



South Australian
Branch

*Submission to the South
Australian Child and Adolescent
Mental Health Service
Re: CAMHS Review*

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Introduction

The Australian Association of Social Workers (AASW) is the key professional body representing more than 7000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society.

Mental health social workers are employed in health services, such as the Child and Adolescent Mental Health Service (CAMHS), non government organisations and private practice settings. They acquire a deep understanding of the emotional situation of people with whom they engage, their social condition, their circumstances, their families and the best practice ways of working with them. Concern for the mental health of children, adolescents and adults has been a core element of social work practice internationally since the development of social work as a distinct profession. In 2010, the then Commonwealth Department of Health & Ageing noted that social workers made up a third of the allied health workforce for public mental health services and comprised the fourth largest professional group in the public mental health workforce. As a matter of interest, mental health social workers in private practice, who are eligible to provide services funded by Medicare Australia or another government program, must be registered as Accredited Mental Health Social Workers (AMHSW) with the AASW. There are approximately 1700 AMHSWs across Australia.

The AASW is therefore pleased to provide the following submission to the South Australian CAMHS Review on the following topics:

- Clinical Governance, leadership, supervision and accountability
- Models of care: Care pathways
- Models of care: Multi-disciplinary staffing model
- Risk management.

Clinical governance and leadership

In the CAMHS context clinical governance is understood to mean the approach needed to maintain and improve the treatment and care of children and young people who have or are at risk of developing a severe mental illness. It embodies activities such as:

- setting high standards of professional care and organisational conduct and ensuring compliance with all relevant policies and procedures
- undertaking risk management and clinical audit processes
- using clinical and psycho social interventions known to be effective
- keeping abreast of and undertaking relevant clinical research and service evaluations
- learning from the experience of service users and staff
- implementing feedback processes for children, young people and their significant others (usually families/carers).

Leadership refers to the role of a person, sometimes with the assistance of an executive or management group that collaborates with, guides or directs people to achieve the above.

A CAMHS leader and the professionals involved in clinical governance should have an understanding of their client group and have expertise in or be familiar with relevant clinical activity, organisational management and quality improvement. It is important to note that while psychiatrists are undoubtedly

experts in the treatment of mental illness and disorders (including medication management), this is not the same thing as the leadership needed in clinical governance. Under the National Mental Health Strategy contemporary mental health service delivery is a far broader activity than the treatment of mental health disorders that are the usual area of psychiatric expertise. The National Mental Health Strategy prioritises services for the most vulnerable in our communities; e.g., Aboriginal families, refugee families, and children under the Guardianship of the Minister. It emphasises the importance of consumer and carer participation, capacity building of stakeholders, and close liaison and partnership with stakeholders like Department for Education & Child Development and Families South Australia. These important activities are usually undertaken by Allied Health professionals based in community teams. The qualifications, skills and experience needed to undertake clinical governance are not confined to any single mental health profession and should be open to a broad field of disciplines.

Clinical leadership in CAMHS and of local community teams, particularly regarding direct engagement with children, young people and their families, also deserves consideration. Children and young people with or at risk of developing a mental illness may have prodromal or active symptoms. However they may also present with symptoms, such as extreme psychological distress or trauma that may in turn precipitate or contribute to mental illness. The influences that give rise to symptoms may be solely biological in some instances, but are often the result of interaction between biological, psychological and social factors/ conditions. For example it is known that the emergence of mental illness for children in out of home care is higher than that of the general population. CAMHS community teams must respond to the impact of multiple factors and systems on the development and well-being of children growing up in a broad range of environments. Considerable expertise is required to understand, engage with and assist these children, young people and their families. A clinical leader should have clinical expertise and leadership skills. In addition the position requires the commitment to wide consultation and the involvement of professionals from the fields of expertise necessary to assist with each service user's particular needs. Psychiatry has an important role in contributing to clinical leadership, either in the leadership role or as a member of the team. The current clinical governance structure in SA CAMHS, as well as the proposed structure, provides opportunity for Psychiatric input into the governance and clinical leadership in the organisation within a multi-disciplinary model.

It is worth noting that the mental health social workers' professional approach to service delivery encompasses:

- a bio psychosocial approach to both assessment, treatment and other therapeutic interventions
- the use of a range of therapeutic modalities as appropriate to the child or young person and population being served
- a commitment to applying the principles of recovery
- individual and, where needed, community capacity building
- multi-systems networking to harness support for the child or young person
- family engagement where possible and appropriate.

The recent publication by Health Workforce Australia 'National Mental Health Core Capabilities' July 2014 provides useful guidance on the issues of clinical and organisational leadership as well as direct service delivery.

Supervision and accountability

The AASW's position on the importance of supervision has always been clear. Professional supervision in social work is defined as:

... a forum for reflection and learning. ... an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. Supervision is a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures (Davys and Beddoe, 2010, as cited in AASW, 2014)

Active participation in professional supervision is a core practice standard for social workers, as outlined in the AASW Practice Standards 2013. Professional supervision makes a pivotal contribution toward:

- enhancing the professional skills and competence of social work practitioners and thereby strengthening the capacities of social workers to achieve positive outcomes for the people with whom they work
- engaging social workers in ongoing professional learning that enhances capacities to respond effectively to complex and changing practice environments
- retaining social workers in organisations by supporting and resourcing them to provide quality, ethical and accountable services in line with the organisation's visions, goals and policies.

Clinical supervision is concerned with enhancing professional practice skills and competence thereby ensuring quality service delivery. It may be provided by a line manager but is better provided by a separately designated senior professional. CAMHS is known to have waiting lists and therefore the AASW assumes the pressure to provide therapy and take on new cases is high. In such an environment it is easy for supervision to be over-looked or cancelled. However supervision must be prioritised by the organisation and its staff. Research on the effectiveness of counselling interventions has shown that the most significant factor in therapeutic outcomes is the relationship the professional has with the client (for example: Miller, Hubble, and Duncan, 2008). Individual supervision by a more senior social work clinician is preferable. Peer supervision groups are harder to maintain, as the equal authority of the participants makes it more difficult to adhere to a structure and provide the kind of emotional 'holding' and questioning that is helpful while a staff member is discussing their work. The CAMHS structure must provide staff at AHP3 levels with time for supervision. While supervision by social workers is recommended for social workers, when they are part of a multi disciplinary team, supervision may be provided by a non social work clinician. Multi-disciplinary consultation, training and collaborative work is strongly supported by the AASW.

Other professional bodies that constitute CAMHS teams will also have useful information regarding supervision. It is essential not only to have regular, planned supervision but also scope for unplanned access in situations where critical issues arise concerning the health and safety of children and young people. For new social work graduates with less than 2 years' experience and social workers entering a new field of practice, facing particular challenges, supervision needs to take place fortnightly for 60 minutes on each occasion. Further information about the requirements for social work supervision, including expectations of supervisors and recommended minimum frequencies of supervision can be found at <http://www.aasw.asn.au/practitioner-resources/related-documents>

Organisational and professional accountability are largely met by the elements of a sound clinical governance framework and through supervision. The expectation inherent in the latter measures is that children, young people and their families confirm that the goals of their engagement with the CAMHS service have been or are being achieved.

On a related matter, the AASW has been seeking registration with NRAS for a number of years to protect the 'social work' title and strengthen the accountability of professionals practicing as social workers, but not members of the Association. Until its continuing efforts are successful, an interim strategy has been implemented, namely the introduction of legally protected Collective Trade Marks for use by eligible Accredited Social Workers and Accredited Mental Health Social Workers. The Collective Trade Mark helps to improve public safety and protection and offers a new approach to credentialing professional social workers as well as a form of title protection for Accredited Social Workers. The trade marked logos can now be displayed by eligible AASW members to indicate they:

- have completed an AASW accredited degree
- are members of the Association
- are subject to the AASW Code of Ethics 2010; and
- are committed to, and have completed, a specified, minimum amount of ongoing, annual professional development.

It is suggested that CAMHS employ social workers who use the AASW Accredited Trade Mark.

Models of Care: Care pathways

Although this topic invites a more fulsome response, the AASW will confine its response to state that for people contacting CAMHS, the care pathway commences with the triaging of a child's or young person's presentation and circumstances. Triage can occur with information being provided by someone other than the person of concern. Triage can be a telephone or face to face service and should be guided by a protocol that establishes the levels of seriousness and urgency to guide the timing and type of response from the CAMHS service. If it seems that the person is not eligible for CAMHS, ideally the triage service should be able to give the caller advice as to the appropriate agency to contact and how to handle the situation in the interim. Referral advice should be predicated on agreements with the agencies to which the triage service is likely to refer. The initial engagement is crucial to establishing a helping relationship. Triage is the first contact and is extremely important in laying the foundation for successful outcomes. Triage is a highly skilled task and should be undertaken by an experienced professional.

The treating clinician should develop an intervention plan with the children, young people and families engaged with CAMHS that offers appropriate treatment and care based on an understanding of the key issues. The plan should also target those aspects of the affected person's life that can be drawn on or be modified to regain mental health. This is likely to involve other people and other services that can be included in the intervention plan in a staged way. While care pathways for commonly occurring difficulties can be established with other services, flexibility is needed to ensure the child's or young person's particular needs are being met. As mental health is improved or re-established, it is likely that other mainstream services will take a more prominent role and CAMHS a more support role.

Models of Care: Multi disciplinary staffing model

The AASW supports the following statement:

Most of the literature in this area states that a community mental health multidisciplinary team requires the core skills of nursing, medicine, social work, psychology and occupational therapy. Once the core disciplines are in place, there can be flexibility in the skills of additional members of the team according to local needs. For example, family therapists or speech and language therapists may have skills required by the population the team is serving. The possession of the competencies required to deliver effective care in a multidisciplinary team environment should be the key determinant of team membership. There should also be flexibility in terms of 'sub-teams' that may be a part of the larger team, for example, a home care team. The range of skills on the team should also be responsive to the ethnic profile of the local population. One of the fundamental advantages of team working is the different perspectives brought in by the different disciplines regardless of the special skills they may have. For this reason it is essential that the core disciplines are represented on multidisciplinary teams (Irish Mental Health Commission, 2006)

The clinicians who constitute members of a multi disciplinary team both share common knowledge and skills as well as bring particular specialist attributes to a given issue. The Practice Standards for Mental Health Social Workers (AASW, 2008), which are currently being updated specifies that in a multidisciplinary team setting, social workers:

- demonstrate respect for the profession of social work, and for other disciplines
- understand the scope of the social work practice, skills, knowledge and values in the mental health area
- are able to articulate a specific statement of social work purpose, roles and activities within the organisation and when collaborating with other organisations or private professionals
- are familiar with the knowledge, values, and practice bases of social work in relation to other mental health disciplines
- support the activities of other mental health professionals in the organisation and when collaborating with other organisations or private professionals
- promote the importance of social work in mental health in developing a comprehensive service approach to understanding mental illness and providing services
- apply a range of skills in problem solving, education, and conflict resolution to the management of day to day professional social work activity and when collaborating with other organisations or private professionals.

In most models of multi-disciplinary activity, clinical leadership can be appointed from any of the professions represented on the team. This acknowledges the value of all professions in the service and avoids a single perspective taking precedence to the detriment of the multi-disciplinary perspective.

Clinical Risk Management

The AASW supports initial training in risk assessment for all staff in CAMHS and the regular review and updating of such training. For example there are a number of excellent training modules and guidelines for the management and de escalation of suicide risk. However, it is also recognised that risk can change in a very short time, for example if the adolescent has experienced negative behaviour from a peer, their state of mind can deteriorate rapidly depending on their vulnerability. Certain presentations

can obscure the depth of depression, and the expectation that a 'risk assessment instrument' (even a validated one) can detect all risk, is risky in itself. There will always be a degree of uncertainty in the results of a risk assessment instrument. The clinician should also apply their knowledge, skill and professional judgment, and where appropriate consult with a professional colleague to ensure a thorough process is undertaken. Clinicians also need to feel that a degree of uncertainty in risk management is understood by their employer, in order to do their best when focusing on the person.

Regular, structured and required opportunities for multi-disciplinary case review are supported by the AASW as a way of drawing in all perspectives and checking that a team member has not become blinkered or missed issues. As mentioned previously, regular clinical supervision, which provides a true environment for reflection on cases, is also strongly supported by the AASW. The AASW also supports opportunities for social workers to access ongoing clinical professional development recognised by CAMHS.

As a final comment, the observations from some South Australian mental health social workers on the new Youth Service will be relayed. First, there does not appear to be a structure or process to ensure a smooth transfer of young people to the Youth Service. This needs to be rectified. Also it appears that the new service has a 'case management' model with limited therapeutic input for young people, this being a shortcoming for those who need structured counselling as part of their intervention plan. In some instances young people who are at not high risk would benefit from a transfer to a Headspace service. However their rollout has been put on hold by the Commonwealth government and Headspace does not engage with young people at medium to high risk. At present, if CAMHS is not able to work with young people 16 years and over, there is no clear referral pathway to a low or no cost service to ensure their therapeutic needs will be met. The only option is to refer young people and their families to private psychiatrists or other private mental health providers, and for people who are disadvantaged or difficult to engage, this is not really an option.

Concluding comment

The AASW has welcomed this opportunity to have input into the review and looks forward to being able to make other contributions as and when needed.

References

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Submitted for and on behalf of the Australian Association of Social workers Ltd

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