overall treatment may also be provided with ATAPS CMHS.

[5] The term *treatment* and *intervention* are used synonymously herewith.

11. Providers, Qualifications and Continuing Professional Development (CPD)

11.1 Qualifications and Standards

Child mental health is a specialised area in terms of skills and qualifications. The *Purchasing Guidance for the ATAPS Projects* at Attachment D of the *ATAPS Operational Guidelines* outlines the qualifications and standards required for allied health professionals to provide services under the ATAPS Program. It is expected that all allied health professionals working under ATAPS CMHS have full registration with their relevant professional body and adhere to the professional ethics of their professional association.

Allied health professionals who can deliver mental health services as outlined in the *ATAPS Operational Guidelines*, include:

- appropriately trained occupational therapists;
- appropriately trained social workers;
- mental health nurses;
- psychologists; and
- appropriately trained Aboriginal and Torres Strait Islander health workers.

There are professional and ethical considerations to be taken into account when working therapeutically with children. Caution is recommended around the risks associated with subjecting children to incompetent or unsuitable mental health care with potentially damaging consequences to their ongoing mental health. High recruitment standards need to be maintained and guidelines around professional practice put in place to ensure that staff are only practicing within their area of competence.

Medicare Locals should ensure ATAPS allied health professionals are familiar with ethical issues which are specific to working with children and families, a highly vulnerable client group. In addition, Medicare Locals must ensure clinical awareness and support is available to allied health professionals in areas such as forensic and legal topics, mandatory reporting of abuse, confidentiality, managing risk (e.g. managing aggressive clients), and safety issues. The underpinning legislative requirements will vary across the States and Territories.

Medicare Locals should recruit eligible allied health clinicians who are fully qualified and have as many core and desirable skills and competencies as possible as outlined below. They should also ensure that the allied health providers are only practicing within their area of competence.

A range of online training modules for ATAPS clinicians delivering CMHS will be available from the second half of 2012 to up-skill allied health providers and enable them to meet many of the required skills and competencies.

11.2 Essential Core Skills and Knowledge

The skills and knowledge required by ATAPS CMHS allied health professionals are outlined in the 2012 *ATAPS CMHS Purchasing Guidance*. A review of the literature and compilation of best practice treatments for children under ATAPS CMHS was undertaken by the Australian Psychological Society (APS) and a range of child mental health experts. A number of job descriptions for similar allied health roles were also reviewed as well as reviewing the skills taught in several post graduate mental health training courses (e.g. psychology masters programs).

The following are considered to be essential core skills and knowledge (i.e., mandatory) deemed necessary for allied health professionals working under the ATAPS CMHS component to be able to deliver services:

	Essential Core Skills and Knowledge
1.	Relevant qualifications as per the requirement of the profession and experience in working clinically with children (birth to 12 years), parents and families
2.	Extensive child development knowledge (as demonstrated via training at post graduate level for the relevant profession demonstrating competency in this area and/or via continued professional development up-skilling training)
3.	Knowledge of childhood mental disorders and "best practice" in terms of their treatment
4.	Skills and competence at completing bi-psycho-social assessments of children (birth to 12 years) experiencing or at risk of developing mental disorders and their families; knowledge skills and experience in the delivery of a range of treatments relevant to working with children (birth to 12 years) with or at risk of mental disorders and their families (particularly behavioural and CBT interventions); and training and skills in the delivery of evidence based parenting interventions and behavioural family based interventions
5.	Training and experience in working with families – including knowledge of systems theory; family centred practice; and an understanding of family dynamics/problems and their impact on children; and knowledge of ethical and professional issues when working with children and families

11.3 Additional Skills and Knowledge (Highly Desirable)

It is also considered to be highly desirable for allied health professionals delivering ATAPS CMHS to have the following additional skills and competencies. In determining staffing selection criteria Medicare Locals should consider applicants that meet as many of the following criteria as possible:

	Highly Desirable Additional Skills and Knowledge
1.	Experience in working within a private practice setting with children with or at risk of developing a mental disorder (i.e., delivering ATAPS CMHS services) and/or past experience working in a child mental health setting (eg Child and Youth Mental Health Services) or schools
2.	Experience working with relevant community agencies (e.g. child care centres and schools)
3.	Culturally sensitive practice – including experience working with clients from culturally and linguistically diverse (CALD) and Indigenous communities, and working with interpreters; experience working with children with special needs (e.g. disabilities, medical and neurological conditions)
4.	Crisis assessment
5.	Group treatment experience (e.g., CBT groups with children)
6.	Experience engaging in clinical supervision relevant to children's mental health

11.4 Provisionally Registered Allied Health Providers

Provisionally registered allied health providers are NOT eligible to provide services under the ATAPS CMHS given the level of skills required and potential complexity of cases.

11.5 Continuing Professional Development (CPD)

Ongoing professional development is essential in order for clinicians to continue to practice in the area of children's mental health and use the most current evidence based practices to inform assessment and treatment.

To ensure a high quality standard service delivery, allied health professionals who deliver ATAPS services must meet the CPD requirements of their profession. Medicare Locals must have appropriate quality assurance processes in selecting and monitoring clinicians, including the use of credentialling and mandatory CPD in line with the standards of the relevant profession. As outlined in the *ATAPS Operational Guidelines*, Medicare Locals are to provide the Department with de-identified details of the number of allied health professionals, their qualifications and credentials and that evidence of CPD has been obtained as per requirements of the relevant professions.

More information on CPD can be found in the 2012 *ATAPS CMHS Purchasing Guidance*.

12. Training and Support

12.1 Training Requirements

Allied health providers engaged to provide services under the ATAPS CMHS must at a minimum, meet the requirements to be an ATAPS provider (refer to the *ATAPS Operational Guidelines).*

A combination of skills, knowledge and experience make up competency in the specialised area of children's mental health. The CMHS requires appropriately skilled allied health professionals to deliver primary health care services to children under 12 years of age who have, or are at risk of, developing a mental, childhood behavioural or emotional disorder.

CMHS allied health professionals may have a range of training needs, including some gaps in the essential core skills listed in Section 11. More information on the national training to be provided by the Department is discussed at Section 12.3.

12.2 Additional Training

If Medicare Locals and providers believe that further training and qualifications are necessary, these providers should seek out additional training and educational opportunities for individual allied health providers before they provide services under the CMHS. Further information on training, professional development, and qualifications can be obtained from the 2012 *ATAPS CMHS Purchasing Guidance*, and by contacting:

- the Australian Health Practitioner Regulation Agency (AHPRA) for accredited programs of study for professions regulated under the National Registration and Accreditation Scheme (NRAS). If the profession is not currently regulated under the NRAS the relevant state or territory accreditation authority, where available, can be contacted. Information on training and qualifications for regulated profession can be obtained by contacting AHPRA on 1300 419 495 or visiting their website at www.ahpra.gov.au; and
- the relevant professional body for the profession.

12.3 Child mental health specific Training

To assist Medicare Locals to ensure ATAPS CMHS allied health providers have the required skills to deliver mental health services to children and their families, the Department will support the development of online training to upskill eligible providers. The training will be provided in modules addressing many of the essential core and desirable skills (not all) and will be available progressively from mid 2012[6]. The online training will attract CPD points and allied health providers will be required to undertake the required training within 12 months of commencement to deliver child mental health services.

[6] The online training to upskill the allied health providers is not intended to replace the required qualifications for each profession and/or clinical experience to be able to practice.

Medicare Locals will be formally advised when the training becomes available for its allied health professionals, and how to access it. Medicare Locals participating in the CMHS are responsible for maintaining a register of allied health providers delivering treatment services and ensuring that all allied health providers have completed the required training under the ATAPS Program within 12 months of commencement to deliver services to children and their families.

12.4 Clinical Governance and Support

Medicare Locals are required to have local clinical governance arrangements in place and to provide the Department with a description of clinical governance and quality assurance mechanisms that they have in place including:

- Clinical supervision;
- Performance monitoring and review arrangements; and
- Number, qualification, registration status and verification of CPD providers.

As part of a project funded by the Commonwealth Department of Health and Ageing and undertaken by the Australian General Practice Network (AGPN) and the Australian Psychological Society (APS) in 2011-12, Medicare Locals will be provided with improved resources and supporting materials for implementation of local clinical governance arrangements from mid 2012. The AGPN will provide ongoing support to Medicare Locals to implement and manage their local clinical governance arrangements in a manner consistent with the national framework, including Master Classes.

13. Budget Allocation

Medicare Locals may use up to 25% of total funding provided in the first year of funding for the ATAPS CMHS for 'administration', for the enhancement of the existing child mental health service and/or for the establishment of the CMHS. This additional administration capacity allows Medicare Locals to build on previous Divisions of General Practice linkages and protocols with state/territory mental health services, referring practitioners and professionals, and early childhood centres and schools.

- In the second and subsequent years, Medicare Locals will be required to allocate and spend funds consistent with the *ATAPS Operational Guidelines*. Details on what are considered 'Administration Costs' and what are considered to be 'Service Delivery Costs' are included in the *ATAPS Operational Guidelines.*

14. Service Demand Management

Clearly with a capped program allocation, it would not be possible for ATAPS to meet the needs of all infants and children with a diagnosed mental illness, nor should there be a need to do so, given the availability of the Better Access to Psychiatrists, Psychologists and General Practitioners, through the MBS (Better Access) Initiative. Consistent with the policy decisions and announcements of Government, ATAPS is a complementary program to Better Access that can be particularly effective at targeting hard to reach and disadvantaged groups.

As such, Medicare Locals will need to prioritise access to services for children being managed by their GP or paediatrician in the primary care setting and establish demand management strategies consistent with the requirements of the *ATAPS Operational Guidelines* and the skills of the allied health providers delivering the services.

15. Further information

Further information in relation to the requirements under the ATAPS CMHS component can be obtained by contacting:

ATAPS Program Primary Care Programs Operations Section Mental Health Services Branch ATAPS@health.gov.au	Lana Racic Director Primary Care Service Development Section Mental Health Services Branch (02) 6289 8545 Lana.racic@health.gov.au	Vikki Bailey Assistant Director Primary Care Service Development Section Mental Health Services Branch (02) 6289 7918 Vikki.bailey@health.gov.au