



## Child and Adolescent Mental Health Service Access Criteria Policy

### 1. Aim

This policy describes access to Child and Adolescent Mental Health Services (CAMHS) within the WA Country Health Service (WACHS). CAMHS must be accessible to children and their families, and meet the needs of the community in a timely manner.<sup>1</sup>

### 2. Background

Each service within the WACHS has an Entry Procedure that relates to this policy. The entry procedure describes entry to the service for assessment and treatment.

#### Risk

Children who need access to CAMHS may not be provided with that access. This could result in an exacerbation of mental health symptomatology.

### 3. Definitions

<b>Access</b>	Ability of consumers or potential consumers to obtain required or available services when needed and within an appropriate time.
<b>Entry</b>	The process provided by the mental health service which assists the consumer and their carers to make contact with the mental health service and receive appropriate assistance.
<b>Child</b>	Infant, child, adolescent or young person under the age of 18 (i.e. until their eighteenth birthday).
<b>Parent</b>	Any parent, legal guardian, responsible family member, or other identified carer of the child.

### 4. Guiding Principles

The [Charter of Mental Health Care Principles](#)<sup>2</sup> informs our service. In particular, a mental health service must:

- a. be easily accessible and safe and provide people experiencing mental illness with timely treatment, care and support of high quality based on contemporary best practice to promote recovery in the least restrictive manner that is consistent with their needs (principle 4)
- b. recognise, and be sensitive and responsive to, diverse individual circumstances, including those relating to gender, sexuality, age, family, disability, lifestyle choices and cultural and spiritual beliefs and practices (principle 6)

<sup>1</sup> National Standards for Mental Health Services, 2010

<sup>2</sup> *Mental Health Act 2014* (WA), Schedule 1

- c. provide treatment and care to people of Aboriginal<sup>3</sup> descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers (principle 7).
1. When providing mental health services, acting in the best interest of the child is the primary consideration.<sup>4</sup>
2. Aboriginal children and families have a right to equitable access to mental health services.
3. Ease of access to services for children and their families is an overriding principle.
  - a) Wherever possible, services must be located to provide ease of physical access.
4. Children have a right to comprehensive and integrated mental health care. Such care meets the child's needs and enables them to achieve the best possible outcome with regard to their mental health and social and emotional wellbeing.
5. All children and their families have access to timely, and multidisciplinary mental health services within CAMHS, to ensure assessment, early intervention, and treatment.
6. Where, in consultation with children and their families, another service is found to better meet the needs of the child, CAMHS is to assist with access to that service.
7. CAMHS must ensure that services are available to all children and their families, without prejudice or favour.
8. Services reflect that the child exists within a context of family, significant people, community and culture.
9. Children and their families are recognised by CAMHS practitioners as being part of a wider community. Mental health services are viewed as one part of a wider service network. Practitioners support the provision of coordinated and integrated care across programs, site and services.

### 5. Policy

1. All CAMHS teams must have a documented entry procedure that aligns with this overarching access policy and Standard 10.3 (Entry) of the National Standards for Mental Health services.
2. Services must be available to children presenting with a range of mental health concerns (reflected in behavioural, cognitive and/or emotional difficulties, including alcohol, drug, and substance issues) and across the spectrum of development.
3. Priority must be given to those children with acute and/or severe mental health presentations.

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<sup>3</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

<sup>4</sup> *Mental Health Act 2014 (WA)*, section 299

4. In partnership with children and families, the CAMHS team must make all reasonable efforts to collaborate and integrate with the service that better meets the needs of the children. This facilitates access and a smooth transition of care.
5. Staff must have a comprehensive knowledge of community services and resources. Staff must work alongside children and families to assist them to identify and access other relevant services where appropriate.
6. While children are waiting for services from CAMHS, CAMHS are to assist with the coordination of services from other government and non-government mental health services.
7. Services must work proactively to engage and partner with minority or marginalised individuals and groups. This ensures that they receive equitable and culturally appropriate access to CAMHS. It also ensures that social diversity is taken into account throughout all phases of care.
8. Services must take into account the cultural and social diversity of Aboriginal children and families and actively and respectfully reduce barriers to access and provide culturally secure systems of care.<sup>5</sup>
9. CAMHS must provide appropriate assistance and make reasonable adjustments for children and their families who do not speak, read, or write English, or who have communication difficulties (including hearing, oral, or learning impairments) or any other disabilities.
10. Access to services must be made available at times and locations appropriate to the needs of children and their families. This includes self-presentations to any community clinic regardless of residential address.
11. Services must ensure that children and young people's rights as identified in the [UN Convention on the Rights of the Child](#) and in the Child and Adolescent Health Service (CAHS) [CAMHS Patient Rights Under the Mental Health Act Policy](#) are upheld.
12. Services must ensure that the right to consumer privacy and confidentiality is upheld where safety is not compromised. Confidentiality must not be a barrier to effective collaboration with other professionals/services.

### Guidelines on Specific Matters

#### 1. Attention disorders

Paediatricians may refer to CAMHS where there are concerns regarding attention disorders and co-morbidity with a mental health condition. It is expected that the paediatrician will maintain continuing care in regards to the attention disorder.

#### 2. Child Protection

Referrals are to be made to the Department of Child Protection if there are immediate or ongoing concerns regarding risk of physical, sexual, or emotional abuse or neglect. All Mental Health clinicians are to be aware of Mandatory reporting instructions.

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<sup>5</sup> Chief Psychiatrists Standards for Clinical Care

### 3. Emergencies

Refer to WACHS [Acute Response in Child and Adolescent Mental Health Service](#).

WACHS CAMHS are unable to provide Acute Response Level 1 (contact within two hours), but may have the capacity to provide Acute Response Level 2 (contact within 24 business hours) during office hours.

**After Office Hours** acute response / crisis calls are triaged by RuralLink (1800 552 002) and are to be followed up the next working day by the CAMHS Team or Adult Team where there is no CAMHS service available.

Referrals for Acute Response Level 1 are to be forwarded to the Emergency Department at the nearest hospital or to the person's general practitioner (GP).

### Acute Response Levels

<b>Acute Response Level 1 (Emergency)</b>	is a situation in need of <b>immediate</b> response (within two hours) because of serious risk to self or others, or unpredictability / disorganisation / acute disturbance.
<b>Acute Response Level 2 (Crisis)</b>	is a situation in need of <b>rapid</b> response (same day or within 24 hours), because of harm / severity of crisis / level of distress / benefits of early intervention.
<b>Acute Response Level 3 (Urgent)</b>	is a situation in need of <b>timely</b> response (within 48 hours) because while there is no immediate risk there is a high level of distress / greatly decreased level of functioning / benefits of early intervention to prevent crisis.

## 6. Roles and Responsibilities

All WACHS Mental Health Services are advised to develop local site procedures and service delivery systems as required, to inform and guide their staff in the application of this policy.

### Regional Manager

The Regional Mental Health Manager is to ensure the development of clinical models and systems to support the CAMHS Access Criteria.

### Clinical Mental Health Service Staff

The Triage Officers, Duty Officers and all other clinical staff are to prioritise the use of initial assessment / choice appointment to determine the client's presenting problems and needs. This process will determine eligibility for admission to the service.

## 7. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

## 8. Evaluation

Compliance with this policy is to be continually monitored by the region's CAMHS Team Leader at the four stages of the admission process: triage, intake, assessment and multidisciplinary review.

Each CAMHS service is to perform a clinical audit at least every six months with the support of the Regional Mental Health Manager.

A delegated CAMHS clinician is to be responsible for undertaking the audit. Included in the audit is to be 'number of referrals', 'number of initial assessments / choice appointments', 'number of on-referrals to alternative external service providers, number of care plans', 'number of patients admitted' and 'number of complaints by referrers' relating to not having the referral accepted'.

Audit results are to be reported locally through each region's mental health clinical governance committee.

## 9. Legislation

[Mental Health Act 2014 \(WA\) \[MHA\]](#)

[Children and Community Services Act 2004 \(WA\)](#)

[Criminal Law \(Mentally Impaired Accused\) Act 1996 \(WA\)](#)

[Disability Services Act 1993 \(WA\)](#)

## 10. References

[Charter of Mental Health Care Principles – MHA 2014](#)

[Investigation into ways that State Government Departments and authorities can prevent or reduce suicide by young people 2014 WA Ombudsman](#)

[Chief Psychiatrist's Standards of Clinical Care 2015](#)

Commonwealth of Australia. Department of Health. [Key performance Indicators for Australian Public Mental Health Services.](#)

Commonwealth of Australia. Department of Health. [National Mental Health Policy](#)

Commonwealth of Australia. Department of Health. [National Practice Standards for the Mental Health Workforce 2013.](#)

Commonwealth of Australia. Department of Health. [National Standards for Mental Health Services 2010](#)

[International Classification of Diseases \(ICD 10\)](#)

## 11. Related Policy Documents

WACHS [Acute Response in Child and Adolescent Mental Health Service](#)

WACHS [Child and Adolescent Mental Health Service Resources EUCP Policy](#)

## 12. Related WA Health System Policies

[OD 0586/15 WA Health Disability Access and Inclusion Policy 2014](#)

## 13. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012): 1.1

[National Safety and Quality Healthcare Standards](#) (Second edition 2017): 1.3

[National Standards for Mental Health Services](#): 10.2.1, 10.2.3

## 14. Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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