

Werry Workforce Wharaurau CAPA National Forum

CAPA in the rural environment –

an International Perspective from Alice Springs,

Australia

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Alice Springs – *where in the world?*

The Aboriginal Arrernte (pronounced arrunda) people are the traditional custodians of Alice Springs and the surrounding region.

Alice Springs is also home to many different Aboriginal language speakers whose traditional lands lie within the Central Australian region.

In addition, Alice Springs is home to people from many other nationalities – Greece, Italy, American, Philippines, Sudanese, Kiwis to name a few!



The Central Australian context

- High levels of domestic and family violence, sexual assault, poverty and childhood neglect.
- High rates of children in care
- Lack of other service providers in town who are able to meet the needs of the community
- Many different organisations competing for funding to address social / health issues, not always working collaboratively.
- Alcohol and antisocial behaviour ongoing across all aspects of the community
- We estimate that at least 80% of children and young people we see have experienced some type of trauma.



The Central Australian context

Remote location

= limited training budget

= high staff turnover

= many of our staff have very limited specialist skills in working with trauma and / or Aboriginal families and applying this to practice.

= difficult to recruit

Alice Springs – where in the world?



Child and Youth Mental Health Team... *where we fit*

Northern Territory Government

Central Australia Health Service – Mental Health

Crisis and Triage Team/Community Team

Barkly Team

Safety and Quality Team

Pharmacist

Cultural Advisor

Child and Youth Mental Health Team
including perinatal practitioner

Mark Sheldon Remote Team

Forensic Team

Sub Acute

Mental Health Unit and Consult Liaison Team

Admin

Who we are

- Small multidisciplinary team
 - 2 x Consultant Psychiatrists (job share 1 x FTE) – only ones in town
 - 1 x Psychiatric Registrar
 - 1 x Team Leader
 - 6 x Clinicians with mixed professional backgrounds - social workers, psychologists, occupational therapists
 - 1 x Perinatal Health Nurse who works with women affected by moderate to severe mental health presentations in the preconception planning, pregnancy and postnatal period (up to 12 months postpartum).
- We assess and provide therapeutic support for children and young people up to the age of 18 years and their families experiencing **moderate to severe conditions** affecting their mental health and wellbeing.

Child and Youth Mental Health Team

.... What we do

- Work with children/youth and their families to support, assess and assist the condition of the your person experiencing mental health challenges.
- Help them to understand their condition and with them, put together a plan to help them manage the problems they are experiencing.
- Operate in conjunction with other agencies and services.
- We are not an after hours service, clients seen via appointments only.
- We do outreach within Alice Springs – schools, home, ‘town camps’, other public places.

Child and Youth Mental Health Team

.... What we do

Provide:

- Individual therapy
- Family therapy
- A ranged of assessments and evidence based treatments
- Psychiatric assessment and consultation (when required)
- Behavioural management strategies for parents, carers, teacher



Who are our clients?

- Clients must be between 3-18 years of age, or the young person still completing school, and living within Alice Springs.
- Diverse range of socio-economic and ethnic backgrounds.
- Nearly 50% of our current C&Y client base identify as Aboriginal or Torres Strait Islander.
- The majority of Aboriginal children/young people that access our service are between 7-13 years old.

Who are our clients?

- children and youth (up to 18) experiencing moderate to severe mental health concerns

e.g.:

- Peer relationship issues, such as bullying and other stresses
- Depression and/or anxiety
- Self-harming and suicidal behaviours
- Social and communication problems
- Grief and loss
- Psychiatric conditions
- Behavioural and emotional issues



Who are our clients?

May 2019 – a snapshot:

- 209 open cases

Cultural status	Indigenous	Indigenous	Indigenous	Indigenous	Non Indigenous	Non Indigenous	Non Indigenous	Non Indigenous	
Age ranges	0-14	0-14	15-19	15-19	0-14	0-14 d	15-19	15-19	
Sex	Female	Male	Female	Male	Female	Male	Female	Male	Grand Total
May 2,019	23	34	10	19	26	51	27	19	209

- 23 clients discharged
- 33 new clients

Who are our clients?



A number of our clients come from non- traditional family units:

- children in foster care through the mandated system (Territory Families). Heavily politicised and contested ‘space’ in Central Australia.
- informal kinship care arrangements
- We often work with the family system and / or carers, and liaise with schools with a client’s (and parents) consent.

Who are our clients?

- Clients in remote Aboriginal communities...
 - **Not funded** to regularly service these populations despite major 'need'.
 - However, young people who are referred to the team who reside in remote communities are offered outpatient consultation appointments at the Child and Youth offices in Alice Springs.
 - A visiting specialist clinician does travel to the Barkly Region (Tennant Creek) on a monthly basis to provide assessment, consultation and liaison services to children, young people and their families and carers in this region.



REFERRALS

The child/young person may be referred through:

- Self
- Family/ Parent/guardian of the young person
- School Counsellor
- Territory Families
- General practitioner / paediatrician
- Alice Springs Hospital (mental health unit, etc)
- Health services provider i.e. Headspace

SO Why CAPA?

- A way of managing the high demand and capacity of referrals
- A way to implement a strength-based and structured system for supporting the team to manage caseloads and the clinical workload
- A way to effectively support clients and families/ carers to access the support they want and need.

The CAPA approach at CYMHS

Referral received



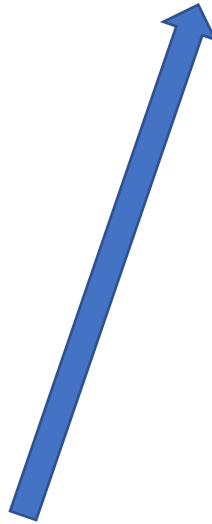
Client and family are offered an initial Choice Appointment with one of the CYMHS Choice Clinicians; these clinicians are experienced. The Choice Appointment is usually booked in 1-3 weeks after receiving the referral.



The client and family attend the Choice Appointment and discuss:

- their mental health concerns
- what goals the family and the child/young person might have

Together with the choice clinician they come to an agreed plan around what the client/family need to be able to reach these goals



The joint plan with the family may include a referral to another service (such as their school counsellor, Paediatrician, MiFANT, Relationships Australia, Headspace etc) and may or **may not** include allocation to a CYMHS Partnership Appointment depending on:

- Whether the child/young person meets the CYMHS moderate-severe Mental Health criteria
- Level of risk and concern about the child/young person
- Who the most appropriate service provider might be to work with the child, young person and family
- Willingness to engage and participate in the treatment process



The CAPA approach at CYMHS



If the child/young person meets criteria for service, is willing to engage with treatment and we have a joint formulation and clearly defined goals with the family then they are allocated to a 'Partnership Appointment' with their 'Partnership Clinician' – this is the CYMHS clinician with the most suitable skills to work with the child/young person and family and their specific goals.



The Partnership Clinician then begins working with the family; conducting a comprehensive mental health assessment, risk assessment and more thorough treatment plan.

The Partnership clinician regularly consults with the CYMHS team, including the C&Y Psychiatrists and at every stage of treatment continues to consider:

- Are the goals of the family still the same? If not, what are they and who is best placed to work with the family on these?
- What specific treatment is being offered?
- Would a Psychiatric assessment or review be beneficial?
- How long might the piece of work with the child/young person and family be?
- Does the child or young person still meet criteria for our service?
- If there is anything else that hasn't been considered that might help meet the goals of the family?
- When is it likely time to consider "letting go" of the child/young person and family and how are we working towards this.

*CAPA... HOWS IT ALL LOOKING
SO FAR?*

Statistics – appointments between 1st Jan – 31st March 2019

- Offered **68 Choice Appointments** (average of 5 per week for 3 month period)
- Completed **53 Choice Appointments** (average 4.5 per week)
- 15 Choice Appointments were DNA or Rescheduled
- 7 Choice Appointments were not filled – Jan and Feb
- Completed 39 Partnership Appointments
- 7 Partnership Appointments were not filled for the 3 month period



CAPA has helped out the team by:

- Reducing time spent 'chasing referrals'
- Providing clear pathways and frequent avenues for team consultation
- Matching clinicians specific skills, experience, training and areas for development with the clients and families they are allocated
- Improved templates and documentation
- Increasing support from Admin staff so that clinicians time doing admin is reduced
- Improving our collaborative work with families so that clinicians feel they are moving forward with families rather than feeling stuck
- Building more effective working relationships with referrers and other service providers

CAPA has improved the service for referrers by:

- All referrals received by the CYMHS team are offered an initial 'Choice Appointment' as long as the child or young person meets the basic service requirements.
- Being clear on criteria, treatment and letting go (discharge)
- Improved communication; the referrer will be copied into all letters and documents that are sent to the family (with consent)
- Being clear on what our role is, and is not, as a specialist mental health service
- Providing a consistent transparent client focused service
- Supporting families to use their own strengths and resources so they are not overly reliant on services when this is not needed
- Making sure that our team are able to work with clients, families and referrers to improve outcomes for the client

Feedback from clinicians

CAPA STRENGTHS:

- *“seem to be a easy access to service”*
- *“I think it is good to spend the time talking about the clients we have seen rather than based on a referral”*
- *“Provides a strong model that provides a clear pathway for clients and families, and organises the team with structure and processes”*
- *“the model seems to be able to be reviewed and adapted as needed for our context”*
- *“Seeing families quickly and being strengths based”*
- *“Transparency with clients and professionals”*

Feedback from clinicians

CAPA STRENGTHS:

- *“More structure and focus on our work”*
- *“Stops all the running around we use to do”*
- *“Greater community response”*
- *“Eliminating the waitlist”*
- *“Generating a more lively ‘through-put’ process”*
- *“Family and individual led”*

Feedback from clinicians

CAPA NEEDS:

- Team discussion to identify strengths
- Supervision on cases
- A full team to manage workload and flow
- Review of processes to make sure we are responding appropriately to high risk young people
- Support with case load management
- Staff input and feedback
- Manage stats further
- More structure of plans in partnership

Feedback from clinicians

CAPA OPPORTUNITIES:

- Skills and training
- Sharing of knowledge
- Continue to develop skills
- To offer more specialised skills
- To try areas for further skill development

Feedback from clinicians

CAPA CHALLENGES:

- *“If families are seen straight away and then accepted – are we going to be able to match for partnership straight away?”*
- *“Appears to require greater energy and time than pre-CAPA”*
- *“It is change and nobody likes to change the way they do things when they are comfortable. We stick at it and regularly look at our diaries it will ease”*
- *“Inconsistency in the depth of assessment between clinicians e.g. some taking developmental history and then this being repeated at*

Partnership”

Feedback from clinicians

CAPA CHALLENGES:

- *“Letting clients go still seems to be hard”*
 - *“We seem to accept a large number of those that attend choice appointments rather than using other services”*
 - *“Maybe not using the wider community resources enough”*
 - *“Lack of alternative services” “staff with varying levels of experience”*
 - *“There is the sense that through experience, discussion and feedback that these and other issues will be tackled and changes made”*
 - *“Choice documentation and having the time to write these up”*
 - *“Not accepting referrals after Choice appointments”*
 - *“Ensuring the flow is quick and timely”*
-

Feedback from referrers

CYMHS sought feedback from a number of referrers regarding the intake and referral process since the introduction of the CAPA to the service.

Referrers were asked to reflect on a 7 month period, beginning in August 2018 when the CAPA model was introduced.

Referrers from a number of different local organisations and government departments - teachers, counsellors, school principals, GPs, paediatricians, psychologists, social / family/ youth workers.

Feedback from referrers

50% of referrers thought changes were neutral, 50% thought they were positive..

Feedback from referrers

What did referrers notice had changed?

- *“Information provided back to referrer”*
- *“initial intake/screening process”*
- *“choice appointment, then written feedback to referrer from that appointment”*
- *“The initial appointment which is generally undertaken with a family member (guardian) and the young person”*
- *“Choice Appointment reports are developed and fed back”*

Feedback from referrers

STRENGTHS:

- *'very good /straightforward' timely referrals response/ easy to navigate'*
- *'efficient in that referrals are answered quickly and that the communication between intake/workers have been great'*
- *'For non-urgent outpatient referrals I am very happy with the process'*
- *'quick turnaround from when a referral is made and the young person is seen'*
- *'I like the Choice appointment feedback and the goals of engagement and therapy set out in this'*
- *'CYMHS clinicians have always been helpful and friendly with engagement and communication'*
- *"seems supportive for families"*
- *"improved communication with good feedback as to referral status"*

Feedback from referrers

CAPA STRENGTHS:

Choice summary documentation...

- *“very good”*
- *“good”*
- *“very detailed”*
- *“Comprehensive”*
- *“the feedback form following the choice appointment is good as it clearly identifies the process and what is to happen”*
- *“Appropriate”*

Feedback from referrers

CAPA **NEEDS:**

- More staff and funding !
- first choice appointment with the young person be optional to have guardian present?
- engage the guardian when it is appropriate?

Feedback from referrers

CAPA CHALLENGES:

- *“Lack of services for remote clients often disappoints”*
- *“staff are overworked”*
- *“Following initial response to referrals, C&Y engagement can be too slow”*
- *“it can make a young person uncomfortable having a guardian or carer present, particularly when they don’t have a strong relationship.. some young people can be resistant about returning to appointments as they thought their guardian would be present for all sessions”*

Where to from here?

- We need to continue to enhance our knowledge and awareness of local services who we can be referring out to either at choice or when initial goals have been met
- We need to be learning more about each other's skill set and our skills and area of further development
- Enhancing our choice skills and getting it right from the start
- Continue to build the team culture, shared CAPA language and foundations



What we've learnt

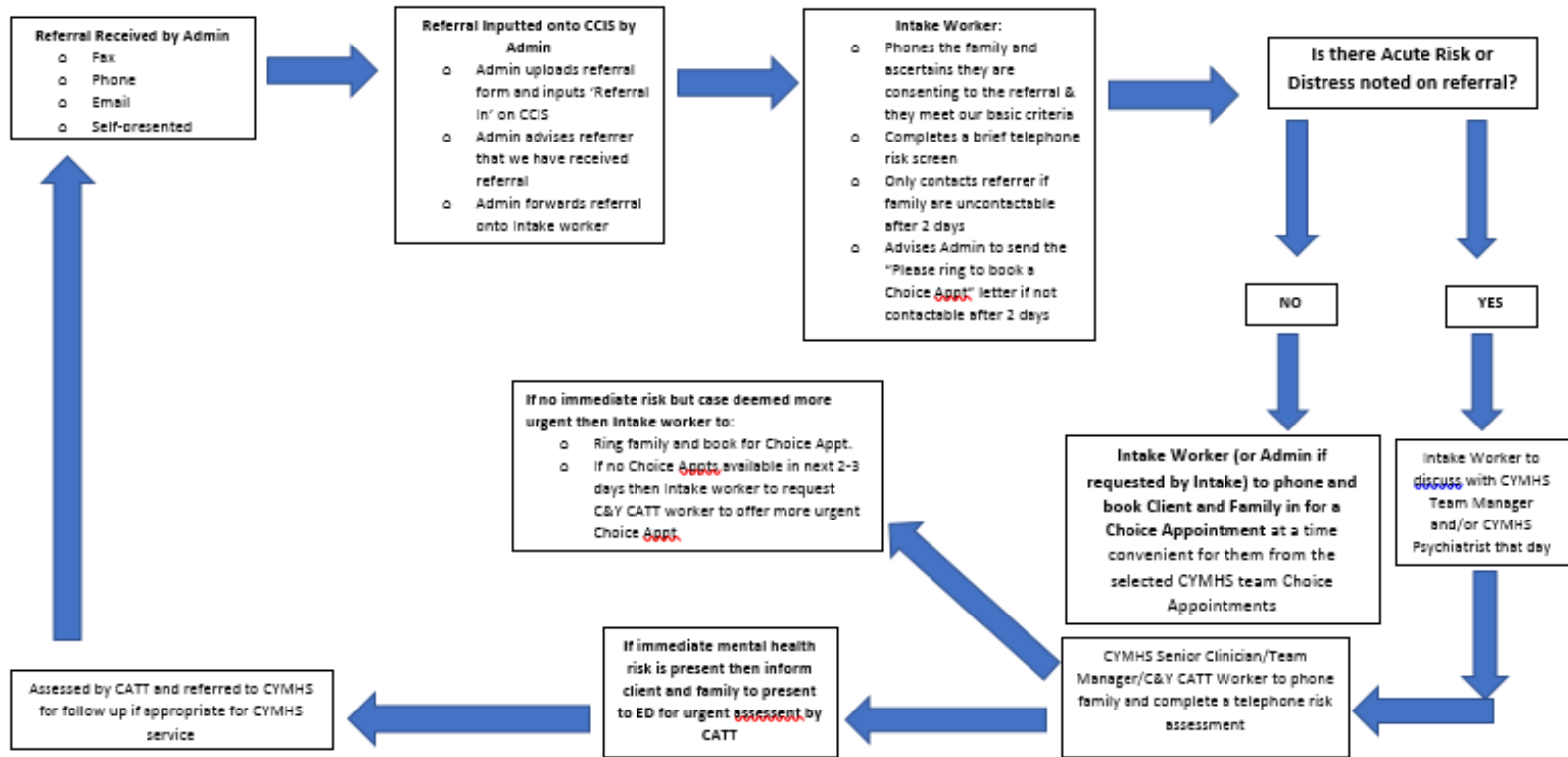
That CAPA can work in remote locations if the preparation and planning has been invested from the CAPA leaders, management and team from the start.

That it's a collaborative and team effort that requires a willingness to embrace change

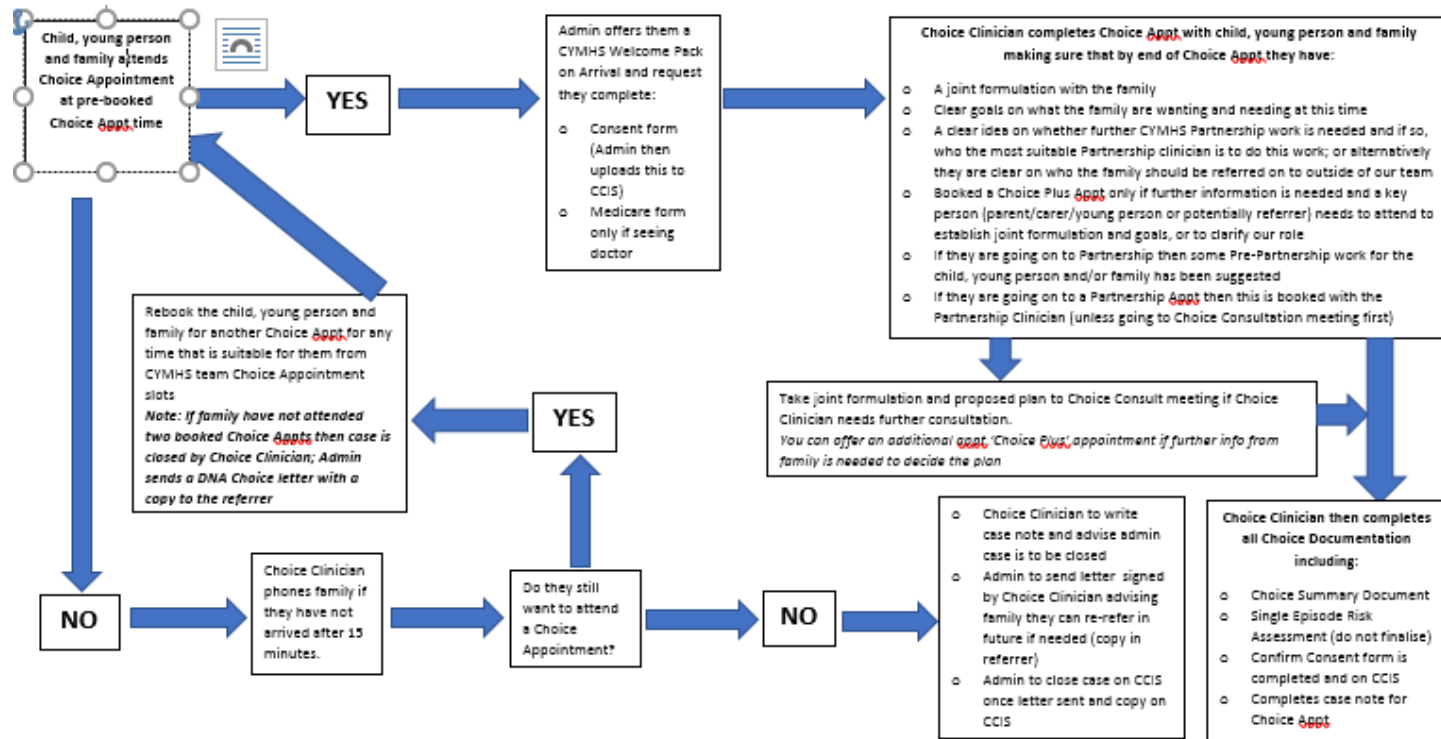
The importance of coming together as a team to reflect, be open and curious about enhancing the current ways of practicing for our young people, families and caregivers



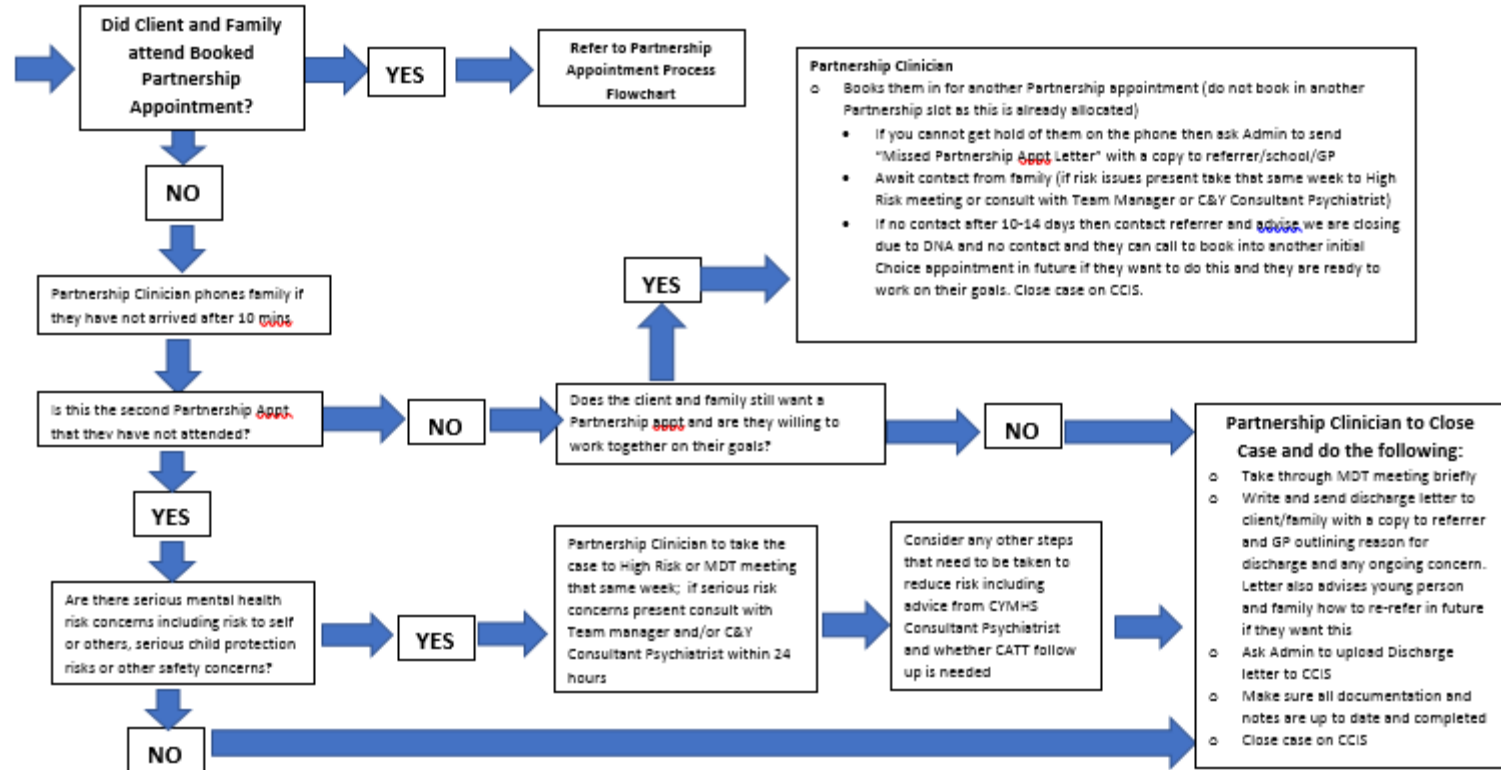
The intake process at CYMHS



The Choice appointment process at CYMHS



The Partnership process at CYMHS



The Did Not Attend (DNA) Partnership process at CYMHS

