8 March 2017

Ms Liz Prowse                      Dr Prue McEvoy
Director MH Strategic Directions    Clinical Director
CAMHS                              CAMHS

Email: camhsresources@sa.gov.au

Dear Ms Prowse and Dr McEvoy

Re: Child and Adolescent Mental Health Services (CAMHS) Consultation of Key Partners

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is pleased to provide a written submission to the CAMHS Consultation of Key Partners.

The RANZCP represents more than 3600 fully qualified psychiatrists in Australia and the Faculty of Child and Adolescent Psychiatry has a membership of 43 psychiatrists in South Australia. As such, the RANZCP is well positioned to provide assistance and advice about the proposed organisation structure and changes to services within CAMHS.

The RANZCP supports the purpose of introducing a new organisational structure and welcomes the opportunity to contribute.

However, the RANZCP is concerned that the organisational chart is difficult to read and there is a lack of clarity around the full-time equivalent (FTE) numbers and reporting line for positions. The Model of Care is disappointingly lacking an appropriate level of detail and the clinical guidelines are not, as stated, appended at the back of the document.

The RANZCP lauds the introduction of a Statewide Paediatric Eating Disorder Service.

Please see the attached submission which we hope will be of assistance.

The RANZCP looks forward to receiving your response to our submission and welcomes the opportunity to meet with you to further outline the details of this submission. I can be contacted via Ms Fay Millington, Policy Officer, RANZCP SA Branch via fay.millington@ranzcp.org or by phone on (08) 8239 2911.

Yours sincerely

Dr Michelle Atchison
Chair, RANZCP SA Branch
inform and influence
mental health policy
in Australia
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP is a peak body representing psychiatrists in Australia and New Zealand and as a binational college has strong ties with associations in the Asia-Pacific region.

The RANZCP has almost 6000 members including more than 4000 fully qualified psychiatrists and nearly 1400 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The RANZCP SA Branch welcomes the opportunity to provide a written submission to the Child and Adolescent Mental Health Services (CAMHS) Consultation for key partners in relation to the proposed draft organisational structure, draft Service Descriptions and the Model of Care.

In December 2014, the RANZCP provided a response to the release of the Final Report of the Review of South Australian Child and Adolescent Mental Health Services (2014 Gruner Review) and noted the report’s endorsement of the central importance of clinical governance by psychiatry.

The RANZCP has consulted with Faculty of Child and Adolescent Psychiatry South Australian members in the development of this submission.

Draft organisational structure

The organisational chart itself was considered difficult to understand and other than a reference to 18.5 FTE consultant psychiatry dispersed across teams, the FTE for positions is not stated. More transparency on the allocation of consultant psychiatrists is requested. Additionally, there are concerns that dispersing psychiatrists across teams could put additional pressure on psychiatrists, leading to problems with retention of consultants and training of registrars.

The introduction of an additional reporting line for the Clinical Director to the Chief Operating Officer of the Women’s and Children’s Health Network (WCHN) is noted with concern, particularly as there is no stated reason provided within the consultation papers. The nature of the reporting line to the Chief Operating Officer is unclear.

It is recommended that the whole CAMHS organisation have single-point accountability to the psychiatrist who is the Clinical Director of CAMHS. According to the Job and Person Specification for a Clinical Director, this role should have total clinical and organisational responsibility for CAMHS. The 2014 Gruner Review recommended a part-time Deputy Clinical Director position to be filled by an existing psychiatrist, to ensure adequate coverage in the event of absence and workload management.

Most importantly, there is apparently no psychiatrist on the WCHN Executive. It would be appropriate for the Clinical Director of CAMHS to be included in the WCHN Executive, to provide clinical leadership in mental health across the whole WCHN. See Expert leadership – why psychiatrists should lead mental health services.
The lines of clinical and financial responsibility are unclear. The Director, Mental Health Strategic Operations and the Clinical Director both appear to be responsible for Acute and Statewide Services and Community Based Services. Further clarity on which positions report to each Director and the financial delegations are required.

The Organisational Structure: Fast Facts for Stakeholders document outlines proposed new positions. The Service Manager role is described as ‘managerial oversight of multiple clinical services regarding human and site resource management, finance, consistent and integrated practices for client care across CAMH sites.’ The RANZCP seeks clarity on the extent of the responsibilities for ‘client care’, to which position(s) the role reports and its relationship to the consultant/’team’ psychiatrist and psychiatrist Clinical Director.

The Developmental Disability Team mentioned in the Model of Care is not identifiable in the organisational structure. The RANZCP seeks assurances that services to address the increasingly high incidence and prevalence of mental health problems in children with disabilities will not diminish. The RANZCP seeks confirmation the recommendations in the 2008 Coroner’s Report with regards to services for children with autism spectrum disorder has been incorporated into the organisational structure and model of care.

The loss of speech pathology positions in CAMHS is of a concern to the RANZCP, as language problems can often underpin emotional or behavioural disturbance, and lack of speech pathology support can mean that the true cause for problems is missed. This has implications for management and progress of children. Speech pathology potentially does have a place in mental health services, to help support children with significant language disorders and who may not get a service elsewhere in South Australia. An equitable distribution of speech pathology positions across the CAMHS is recommended.

The RANZCP is aware of plans for amalgamated community teams. This is likely to cause problems with patient access, for example, Morphett Vale and Marion teams would be merged at a site in Morphett Vale. Patients may have to travel 23 kilometres to the south for a service. The RANZCP is concerned that patients and their families may not do this for financial or access reasons and will be lost to services or not access them. Alternatively, if some clinicians were to be sent back to a clinic in Marion, we believe there would be inefficiencies of time and travel costs, and the need to maintain a second site anyway.

The RANZCP views the move towards a medical-led service with a spread of allied health professional staff in multidisciplinary teams, including occupational therapists, social workers, psychologists and nurses, to be a positive step forward. Also positive, is the dedicated services for forensics, eating disorders, triage, mobile assertive care and that emergency services will have 24-hour mental health nursing. Having a single point of contact at triage for patients and families will likely be viewed positively in the community.

Draft service or practice descriptions

Statewide Consultation–Liaison Service Description

The RANZCP SA Branch has been informed of changes to the level of Consultation–Liaison service to the paediatric units/wards at Women’s and Children’s Hospital (WCH), Flinders Medical Centre (FMC) and Lyell McEwin Hospital (LHMS), with a plan for a hub at WCH. This will mean a reduction in Consultation–Liaison services at FMC, and potentially a gain at LHMS. Advice has been received that the FMC paediatricians are unhappy with this plan. The staffing numbers for the Consultation–Liaison
team have been reduced, which means a reduction in service overall, with less outpatient work at WCH and presumably FMC.

The RANZCP has been advised that when Southern and Northern CAMHS combined in 2013, the Southern Adelaide Local Health Network (SALHN) were told that there would be no reduction in services as a result of the merger. However, since then the service to FMC Emergency Department was ceased and several full-time positions have been taken from Flinders CAMHS, without consultation with SALHN or Flinders CAMHS. This has left a small clinical team of a psychiatrist, a mental health nurse, a social worker and registrar. The team also provides mental health support for the Flinders Paediatric Eating Disorder Service (FPEDS). The psychiatrist is joint leader of FPEDS and the mental health nurse is the sole dedicated eating disorder family therapist in the state’s public system.

Flinders CAMHS Consultation–Liaison service is a psychiatry led service to various wards in a 593 bed hospital, including the Paediatric ward, ICU, HDU, Medical and Surgical wards, and Perinatal, and has a busy outpatient service. It is not entirely clear from the published structure, but it appears that the proposed restructure will further reduce Flinders Consultation–Liaison to a single allied health professional on site, perhaps with psychiatric oversight based at the WCH. It is not clear what would happen to the registrar or whether the training post will still meet requirements for accreditation.

Statewide Paediatric Eating Disorder Service Description
It is laudable that eating disorders have been identified for a special service, but unfortunately CAMHS has not allocated sufficient funds to resource a safe or effective program. There was a request that eating disorder services be provided in both the FMC and WCH. The RANZCP supports the work of Dr Michael Batterham in relation to the development of Statewide Services for Paediatric Eating Disorder Care.

Centralised Triage Service Description
Some new areas such as the triage service and mobile assertive service have not been explained as to what the services will actually offer, despite the allocation of a number of staff from other areas of the organisation.

CAMHS Model of care
The Model of Care is disappointingly lacking the level of detail anticipated by the 2014 Gruner Review. The clinical guidelines are not, as stated, appended at the back of the document.

The RANZCP notes the Model of Care sits alongside a number of other key documents, namely CAMHS Service Descriptions (provided for consultation feedback), Operating Guidelines and Scope of Practice (not provided) and Workforce Structure (partially described in the organisational structure chart).

The RANZCP members consulted viewed the document as general as it provided very little detail about the core business of providing mental health care to children and young people, and was found to consist of a collection of unimpeachable statements of principle which are neither verifiable nor falsifiable.

The loss of the Enfield ASEC group day program for some adolescents is noted, however, this service was difficult to access unless families were prepared to drive a significant distance. It is unclear how the provision of this day program across the state at local sites will be achieved.
Further comments

The RANZCP is concerned there is no mention within the consultation papers of a clear plan and method for CAMHS to communicate with related non-CAMHS professionals who may be called upon to provide extra support for patients due to the changes within CAMHS.
17\(^{th}\) December, 2014

Office of the Chief Executive
c/o Ms Sue Woodard
Women’s and Children’s Health Network
Allan Campbell Building
72 King William Road
NORTH ADELAIDE SA 5006

Email: Sue.Woodard@health.sa.gov.au

Dear Ms Woodard,

Re: Release of Report I Review of South Australian Child and Adolescent Mental Health Services

In response to the letter of the 24\(^{th}\) November, 2014 the South Australian Branch of The Royal Australian and New Zealand College of Psychiatrists, has reviewed the “Final Report, Review of South Australian Child and Adolescent Mental Health Services”. After consultation with Members of the Branch Committee and the local Faculty of Child & Adolescent Psychiatry, find below comments regarding the Final Report:

- The public release of the CAMHS review report represents the end of the beginning of the reorganisation of CAMHS that has been unfolding over the last 2 years. We welcome its official endorsement of the central importance of clinical governance by psychiatry, and the co-leadership concept that CAMHS psychiatrists had espoused at the beginning, and which has been in de facto operation now for some time.
- The coroner’s recommendations have been considered but sensibly interpreted in the light of practical reality. The service has already, in the months since those recommendations, made considerable efforts to tighten up clinical governance and place psychiatrists in teams in a way that facilitates clinical oversight and improves the treatment of the seriously ill, although that task is hampered by lack of both funds and personnel.
- Many other aspects of the report involve sweeping generalisations and recommendations for overhaul that suggest revolution rather than evolution. Of course it would be easier if CAMHS’ role was more neatly defined, but defining by exclusion, in the absence of alternative services, does not really help the community: the data suggest CAMHS’ current caseload is already a high need population. Variations in service should not exist because of personal interests and relationships, but strong clinical leadership is necessary to identify and contain that: it should now be possible.
- Improved communication with related services, GP’s and community organisations is everyone’s ideal, but many of those services too, have been in constant flux, and communication takes time: resources might help, a name change will not! Clinicians that do not cross-consult constitute a “team”, but not every case requires multiple clinicians: laissez-faire is not good enough but total scrutiny is unsustainable. Change for the sake of change can jeopardise what is good and enduring in a busy service.
- Professionalism, accountability, staff development, excellence in clinical care: these are all things we can agree on. The Faculty is relieved that we can now “get on with it”, and embraces the opportunity to lead the changes as we improve what needs to be improved.

The SA Branch of the College would like to thank you for the opportunity to be a part of the review and we look forward to further discussion and involvement.

Yours Sincerely

Dr Michelle Atchison
Chair
RANZCP – SA Branch