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Purpose

This Professional Practice Guideline has been developed by the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Faculty of Child and Adolescent Psychiatry (FCAP) to inform and guide psychiatrists, the medical profession and other health professionals, service providers, governments, and communities in Australian and New Zealand about the role of child and adolescent psychiatrists, and how they can best meet the mental health needs of young people and their families.

Key messages

- Child and adolescent psychiatrists are specialist doctors who are trained to provide expert, evidence-informed individual and family-focused mental health care to infants, children, adolescents and youth.
- One in seven children and adolescents experience some form of mental illness. Child and adolescent psychiatrists have an important role in promoting their treatment and recovery.
- Child and adolescent psychiatrists work in community settings, hospitals, private practice, as well as specialty services, such as juvenile justice and addiction services.
- The scope of child and adolescent psychiatric practice has expanded partly to include youth mental health and perinatal and infant psychiatry, mental health care reform, and prevention and early intervention.
- Child and adolescent psychiatrists are essential in multidisciplinary teams, both in public and private practice, providing care for complex mental health presentations. It is essential to understand and integrate factors related to children and young people's medical factors, development, home, educational and social environment to effectively formulate and manage these problems and promote recovery.
- Child and adolescent psychiatrists provide specialist advice to other psychiatrists, professionals providing care to young people including other health care, educational and social service providers.

Background

This Professional Practice Guideline has been developed in view of social, political, and service provision changes that impact on the provision of care to young people¹. It should be read in conjunction with [Position Statement 80 on the Role of the Psychiatrist in Australia and New](#)

¹ 'Young people' or 'young person' is defined as pre-school children (0-4 years), children (5-11 years), adolescents (12-17 years), youth transitioning to adult health services (18-24 years). It is recognised that meeting the needs of young people includes working with their families.

[Zealand](#), acknowledging that there are specific considerations in defining the role of child and adolescent psychiatrists including:

- Increasing understanding of the importance of early development and experience for mental health and psychosocial functioning, identifying that there are key points for intervention.
- The increased focus on the stepped care model that includes integrated primary, specialist and e-mental health care, which requires child and adolescent psychiatrists to develop partnerships and support primary level interventions as well as focusing on specialist assessment and treatment for children with moderate to severe mental health problems.
- Mental health reform targeting the emerging field of perinatal and infant psychiatry (Commonwealth of Australia, 2015) with specialist mental health services for this age group (0-5 year olds and their parents) being established and expanded throughout Australia and New Zealand (Newman and Birleson, 2012).
- Expansion of services delivered to the 0-12 year age group to improve access and meet the increased demand for mental health intervention for this age group, this includes early intervention in the course of a disorder to prevent secondary harm. This need is variably met in Australia and New Zealand.
- Development and expansion of the youth concept and model of care. Historically, particularly in publicly funded services, patients aged 18 would transition from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services. The expansion of headspace and other services focused on young people aged 15-24, as well as the extension of some Child and Youth Mental Services (CYMHS) to see young people up to age 25 years, has changed the focus of some child and adolescent psychiatrists.
- Development of specific mental health services for young people in the juvenile justice and/or child protection system.
- Expansion of outreach services for difficult to engage young people with complex difficulties including Aboriginal and Torres Strait Islander, Māori, Pacific Islander and culturally and linguistically diverse (CALD) young people.

While boundaries such as age are more flexible in private practice, policy settings in national, regional, jurisdictional and local service delivery have had an impact on variations in practice, responsibility, and complexity in the role of child and adolescent psychiatrists.

It is acknowledged that in meeting the needs of infants, child and adolescent psychiatrists work collaboratively with adult psychiatrists who have specialised in perinatal psychiatry recognising that infant and parent perspectives are different and both can be valuable. It is acknowledged that infant/perinatal psychiatry and youth psychiatry are not exclusively served by child and adolescent psychiatrists and that psychiatrists who identify as youth psychiatrists and perinatal and infant psychiatrists also contribute significantly to these areas. The developmental training of child and adolescent psychiatry is well suited to both sectors and frequently child and adolescent psychiatrists are involved in establishing, delivering and managing these services.

It is further identified that increased numbers of child and adolescent psychiatrists are needed to meet community expectations and service demands in the next 5-10 years (Thabrew et al., 2017). It is important to note that the breadth of the role and scope of practice of the child and adolescent psychiatrist is challenged and frequently limited by workforce shortages and lack of clear models. More effective partnerships and changes to practice are required to address this.

What is a child and adolescent psychiatrist?

A child and adolescent psychiatrist is a medical doctor who specialises in the assessment and treatment of mental health problems in infants, children and young people. In addition to the primary medical degree and mandated experiences in general medicine, child and adolescent psychiatrists have undertaken a minimum of five years of specialty training prescribed by the RANZCP. Child and adolescent psychiatrists undertake specific training leading to the advanced

certificate in child and adolescent psychiatry. However it is recommended that this guideline, which outlines the key roles of child and adolescent psychiatrists, should be used by all psychiatrists working with young people to guide best professional practice.

Child and adolescent psychiatrists are engaged in promoting emotional wellbeing and the prevention, early intervention and treatment of all types of mental illness, emotional disturbance and abnormal behaviour across a continuum of patients with mild episodic disorders to those with chronic and enduring disorders.

Child and adolescent psychiatrists recognise the importance of trusting, positive and empathic relationships when engaging with young people, their families, and other care givers, and acknowledge the challenges associated with personal and family functioning. Infant, child and adolescent mental health problems often have complex biological, psychological, and systemic origins. Training in the use of behavioural, cognitive, systemic, psychodynamic and cultural frameworks and psychopharmacology is invaluable for accurate diagnosis, formulation, treatment planning and delivery.

There are certain clinical issues in which the contribution of a child and adolescent psychiatrist is essential, including psychosis, severe depression, self-harm, suicide or harm to others, and responses to child abuse, neglect and trauma (Lloyd et al. 2006). As a general guide, involvement of child and adolescent psychiatrists should occur in the care of any young person who experiences a mental illness or is at risk of developing a mental illness and where:

- the disorder is complex and severe, particularly when associated with significant risk to self or others
- the disorder has physical manifestations, or has a possible physical cause
- there are difficulties with care engagement
- the young person requires multidisciplinary or multiagency care and there is a need for specialist clinical leadership
- the condition is likely to require hospitalisation
- a parent has a mental illness
- physical treatments are required, including psychopharmacology, particularly where they involve complexity
- specialist assessment and consultation is required as part of comprehensive clinical management by other specialties.

Where do child and adolescent psychiatrists work?

Child and adolescent psychiatrists work in every area of child and adolescent mental health care including community settings, hospitals, private practice, research, teaching, and administration of health care. Child and adolescent psychiatrists may work in different fields of specialist practice, such as in primary care (e.g. headspace settings), and in various secondary and tertiary settings (e.g. specialist community CAMHS/CYMHS, private outpatient practice, non-government organisations, paediatric medical services, and inpatient mental health services and hospitals) to provide care with increasing levels of intensity in a stepped care model.

The extent of mental distress in young people highlights the need for interventions across the spectrum of mild to severe disorders; for early intervention through to the management of chronic illness and across a range of settings. Untreated mental disorders develop rapidly and can impact negatively on future physical health, educational outcomes, ability to form positive relationships, and lead to higher risk of engagement with the justice system. This highlights the need for an efficient system that allows timely access to specialist care by child and adolescent psychiatrists, and support for child and adolescent psychiatrists to assess and support the primary care sector in their provision of care. A significant number of child and adolescent psychiatrists will provide their

expertise to young people with severe mental health disorders within the tertiary mental health sector. FCAP supports a greater focus on community care and prevention and early intervention (RANZCP, 2010). Access to more intense care can be provided in the community with appropriate service design, nevertheless more restrictive care, such as in hospitals, is sometimes indicated.

Many child and adolescent psychiatrists have further expertise and training and work in specialty areas. These include addiction psychiatry, forensic psychiatry, consultation-liaison, psychotherapy, intellectual and developmental disability, neuropsychiatry, child protection, research, medical education, health services and administration, and advocacy, although these rules are not specifically addressed in this population.

The role and responsibilities of the child and adolescent psychiatrist

The primary role of a child and adolescent psychiatrist is to use their specialist skills and medical expertise to achieve the highest quality of care for young people in partnership with their families or carers. To do this child and adolescent psychiatrists undertake a range of communication, collaboration and advocacy roles and recognise the complexity of individual clinical presentations. In defining the role of the child and adolescent psychiatrist the outline CanMEDS Physician Competency Framework has been followed. This statement does not aim to detail competencies, but instead provide a guide as to the specific roles of child and adolescent psychiatrists within the overall competency framework. The [child and adolescent psychiatry learning outcomes and developmental descriptors](#) described in the RANZCP Certificate of Child and Adolescent training documents (RANZCP, 2016) provides detailed descriptors of the competencies required to be achieved by trainees becoming child and adolescent psychiatrists.

Medical expert

The primary role of a child and adolescent psychiatrist is to use their skills and medical expertise to achieve the highest quality of care for young people experiencing mental health problems in partnership with their families or carers. To do this child and adolescent psychiatrists:

- Use their knowledge of normal and abnormal development across the life span. They take into account family functioning, systemic (social and relational) assessment, physical health, comorbidity and multiple diagnoses, neurobiology, pharmacology, emotional health and interpersonal relationships, geographic location, social adversity, and the impact of child protection, welfare, school and justice matters, as well as psychiatric disorders and substance use disorder (in both young people and their adult carers). They apply an integrated biopsychosocial model in understanding, diagnosing and managing mental illness, emotional disturbance and abnormal behaviour and provide person-centred and family-focused mental health care that is developmentally informed, timely and appropriate.
- Seek and synthesise information from multiple sources to inform clinical decisions. Sources may include interviews with the individual, family (acknowledging that more than one person may be the clinical focus within a family) and other key informants (including other doctors and mental health professionals, education professionals and others supporting the young person), observations within the home, school or other settings, laboratory tests, imaging, structured mental health assessments and structured assessments by other professionals, for example, neuropsychological assessments or developmental assessments.
- Deliver evidence-informed treatment tailored to meet the social and personal needs of the young person and their family, including the settings in which they live e.g. family, school, and local communities. Recognise that cultural contexts may impact on assessment, management, and recovery and that the availability and presence of other services available for young people have an impact.
- Recommend or undertake a comprehensive range of interventions including medication treatments and psychotherapeutic treatments with young people and their families; and recommend or enable appropriate social interventions e.g. in schools.

- Support others caring for the young person and maintain hope for the young people and their family through family work and consultation to other services. They are sensitive to and respectful of the young person and their family or carers' individual choices for intervention.
- Recognise the importance of ongoing developmental processes in recovery and acknowledge that whilst the recovery processes are relevant for young people, how these are expressed will depend on their age and developmental stage and requires interventions to be aligned with a young persons and family's developmental needs (Mental Health Coordinating Council, 2014). This includes recognition of broader developmental risk whereby academic, occupational, personal and social developmental outcomes may be compromised due to mental illness or where developmental delays or deficits contribute to compromised mental health.
- Manage the interface of mental and physical health including the risk of adverse physical health outcomes due to mental illness and its treatment, and the risk of adverse mental health outcomes due to physical illness and its treatment.
- Promote shared decision making, by recognising the importance of the young person's autonomy, values and preferences by ensuring that they, and their parents/guardians, have a central role in decisions about their own clinical care, and collaboratively develop a plan for care. This includes managing issues of capacity and competency to consent, including where young people and parent² preferences diverge.
- Identify and integrate appropriate management of parental mental health concerns with the care of the young person. Using expertise in both adult and child mental health, they recognise the impact of parental mental illness and substance use problems on parenting and on a young person's development and tailor intervention for the young person and their family accordingly.
- Facilitate the transition of young people with ongoing mental health problems to adult mental health care and the transitioning of very young children from perinatal and infant services to appropriate mental health care when needed.
- Understand relevant legal frameworks including mental health acts, child protection legislation, family court legislation and legal frameworks relevant to family violence to perform statutory roles. This includes providing assessment, advice and clinical management (when referral and other arrangements to support this are in place), and to help reach decisions about the mental health, developmental and care needs that are in the best interests of young people and their families.
- Provide a key consultative/liaison role to provide expert advice to those involved in providing care to the young person and their family. Such opinions may be provided to other doctors and health care providers, and non-health care providers such as teachers, early childhood educators, residential workers for out-of-home care, and well as third parties such as child protection and the courts.

Communicator and collaborator

Effective communication and collaboration is particularly important to achieve the best outcomes for young people, given that care is increasingly provided by multidisciplinary and interagency teams. In undertaking this role, child and adolescent psychiatrists note that:

- There is an extensive range of other professionals who are likely to be involved, including general practice, hospital and community paediatrics, psychologist, social workers, Occupational therapists, nurses, education, social care, the voluntary sector, as well as the young person's family, with valuable expertise. Roles should be delineated to best assist high quality coordinated care provision.
- GP access to support and advice from psychiatrists on the management of patients with mental health issues is particularly valued (RACGP, 2016). Effective two-way communication between the child and adolescent psychiatrist and GP can help facilitate better care for patients in

² Includes guardian or non-biological parent

transfer between primary and secondary care, and benefit patients continuing in primary care, giving them access to secondary care when necessary. This is particularly relevant in private practice, where regular collaboration is required with both GPs and psychologists. Refer to [GP and psychiatrists: best practice guidelines for referral and communication](#).

- Paediatricians represent a skilled specialist medical workforce providing services to a significant number of children and young people, which can provide opportunities for prevention, early diagnosis and early intervention for mental health problems (RACP, 2016). Many provide care to children with established mental health problems, including neurodevelopmental, anxiety and depression. As such, they have a critical frontline role in identifying children at risk of or with mental disorders who may require specialist psychiatric consultative advice or care. Both specialists can work at the interface between physical and mental health. Child and adolescent psychiatrists often work with paediatricians to develop collaborative practice that suits young people who may require expertise from both sectors concurrently or sequentially. Paediatricians strongly support the further development of models of care to expand collaborative practice (RACP, 2016). Child and adolescent psychiatrists strongly support these developments. This includes considering how to facilitate timely and direct interchange of clinical advice and information, and pragmatic communication in regard to referral processes in the private and public sectors.
- Recognise that young people at different developmental stages and capacity will have varying levels of autonomy and levels of engagement, involvement and ownership of their care. There is a need to manage and communicate these aspects in a manner appropriate for the maturity of the patient, and consistent with legal requirements balancing supporting young people and their families' autonomy and independent decision making with the need for legislative protection to ensure safety and reduce risk.
- Prioritise the tripartite arrangement that exists in child and adolescent mental health between the patient, their carer, and treatment provider. This requires acknowledgement that decision making broadly, and specifically about treatment, is shared between the young person and their parents or carers in a gradually shifting developmental process where responsibility and decision making gradually shifts to the young person. This also applies to confidentiality and decisions around sharing information in the family.

Leader

Child and adolescent psychiatrists have expertise in assessing and prioritising clinical needs and making complex clinical decisions. In providing clinical leadership within the multidisciplinary team, child and adolescent psychiatrists should:

- Liaise with health funders, providers, and policy makers and other sectors on the needs of the population, mental illness prevalence, best treatment strategies, and service design to meet the developmental and mental health needs of, young people and their families/carers, and support the primary care and specialist interface to promote integration of services, for example through supporting the work of the Primary Health Networks (PHNs) in Australia.
- Embrace clinical leadership roles within community CAMHS/CYMHS multidisciplinary teams and in hospitals – inpatient, outpatient, and community. These teams manage severe and complex disorders often with associated risk of suicide or harm to others, multiple adversity impacting on the young person and their families; previous treatment failures (in settings offering less intensity of care); and significant risk of or impairment to psychosocial development. The child and adolescent psychiatrist may have leadership responsibility for clinical outcomes, and share responsibility for supporting and enabling the work of other professionals. The role of the psychiatrist is to contribute to clinical governance and share responsibility. Where appropriate in most team settings, psychiatrists work with other registered professionals whose supervisory relationships may be different professionally and operationally. Psychiatrists' core responsibilities are for their patients and junior medical staff. In the case of other professionals responsibility may be determined by policy, legislation,

workforce capacity, and procedures that require negotiation and review. While operational responsibility will vary between services. Child and adolescent psychiatrists are well placed to 1) achieve the best possible treatment outcomes for young people and the ongoing improvement of service provision 2) plan strategically to do so 3) maintain service provision and 4) lead multidisciplinary teams.

- Liaise between disciplines to lead delivery of appropriate services. Clarity of roles, responsibilities and varying expertise needs to be clearly delineated as high quality patient care is safeguarded when clinical governance and clinical responsibilities is clear to all concerned. This is a critical issue given the current workforce shortages. This shortfall demands that child and adolescent psychiatrists' specialist functions are appropriately supported when working in teams. Child and adolescent psychiatrists' high level consulting functions are most efficiently provided and implemented when lines of clinical responsibility are clear. If not, their scope of specialist practice and expertise will be eroded with potential adverse impacts on quality of care, team functioning and cost effectiveness resulting. This has become an urgent concern after a review by Australia's National Mental Health Commission found that practitioners are functioning beneath their scope of practice (National Mental Health Commission, 2014). Clear delineation of scope of practice and role definition is required to ensure effective use of child and adolescent psychiatrist's expertise, particularly when they work in a multidisciplinary team or in collaboration with other providers. Optimisation of administrative and technology support is also essential.

Scholar/Professional

Child and adolescent psychiatrists commit to lifelong professional learning through undertaking continuing professional development. They commit to the principles of evidence-based medical practice. They commit to the protection of human rights and a high standard of ethical practice. Developing a better understanding of an illness or disorder and pursuing more effective interventions and treatments is an intrinsic part of the role of the child and adolescent psychiatrist. In undertaking this role, child and adolescent psychiatrists are expected to:

- Always hold the best interests of the child at the centre of their decision making.
- Use their knowledge and skill and experience to teach, train, supervise and mentor through both formal and informal approaches. They educate young people, their families, and broader communities, as well as psychiatric trainees, and other doctors and disciplines (e.g. general practitioners, psychologists), and in turn learn from them.
- Take responsibility for the training and mentoring of doctors training in psychiatry and those undertaking training in child and adolescent psychiatry.
- Educate the community about mental health, reducing stigma and improving the lives of young people with mental health difficulties.
- Engage in activities that strive to develop and implement better practice (e.g. evidence-based treatment pathways). Child and adolescent psychiatrists should audit and appraise clinical outcomes with the aim to improve individual treatment pathways and service improvements.
- Acknowledge that the evidence base for treatment of child and adolescent mental health problems is still at a relatively early stage and strive to improve knowledge in this area.
- Strictly adhere to ethical codes ensuring consent and transparent communication with young people and their families, including advocacy for the rights of infants, children and adolescents to protection, care and participation in health care (United Nations Convention on the Rights of the Child).
- Acknowledge that advances in the understanding of treatment of mental disorders depends on research and contribute to such endeavours where possible.

Health advocate

Child and adolescent psychiatrists advocate for the mental health, educational and care needs of young people as well as the prevention of disorder and distress and promotion of emotional well-being. This advocacy can occur at a service level or at varying levels of government and in the community. As health advocates, child and adolescent psychiatrists:

- Support young people and their families, and work with them and their organisations to advocate jointly for the resources and services needed to support their recovery.
- Actively respond to feedback from young people and their carers.
- Address stigma and discrimination in practice and actively engage to inform community views of mental illness in young people, psychiatrists, and other mental health professionals.
- Have a responsibility to promote the health of communities and populations, and advocate to reduce the disparities in healthcare outcomes between Indigenous and non-Indigenous people and other specific groups (e.g. children with intellectual or developmental disability and those in out-of-home care).
- Advocate for an appropriate balance of resources allocated to less severe, intermittent or conditions early in their course or early in life, with those needed for the most severe and disabling conditions. Similarly there is a need to balance involvement in mental health promotion and early intervention with involvement in young people with chronic impairing mental illness to best promote clinical recovery and the mental health and well-being of the population.
- Communicate clearly and coherently about complex issues of young people affected by mental illness, including early risk factors, and the role of child and adolescent mental health services and child and adolescent psychiatrists in ameliorating these.
- Advocate for young people's rights in mental health care, including children in detention, juvenile justice, out-of-home care, and asylum seekers.

Future directions

- The RANZCP, through the Faculty of Child and Adolescent Psychiatry, will work to continue to promote the role of child and adolescent psychiatrists to inform other health and medical providers, service providers, government, and consumers of the specialised role that child and adolescent psychiatrists have in providing mental health care to young people.
- The RANZCP, through the Faculty of Child and Adolescent Psychiatry, will regularly review the role of the child and adolescent psychiatrists to ensure that it remains relevant to evolving practice and to maintain high priority care for all children in need, particularly in the context of workforce shortages.
- The RANZCP will promote collaboration and partnerships with other professionals involved in the care of young people, as well as with consumer and carers, to deliver optimal care.

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This information is intended to provide general guidance to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances, information or material that may have become subsequently available.

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