GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) Taskforce Implementation Program

Intellectual Disability, Neurodevelopmental Disorders and Neuropsychiatric Conditions Model of Care

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1 Introduction

Co-occurring neurodevelopmental disorders and neuropsychiatric conditions, and mental health issues can contribute to long-term cognitive impairment and reduced quality of life. Recent studies in the UK and Norway have found that more than 50 per cent of children referred to child and adolescent mental health services met the diagnostic criteria for a neurodevelopmental disorder.[1] In WA, neurodevelopmental disorders and neuropsychiatric conditions represent the most prevalent co-morbidity in public child and adolescent mental health. Despite this, children, their families and carers have experienced some of the most profound barriers to accessing safe and appropriate mental health care.

A Model of Care broadly defines the way health care is delivered. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.[2] The Mental Health Commission has developed this Model of Care to guide the delivery of mental health care for infants, children and adolescents who have or are suspected of having a neurodevelopmental disorder or neuropsychiatric condition, and their families and carers. Through the application of this Model of Care, children and adolescents with a diagnosed or indicated neurodevelopmental disorder or neuropsychiatric condition, and their families and carers will have access to a range of safe, responsive and connected mental health supports in their community that embrace and recognise their neurodiversity, utilise evidence-based therapies and interventions, and draw on lived experience knowledge at each stage of the child and families' care. This will be achieved through three levels, each associated with progressively greater levels of need:

- **An infant, child and adolescent (ICA) mental health system that has enhanced capabilities to support children with co-occurring needs in the community.** With expert input from statewide specialist services, Community ICAMHS will provide targeted support to families and carers, and work with primary care and disability services, schools and organisations to improve capability to respond to the functional needs of children with neurodevelopmental disorders and/or neuropsychiatric conditions who are at-risk and/or have low to moderate mental health needs, earlier in life and closer to home.
- **Locally provided care by Community ICAMHS services with specialised capabilities.** The primary service of the future ICA public mental health system will be area-based networks of Community ICAMHS teams which provide all children with moderate to severe mental health needs with access, regardless of co-occurring needs or complexity. Care will be provided by multi-disciplinary teams capable of delivering the

[1] Hansen, Berit & Oerbeck, Beate & Skirbekk, Benedicte & Petrovski, Beáta & Kristensen, Hanne. (2018). Neurodevelopmental disorders: prevalence and comorbidity in children referred to mental health services. Nordic Journal of Psychiatry. 72. 1-7. 10.1080/08039488.2018.1444087.
[2] NSW Agency for Clinical Innovation, (2013), Understanding the process to develop a Model of Care. An ACI Framework, Sydney.

majority of required mental health supports. These teams will receive training to build expertise and be led by 'Practice Leads' that specialise in caring for children with a neurodevelopmental disorder or neuropsychiatric condition.

- **Expertise from a re-designed statewide neurodevelopmental mental health service to provide expert care for children with co-occurring needs.** To ensure equitable access to specialised care, the Complex Attention and Hyperactivity Disorders Service (CAHDS) will expand its mental health services beyond its current scope to encompass all neurodevelopmental disorders and neuropsychiatric conditions. The new statewide service will enhance the capacity of Community ICAMHS and the Child Development Service (CDS) to provide mental health care for children in this cohort. The new service will primarily act as a short-term consultation service and providing advice, shared care and, in a limited number of cases, intensive treatment.

Collectively these three levels – primary, community and specialised - constitute the Intellectual Disability, Neurodevelopmental Disorder and Neuropsychiatric Conditions Model of Care.

This Model of Care was developed through the establishment of a Working Group that was responsible for designing the key features of the Model of Care, with support from relevant good practice models in other jurisdictions. The Working Group provided a forum for people with knowledge and experiences of ICA mental health services to share their expertise to inform the design of this Model of Care. It included a broad range of voices including, families and carers with lived and/or living experience of mental health issues, clinicians, and other system leaders. To ensure a broad reach, a survey was subsequently designed and shared with a cross-section of stakeholders across the ICA mental health system.

Service Guarantee and ICA Culturally Safe Care Principles underpin this Model of Care

A Service Guarantee has been developed to outline what children, families and carers should expect to experience in their interactions with the ICA mental health system. The Service Guarantee has eight principles, outlined in

Figure 1. These principles apply to all ICA mental health services and are intended to guide how all Models of Care, including the Intellectual Disability, Neurodevelopmental Disorder and Neuropsychiatric Conditions Model of Care, are implemented.

Alongside the Service Guarantee, ICA Culturally Safe Care Principles have been developed to guide and enable the delivery of culturally safe and appropriate care to Aboriginal and Torres Strait Islander children, families, and carers across all ICA mental health services, including this Model of Care. Figure 2 provides a summary of the ICA Culturally Safe Care Principles.

Purpose of this document

The purpose of this document is to describe how mental health care will be delivered to children with an intellectual disability, neurodevelopmental disorder or neuropsychiatric condition, their families and carers across the ICA mental health system. It is not intended to define specific approaches, provide clinical advice, or outline specific workforce, infrastructure or other resource requirements. Further, it is not intended to provide guidance for specific regions, districts or communities. This Model of Care provides an overarching framework that can be adapted to address local needs. It is recognised that this Model of Care is a living document; it will evolve over time to reflect new research, and findings from monitoring and evaluation activities.

A note on language and terminology

The intention of this document has been to use language that is clear and inclusive. However, it is recognised that there is not always consensus around the language associated with ICA mental health. For this Model of Care, the term **children, family and carers** has been used and is inclusive of all children, family, carers, supporters, and community members..

Additionally, the use of the term '**neurodevelopment disorder**' in this Model of Care is intended to include intellectual disability, autism spectrum conditions, attention-deficit hyperactivity disorder (ADHD), fetal alcohol spectrum disorder (FASD), and other disorders that impact the nervous system. It is recognised that while these disorders share similar neuropathology and symptoms, they are each unique, and represent a spectrum rather than a distinct disorder. The use of 'neurodevelopmental disorder' is not intended to suggest otherwise, but has been used for the purpose of readability.

Further, the term '**children with co-occurring neurodevelopmental and mental health needs'** is used to identify individuals with a unique profile of needs. It is not intended to judge or stigmatise. It is recognised that there are different views regarding person-first and identity-first terms, and that these choices are deeply personal and meaningful.

The term **'Aboriginal peoples'** has been used throughout the document and is intended to refer to all Aboriginal and Torres Strait Islander peoples.

Section 6 of this document contains a list of the key terminology used within this Model of Care.

Figure 1 | Service Guarantee principles

Figure 2 | ICA Culturally Safe Principles

2 Background: Case for change

2.1 Co-occurring mental health issues in children with neurodevelopmental disorders or neuropsychiatric conditions

Neurodevelopmental disorders are a group of conditions that impact the development of the nervous system and brain function. A neurodevelopmental disorder commonly has three characteristics: symptoms will have first appeared in infancy or early childhood; the person's brain development is interrupted; and symptoms do not show signs of getting worse or better without treatment or management.[3] In children, the most common neurodevelopmental disorders include autism spectrum disorders (ASD), intellectual disability and ADHD. A neuropsychiatric condition is a term for a medical condition that involves elements of both neurology and psychiatry. These conditions arise out of identifiable brain disorders in childhood, affecting cognition and behaviour.[4] They can include neurodevelopmental issues and other conditions, such as epilepsy, ADHD, cerebral palsy, schizophrenia and more.

These neurodevelopmental disorders (and many others) share similar symptoms and pathology, and therefore often manifest in similar ways. These symptoms can include learning or speaking difficulties, sensitivity to certain sensory experiences, difficulty in using motor functions, and challenges with executive functioning. These conditions can also be associated with experiences of limited socialisation, restricted educational experiences, familial stress and other psychosocial issues, such as bullying. The ICA Taskforce recognised that some children identify as 'neurodivergent', that is, they exhibit symptoms from both groups of diagnoses and don't want to specify one over the other. The ongoing changes and transitions taking place throughout childhood and adolescence can also be challenging to cope with. Often children with neurodevelopmental disorder or neuropsychiatric conditions experience psychological distress.

The presence of a neurodevelopmental disorder or neuropsychiatric condition in a child or adolescent is the most prevalent co-morbidity in children experiencing a mental health issue.[5] Children with at least one neurodevelopmental disorder and/or neuropsychiatric condition are at a significantly greater risk of developing a mental health issue. The accumulation of difficult experiences can significantly impact a young person's mental wellbeing, potentially culminating in a chronic mental illness, such as anxiety and depression. Living with a neurodevelopmental

[3] Orygen, *Neurodevelopmental disorders: Resources*, 2022, https://www.orygen.org.au/Training/Resources/Neurodevelopmental-disorders
[4] J Scott et al., Mental, *Neurological, and Substance Use Disorders: Disease Control Priorities*, third edn, vol. 4, Washington DC, 2016.
[5] K Munir, *The co-occurrence of mental disorders in children and adolescents with intellectual disability/intellectual developmental disorder*, Curr Opin Psychiatry, 2016

disorder or a neuropsychiatric condition as well as a mental illness can exacerbate the symptoms of both afflictions, resulting in serious mental health deterioration. Further, these issues can impact family wellbeing, as parents and other caregivers struggle to access support and often hold significant caring responsibilities.

2.2 Case for change

It is challenging to diagnose and effectively treat mental health issues in children with neurodevelopmental disorders and/or neuropsychiatric conditions

Infants, children and adolescents with neurodevelopmental disorders and/or neuropsychiatric conditions are three to four times more likely to have a mental illness compared to other infants, children and adolescents.[6] Similarly, up to 70 per cent of children and adolescents aged 10-14 with autism spectrum disorder experience at least one mental health issue.[7] Despite their prevalence, many children with a neurodevelopmental or neuropsychiatric condition with a co-occurring mental health issue struggle to get a diagnosis. As a result, it has been observed that many clinicians working in child and adolescent mental health are becoming 'deskilled' in providing treatment and care for children and young people with a dual diagnosis.[8] It can be difficult to identify the difference between symptoms that relate to a neurodevelopmental disorder with a mental health issue, and this can result in narrowed or exclusionary service access criteria. In some cases, ICA mental health services exclude autistic children, those with an intellectual disability or other neurodevelopment or neuropsychiatric condition from accessing care. Consequently, these children may not receive mental health care for years until they transition into adult services, at which point their mental illness may have become severe.

Given the complex experiences of children with neurodevelopmental disorders, their needs are not consistently met by generalist mental health services

Infants, children and adolescents with neurodevelopmental disorders and/or neuropsychiatric conditions are particularly susceptible to sensory stimulation and often experience difficulty communicating. If a child with co-occurring mental health issues is admitted to a general mental health service, they will likely be in an unfamiliar environment and may be unable to articulate if they are overwhelmed or distressed. The result is an unpleasant experience which may exacerbate their mental health needs and ultimately lead to them disengaging from the clinical help they require. There is currently no public specialised service that is equipped with the skills and knowledge to support services and clinicians across the system to safely address mental health needs in this cohort of children, their families and carers. There is a clear gap in the

[6] Mental Health Commission Western Australia (2015) Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, Western Australia
[7] Mental Health Commission Western Australia (2020) Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025, Western Australia
[8] Chief Psychiatrist's Review into the Treatment of Ms Kate Savage by Child and Adolescent Mental Health Services. December 2020.

current system for a specialised service that progressively builds the capability of mental health clinicians and services across the system to safely work with children and families.

Families and carers struggle to navigate the current mental health system as it is disconnected from services such as CDS, the National Disability Insurance Scheme (NDIS) and other health services

For children with neurodevelopmental disorders and neuropsychiatric conditions to receive specialised mental health support, greater collaboration across all assessment and treatment services is required. At present there is little to no integration between primary health and disability services for this cohort of children, and mental health services. As a result, families and carers have frequently recounted traumatic experiences of having to navigate between mental health services, child development services, schools, and disability support services. All too often, families are turned away from services for not meeting strict inclusion criteria. The exclusionary admission criteria often used to address the demand pressures of mental health and child development services have commonly resulted in children being turned away from one service and directed to another, only for the same thing to occur.

In a targeted review by the Chief Psychiatrist in 2020, a recommendation was made to address the systemic challenge of children with neurodevelopmental and mental health disorders. The WA State Priorities: Mental Health, Alcohol and Other Drugs 2020–2024 report also identified 'people with neuropsychiatry and developmental disabilities' as a priority population requiring special focus.[9] There is a need for a model of care that provides safe and expert care to children with neurodevelopmental disorders and neuropsychiatric conditions who have mental health needs, and their families and carers. The ICA Taskforce recommended that mental health care for children with neurodevelopmental disorders and neuropsychiatric conditions must:

- provide education and awareness around dual diagnosis to prevent children with co-occurring mental health needs being excluded from care
- improve access to specialised care and support through a re-designed specialist service
- ensure children with mental health issues and neurodevelopmental diagnoses must not 'fall between the gaps' of primary and mental health services.

[9] Mental Health Commission 2020. WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024. Perth, WA: MHC.

3 Overview of the Model of Care

This section introduces the scope of the Model of Care for children with mental health needs who have or are suspected of having a neurodevelopmental disorder or neuropsychiatric condition, including its objectives, guiding principles and what it will achieve if implemented effectively.

3.1 What is this Model of Care?

The Intellectual Disability, Neurodevelopmental Disorder and Neuropsychiatric Conditions Model of Care describes a 'whole-of-system' approach to providing safe, accessible and evidence-based mental health care, support and treatment for children with a neurodevelopmental disorder or neuropsychiatric condition, and their families and carers. Specifically, this Model of Care outlines:

- How Community ICAMHS will respond to the needs of children across the state with a neurodevelopmental disorder or neuropsychiatric condition, and co-occurring mental health issues, their families and carers.
- How Community ICAMHS and CDS will work flexibly and in partnership to respond to both the mental health and neurodevelopmental needs of children that are referred to each service.
- How Community ICAMHS will partner with other services that have a role in supporting children with a neurodevelopmental disorder or neuropsychiatric condition, their families and carers to ensure seamless, consistent, and wrap-around care in all settings and services.
- The role of CAHDS as a new statewide neurodevelopmental mental health specialised service in providing advice, supervision, joint assessments and interventions with Community ICAMHS and CDS; and in conducting research and innovation.
- The capabilities and competencies required of all staff across the ICA mental health system to work safely and in partnership with neurodiverse children and their families and carers.

Further information on how Community ICAMHS delivers and coordinates care to infants, children and adolescents with mental health needs and their families and carers can be found in the Community ICAMHS Model of Care document.

3.1.1 Objectives

The objectives of this Model of Care are to:

- Outline how children with a neurodevelopmental disorder or neuropsychiatric condition, and their families and carers will access mental health care in the public ICA mental health system.
- Outline how ICA mental health services, CDS and other services that support children will work together to provide a 'whole-of-system' response to children with a neurodevelopmental disorder or neuropsychiatric condition, and their families and carers.
- Guide the future operational design of services that will deliver mental health care for eating disorders, and outline the high-level workforce, infrastructure and delivery considerations to implement this Model of Care.

3.1.2 Limitations

This Model of Care is intended to provide a framework that broadly defines how care will be provided. As such, it is not intended to:

- Define specific treatments, supports, therapies or interventions, or clinical guidelines. It is understood that these decisions are subject to an individual's needs, the clinical judgment of a health worker, and the input of a parent or carer.
- Define what supports other organisations will provide to children. It is understood that the scope of this Model of Care is to define care within the ICA mental health system. As such this document will not describe in detail the roles of other services.
- Provide guidance on future service provision for specific regions, districts or communities. It is understood that future service providers will tailor the Model of Care to the needs of the communities they serve and the unique context in which they operate.
- Provide specific workforce, infrastructure or other requirements to deliver this Model of Care. This will be the focus of future streams of work involving the Mental Health Commission and other partners of the WA Government.

3.2 Model of Care outcomes

This Model of Care will seek to achieve a number of outcomes for children, families and carers; staff; and the broader system. These key outcomes are outlined below in Table 1.

Table 1 | Model of Care intended outcomes

Outcomes that the Model of Care will achieve for…	
 **Children, their families, and carers**	**Improved overall wellbeing** for children with a neurodevelopmental disorder or neuropsychiatric condition who have a co-occurring mental health issue.
	Enhanced safety for families and carers. They are supported throughout and are provided with education and understanding of a child's symptoms and behaviours.
	Reduced admissions of children and adolescents to **emergency departments** associated with self-harm and suicidality.
	Prevention, early intervention and self-care that facilitates access to care earlier and equips the child, family and carer with skills to help them manage.
 **ICA mental health staff**	There is a **shared and clear understanding** of what neurodevelopmental disorders and neuropsychiatric conditions are, and the breadth of traits and presentations, including how males and females can present differently.
	Staff feel **safe, supported and empowered** to deliver care to children with co-occurring mental health needs and a neurodevelopmental disorder or neuropsychiatric condition.
	Timely **access to contemporary advice and expertise** to draw on, in a way that allows staff to easily ask for help.
	There is a **shared and clear understanding of staff roles and responsibilities** and the scope of services and supports.
 **The broader ICA mental health system and community**	**Increased awareness** of neurodevelopmental disorders and neuropsychiatric conditions, and associated needs; and a reduced stigma in the community.
	Increased **capability and capacity to collaborate across the system** to provide holistic supports to the child, their family and carers.

3.3 Considerations for different communities and populations

It is recognised that there are historical barriers to accessing mental health care for different communities and populations, and that care is often not catered specifically to their unique social, cultural or other needs. This Model of Care is designed to be inclusive, accessible and of

benefit to different communities and populations across the state. These include, but are not limited to:

- regional, rural and remote children, families and carers
- Aboriginal and Torres Strait Islander children, families and carers
- ethnoculturally and linguistically diverse (ELD) children, families and carers
- gender diverse or lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) children, families and carers
- children, families and carers experiencing financial hardship or poverty.

It is recognised that as part of implementing this Model of Care, there will need to be a level of adaption to ensure that the care delivered meets the needs of different communities and populations.

4 Model of Care in practice

This section describes the Model of Care in detail. It focuses on providing information around: who this Model of Care is for; who will provide care; how care will be provided; and what this will look like in practice.

4.1 Who is this Model of Care for?

This Model of Care outlines how public mental health services in WA will provide mental health care for children aged 0-17 with a neurodevelopmental disorder or neuropsychiatric condition. This includes children who are experiencing a range of emotional, psychological, behavioural or other mental health challenges, and require more dedicated support than what is available in primary care or other settings. As a result, access to Community ICAMHS is intended to be as broad and inclusive as possible but focussed on those who require more intensive supports that cannot be met by general mental health supports in their region. Community ICAMHS is intended to complement existing services, including CDS, primary care providers, and specialised private practitioners. This Model of Care recognises that there is not a consistent and universal understanding of the symptoms and behaviours that might indicate the presence of a neurodevelopmental disorder or neuropsychiatric condition, and that children and families experience significant challenges accessing both public and private health services required to receive an assessment and diagnosis. As such, this Model of Care outlines how public mental health services will respond to two cohorts of children:

- Children aged 0-17 years of age that have been diagnosed with a neurodevelopmental disorder or neuropsychiatric condition, and are experiencing mental health issues and/or have a mental health disorder.
- Children aged 0-17 years of age who have a mental health disorder or are experiencing mental health issues, and have symptoms and behaviours that may indicate a co-occurring neurodevelopmental disorder or neuropsychiatric condition.

It is recognised that ‘symptoms and behaviours’ that may be associated with an underlying neurodevelopmental disorder or neuropsychiatric condition may be perceived as broad criteria. This language has been used to reflect the many signs and symptoms that may indicate a neurodevelopmental disorder and/or neuropsychiatric condition. These signs and symptoms vary in how they present and impact children of different ages and different neurodevelopmental disorder and/or neuropsychiatric conditions.

It is essential to note that this Model of Care is specifically for children with a mental health disorder, or who are experiencing mental health issues where it would be indicated that Community ICAMHS is the most appropriate service to provide a response. This Model of Care is not intended to provide any direction or guidance on the management and treatment of neurodevelopmental disorders or neuropsychiatric conditions in children.

4.2 Who will provide care to children, families and carers?

The co-occurrence and common pathology of mental health and neurodevelopmental disorder and neuropsychiatric condition needs in children means that a 'whole-of-system' response is required – both for children, their families and carers. The whole-of-system response for children with a neurodevelopmental disorder or neuropsychiatric condition and co-occurring mental health needs will be provided by four core services: Community ICAMHS; a reconfigured and expanded version of CAHDS; CDS; and other relevant services (including primary health, disability and education services). The roles and responsibilities of each service is summarised in Figure 3 below.

Figure 3 | Components of the Model of Care

COMMUNITY ICAMHS	RECONFIGURED CAHDS (STATEWIDE SERVICE)	CHILD DEVELOPMENT SERVICE	OTHER RELEVANT SERVICES
SUMMARY The most critical service of the future system, Community ICAMHS will be established through a 'hub and spoke' model with specialised capabilities embedded across all WA regions. Children with mental health needs who have a neurodevelopmental disorder or a neuropsychiatric condition will receive care from a multi-disciplinary team that has increased capacity to support their needs. Where required, Community ICAMHS care coordination will bring together the inputs of family, and all other services.	**SUMMARY** The existing CAHDS will be redesigned into a statewide service that will: ▪ support Community ICAMHS Hubs through training, consultation liaison and advice ▪ provide targeted input and/or intensive treatment in a small number of cases for children with highly complex needs ▪ develop resources and information that can be accessed by families, carers, primary care services, schools and other services.	**SUMMARY** CDS will continue to provide a range of assessment, early intervention and treatment services to children with developmental delay or difficulty that impact on function, participation and/or parent-child relationship. CDS will continue to provide low intensity mental health supports to children in their care, particularly when the mental health issues are low-to-moderate and driven by the child's neurodevelopmental disorder or a neuropsychiatric condition.	**SUMMARY** Throughout their childhood, children with mental health needs who have a neurodevelopmental disorder or a neuropsychiatric condition may also access other services. Community ICAMHS will work closely together with the following services and organisations to provide integrated support: ▪ NDIS ▪ disability services ▪ primary healthcare, including GP's ▪ schools ▪ community based services ▪ specialised health services.

The below sections outline the role of Community ICAMHS, the enhanced and expanded CAHDS statewide service and CDS, and how they will work together to provide mental health

support to children with a neurodevelopmental disorder or neuropsychiatric condition. Section 4.2.4 focuses on how other services may provide support to children with a neurodevelopmental disorder or neuropsychiatric condition, with support from the ICA public mental health system.

4.2.1 Role of Community ICAMHS

Community ICAMHS will be the most critical service of the future ICA public mental health system, responsible for providing the majority of mental health supports to children, families and carers across WA. Community ICAMHS will have increased capability and capacity to support children with a co-occurring neurodevelopmental disorder or neuropsychiatric condition. Community ICAMHS staff will have improved capability and competency in working safely, and in partnership with children with a neurodevelopmental disorder or neuropsychiatric condition. The requirement for universal minimum competency in working with these children is particularly crucial, as it ensures that all services and staff are equipped to both identify, and safely support children and families that present to the service. The universal capability across Community ICAMHS will be supported by more specialised expertise at a regional-level, and access to support from the reconfigured CAHDS statewide specialised service.

Community ICAMHS will be delivered by re-organising all current child and adolescent mental health services into area-based ‘networks’. Each network has a central access point that can provide a broad range of mental health supports, including dedicated specialised capabilities embedded to improve access to supports for children with complex needs. This ‘hub’ will lead the provision of community mental health supports in that region. This regional hub will also be responsible for coordinating and driving consistency across a small number of local clinics, or ‘spokes’ and ensuring they have the capacity to meet local needs.

Community ICAMHS will provide comprehensive, evidence-based and tailored mental health supports that best reflect the needs of the child and their family throughout their childhood. These supports will be informed by, and delivered in partnership with, people with lived experience of mental health issues and a neurodevelopmental disorder and/or neuropsychiatric condition. It is anticipated that the evidence-base of therapies, supports and interventions will be progressively developed by the enhanced and expanded CAHDS statewide service, in partnership with Community ICAMHS, CDS, and people with lived experience. Specific treatment and support considerations can be found in Section 4.3.2.

Hubs

It is expected that all Community ICAMHS services and staff will progressively build universal capability and competency in supporting children with a neurodevelopmental disorder or neuropsychiatric condition. However, it is recognised that developing this capability will be a longer-term aim, and that some children may require care that necessitates a more specialised response and dedicated capability. As such, Community ICAMHS will both in the short- and medium- term be a local ‘hub’ of knowledge and expertise in supporting this cohort of children. There will be two key roles within each hub:

1. A **dedicated 'Practice Lead'** in each hub with significant expertise working with children with neurodevelopmental disorders and neuropsychiatric conditions. The responsibility of this role is to be a source of knowledge and advice across each Community ICAMHS Hub to support the assessment, diagnosis and management of children, and to lead capability building across Community ICAMHS. The Practice Lead will typically provide care coordination for children and families with the most complex needs, while support other care coordinators to provide care in less complex circumstances.
2. **A child and adolescent psychiatrist or paediatrician with part-time responsibility** for providing advice on the management of children with a neurodevelopmental disorder or neuropsychiatric condition, and to facilitate access to an assessment (and diagnosis) for children already in the care of Community ICAMHS who are identified as being likely to have a neurodevelopmental disorder and/or neuropsychiatric condition.

The scope of this Model of Care is to provide support to children with mental health needs, who also have, or are suspected of having a neurodevelopmental disorder or neuropsychiatric condition. As such, it is essential that there be clear guidance as to the parameters of this responsibility, ensuring these activities relate specifically to addressing co-occurring needs. It is anticipated that this guidance will include:

- Referrals will not be accepted to Community ICAMHS for the sole purposes of providing an assessment and diagnosis of a suspected neurodevelopmental disorder. Referrals will require the co-occurrence of neurodevelopmental and mental health needs, and acceptance of referrals will be subject to the complexity of those mental health needs.
- Community ICAMHS will only facilitate access to an assessment and diagnosis of underlying neurodevelopmental disorders where a child has been referred with an identified mental health issue, and it is identified at any point (including during the initial assessment and meeting with the child and family) that there are indications of an underlying neurodevelopmental disorder.

Community ICAMHS will facilitate access to an assessment of a neurodevelopmental condition, drawing on available resources across the public health system, including CDS and ICA services.

Local clinics, or 'spokes'

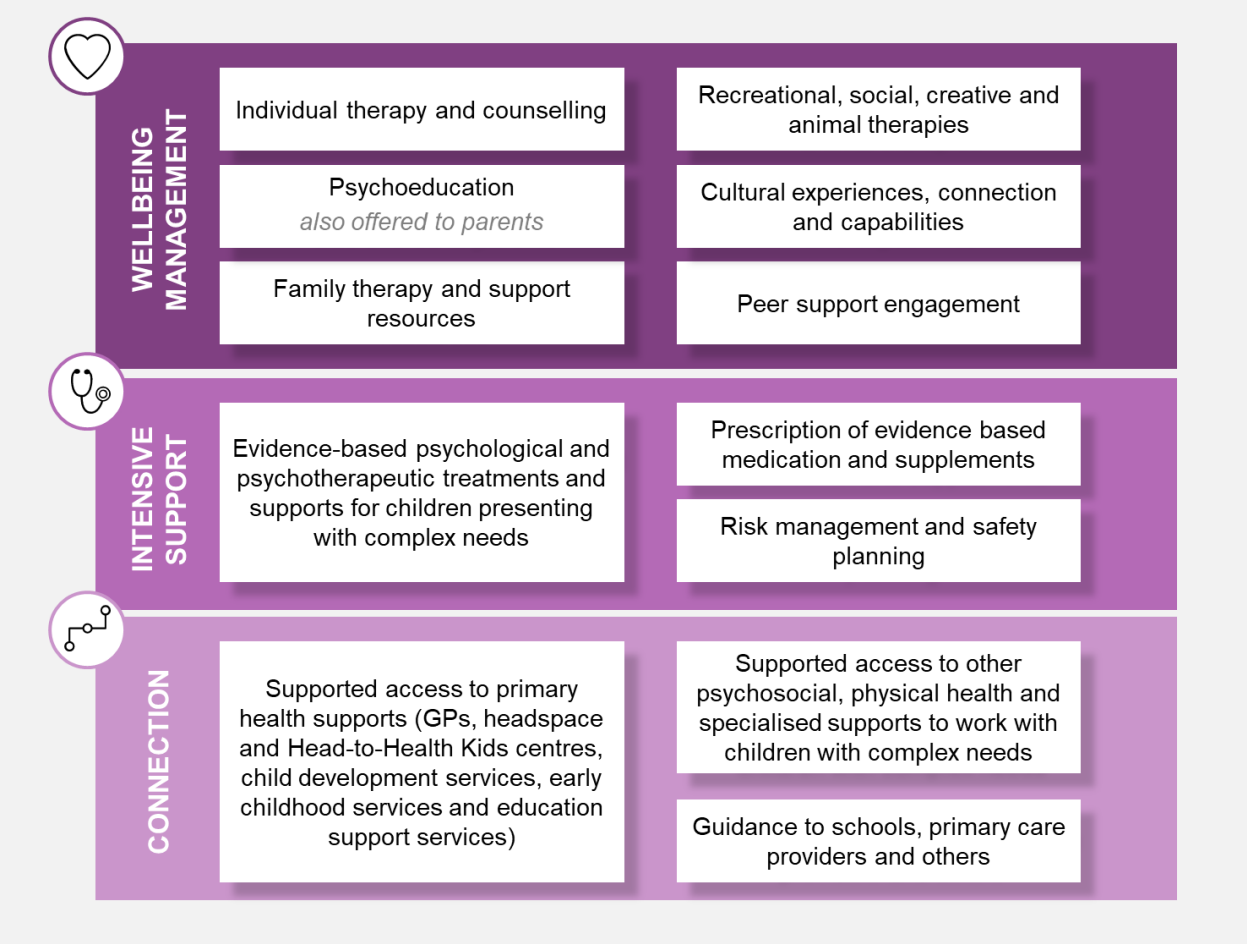
The underpinning philosophy of the re-imagined Community ICAMHS is that children, families and carers will be supported where possible close to their homes. For the majority of children referred to the service, a Community ICAMHS local clinic should be considered the most appropriate place for care to be provided. Children supported in a Community ICAMHS local clinic will be assigned a care coordinator who provides care coordination activities, and some low intensity supports. If a child has a diagnosed neurodevelopmental disorder or neuropsychiatric condition, consideration will be given as to the most appropriate care coordinator for them, based on the need for specific capabilities and knowledge in working

safely with children with neurodevelopmental disorders. Where this is the case, the Practice Lead will be notified of the child's needs, and will conduct joint assessments and appointments, and develop care plans (e.g. via telehealth). Where required, Community ICAMHS Hub resources, and in some cases statewide service resources, will visit the local clinics on a periodic basis to conduct assessments and appointments. They will also provide case by case advice to the local Community ICAMHS clinics as required.

What general supports can Community ICAMHS provide to children, including those with a neurodevelopmental disorder or neuropsychiatric condition?

Children and families are offered a broad range of options for clinical supports, embedded into local Community ICAMHS clinics. Throughout their childhood as long as is needed, children and families should have access to a broad range of mental health supports to meet their recovery goals and wellbeing needs. Note, while some of these services and supports may be physically located in regional 'hubs', they will be accessible to all communities across the area in some form. All children accessing Community ICAMHS will have access to a multi-disciplinary team that includes but is not limited to Aboriginal Mental Health Workers, nurses, occupational therapists, paediatrician, peer workers, psychiatrists, psychologists, and social workers, in addition to specialised roles within respective hubs and the contribution of peer workers. Holistic treatment options will also be available to support the broader social and cultural wellbeing needs of various cohorts. Collectively, these teams will develop treatment plans with children, families and/or carers, which can include the following supports (see Figure 4 below):

Figure 4 | Supports offered by Community ICAMHS



4.2.2 Role of CDS

CDS will continue to provide assessments, early intervention and treatment services to children with developmental delays or difficulties that impact on function, participation and/or parent-child relationship. CDS works closely with the child's families and carers to plan and set goals based on their child's strengths and interests, and the parents' concerns and priorities for their child. This includes provision of mental health supports associated with low to moderate mental health needs. Currently, CDS supports a large number of children with co-occurring mental health needs, but is highly constrained in its ability to provide ongoing mental health care to children they support due to extremely long wait lists, and limited alternative services for children seeking support and management for co-occurring issues.

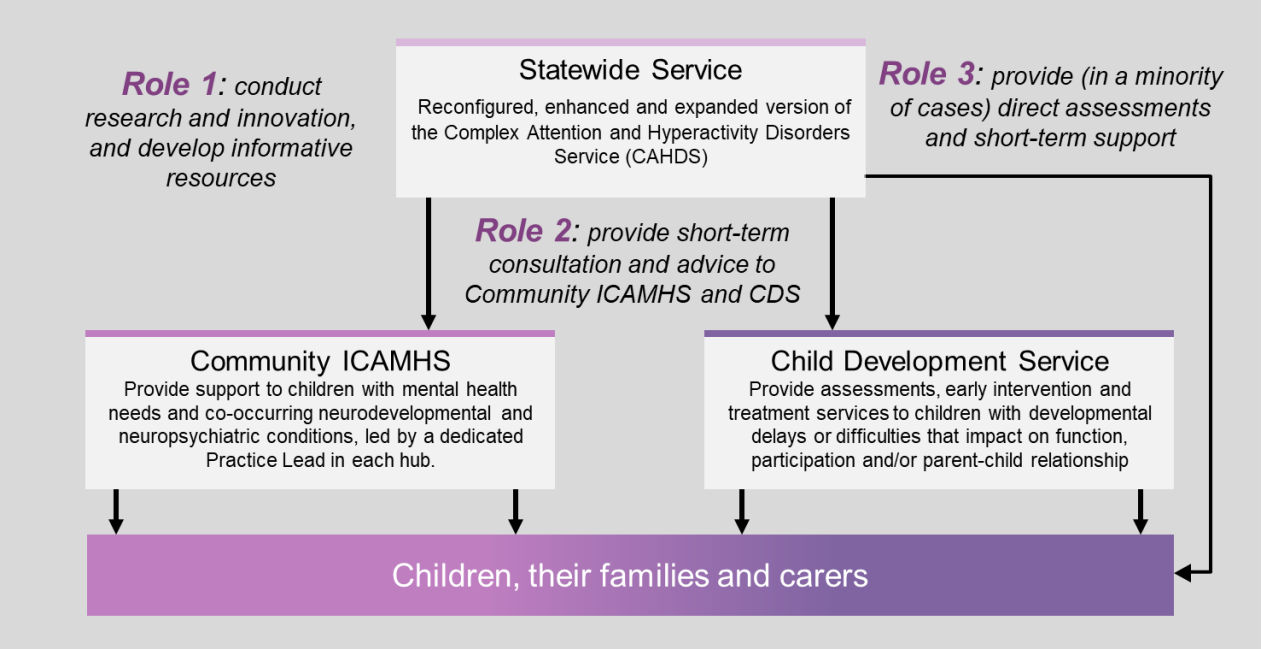
Whilst it is not anticipated that the role of CDS will substantively change, how CDS works with Community ICAMHS will evolve. CDS should be, where possible, co-located at each Community ICAMHS Hub, and participate in joint or shared care with Community ICAMHS for children with particularly complex needs. CDS should have both the capability and capacity to provide ongoing mental health support to children already in their care with a

neurodevelopmental disorder or neuropsychiatric condition. Where a child in CDS' care has more complex mental health needs, CDS and Community ICAMHS will explore a transitional period, where both services will 'jointly' care for the child, and progressively transition care responsibility to Community ICAMHS. As much as possible CDS and Community ICAMHS care should be integrated, including in regional contexts.

4.2.3 Role of the new statewide service

Community ICAMHS and CDS will be supported by a statewide neurodevelopmental disorders and neuropsychiatric conditions specialised mental health service (herein referred to as 'the statewide service'). The statewide service will have three core roles summarised in Figure 5 and described below.

Figure 5 | Role of the statewide service



Role 1: It will conduct research, innovation and provide informative resources to families and carers. This will include, but not be limited to:

- Leading the development and implementation of a 'core competency' framework to guide how all ICA mental health services will work with children with a neurodevelopmental disorder or neuropsychiatric condition.
- Supporting community organisations and primary care providers with education and training to increase their capacity and capability to identify and manage children with a neurodevelopmental disorder or neuropsychiatric condition who have mental health needs through the development of online toolkits.
- Developing parent and carer friendly resources such as information booklets and handbooks that include general information about neurodevelopmental disorders and neuropsychiatric conditions, and the impact they have on child mental health. These

resources should contain self-help strategies for parents and carers to use, particularly when waiting for care. These resources can be shared with Community ICAMHS Hubs and clinics, community-based mental health services, hospitals, primary care, schools, and others within the system.

- Leading research into best practice and evidence-based approaches to providing mental health care to children with a neurodevelopmental disorder or neuropsychiatric condition. This research should closely inform the development of resources for parents and carers, and also continuously inform improvements to how care is provided.

Role 2: It will provide short-term consultation and advice to Community ICAMHS and CDS. The statewide service will provide both planned and ad-hoc advice to clinicians in both Community ICAMHS and CDS that are supporting a child with co-occurring (or suspected co-occurring) mental health issues and a neurodevelopmental disorder or neuropsychiatric condition. It is anticipated that the statewide service will be drawn on in particularly complex cases, or where an assessment needs to be undertaken for children with less clear symptoms or who have other conditions that make the diagnosis more complicated. The statewide service will deliver these functions through a range of modes, including virtual care (or telehealth), joining in-person assessments, and in providing ad-hoc advice and guidance to clinicians.

Examples of how the statewide service will support Community ICAMHS and CDS

- **Ad-hoc advice.** Staff may draw on formal guidance (i.e. in the form of guidelines and other materials) developed by the statewide service, or seek ad-hoc advice from the statewide service in relation to a child or family member being supported by Community ICAMHS.
- **Planned and ongoing advice and support.** Upon referral, Community ICAMHS staff may recognise that the child's needs are more complex than originally thought, or might identify signs and symptoms that might indicate an underlying neurodevelopmental disorder or neuropsychiatric condition. Community ICAMHS may seek ongoing advice and support from the statewide service through a child's care journey, including to inform assessments, identify treatment options and inform management options.
- **Supervised or joint assessments.** In some cases, the statewide service will have a role in providing supervision for Community ICAMHS staff, and be more involved in supporting assessments and management planning, including for children in the Mental Health Inpatient Unit (Ward 5A) at Perth Children's Hospital. This might be undertaken as part of building the capability of Community ICAMHS staff, or where more active involvement in assessments and other meetings with a child and their family would be beneficial.

Role 3: It will (in only a minority of cases) provide direct assessments and short-term interventions. In limited cases, it is anticipated that the statewide service will lead the provision of an assessment, or provide a short-term intervention for some children and their families. It is expected that this only be the case where there is a gap in the capability or capacity of local services to be able to provide the care required, or where the level of complexity is such that the

statewide service is the most appropriate provider of care. Where an assessment or short-term intervention is provided by the statewide service, it will always be undertaken jointly with either Community ICAMHS or CDS to ensure there can be a safe and seamless transition to whichever service is most appropriate. The statewide service will leverage the expertise and resources of Community ICAMHS Hub's and their respective multi-disciplinary teams.

From CAHDS to the statewide service

The new neurodevelopmental disorder and neuropsychiatric condition statewide service will not require the establishment of an entirely new service. The service should encompass the functions, resources and knowledge of the current CAHDS. The current role of CAHDS is to facilitate a multi-disciplinary assessment of children with a diagnosis of ADHD to identify co-occurring mental health disorders, and work with existing care providers to inform the approach to treatment planning and management. It is anticipated that the capability and capacity of CAHDS will be progressively expanded to allow it to deliver the functions of the neurodevelopmental disorder and neuropsychiatric condition statewide service. Taking this approach will ensure that the knowledge that currently exists within CAHDS is not lost, but rather that it is recognised and built upon to establish a hub of expertise in providing mental health care to children with neurodevelopmental disorders and neuropsychiatric conditions.

4.2.4 Role of other organisations

Other services that can at times support the needs of children with a mental health issue and a neurodevelopmental disorder or neuropsychiatric condition include:

- **Acute and crisis response services.** Each Community ICAMHS Hub will 'house' an Acute Care and Response Team to ensure children can receive crisis response care closer to home. Where this is not possible, a range of features are being embedded into emergency departments to make the environment more child-friendly, welcoming, and inclusive. These response services will be upskilled to better support and respond to children with a neurodevelopmental disorder or neuropsychiatric condition.
- **Primary care and local community services.** Children with mental health issues and a neurodevelopmental disorder or neuropsychiatric condition can receive supports from local community-based services that promote functional and physical wellbeing, as well as lower-intensity mental health supports. Community ICAMHS will work with local GPs, non-government organisations and other community-based health and mental health services (including Aboriginal Community Controlled Health Organisations) to improve the capacity of primary and secondary health services to respond to and better support the needs of children with mental health issues.
- **Disability services.** Across WA there are a range of services that support children who have a neurodevelopmental disorder or neuropsychiatric condition. These services do not provide mental health support to children. However, where appropriate and possible,

Community ICAMHS will work with these services to ensure care is integrated, holistic and wrap around.

- **Organisations that support children in other settings.** Community ICAMHS will work with agencies that support children in other settings who may require mental health support. This includes building the capacity of schools, the justice system and child protection services to better support the needs of children with mental health issues.

How will Community ICAMHS interact with primary health services and other settings?

Through region-wide coordination from **Primary Mental Health Workers** in each Community ICAMHS Hub and **newly established Primary Mental Health Teams** in local clinics, Community ICAMHS will support GPs, school-based services, counsellors, Child Protection and Family Services, and paediatricians in CDS across each region. Community ICAMHS will provide consultation liaison and shared care to provide capability building to local community mental health services and improving cooperation and coordination with Tier 1 and Tier 2 services. Primary Mental Health Teams will act as the 'bridge' between Community ICAMHS and primary and secondary health services in all regions by increasing the capability of local services to meet demand and facilitate early intervention, ultimately reducing excessive referrals into Community ICAMHS clinical support teams. **This means that children with a neurodevelopmental disorder or neuropsychiatric condition who have mental health needs may receive some of their care from local services or organisations, but through coordination by Community ICAMHS.**

4.3 How will care be provided to children, families and carers?

The following section describes how a child, family and carer may access and receive care from Community ICAMHS and the new statewide service, across three broad stages: **access; support; and transition**. These stages are not necessarily a linear process; for example, children, families and carers may go back and forth between the access and support stages. Each stage includes both the general key features of Community ICAMHS that children will access, as well as specific considerations to cater to the needs of children with a neurodevelopmental disorder or neuropsychiatric condition who require mental health support.

4.3.1 Access

Community ICAMHS will identify and receive requests to provide mental health care to a child with a diagnosed or suspected neurodevelopmental disorder or neuropsychiatric condition, and their family and carers, and then manage their intake through an assessment process to understand their needs and recovery goals.

General key features of Community ICAMHS

- There are a variety of channels and referral pathways available into Community ICAMHS to ensure there is 'no wrong door'.
- The referral process is simple and easy to access, with multiple modes available to children, families, carers and others to initiate contact and seek support.
- Community ICAMHS will have dedicated teams and resources to improve intake and referral management.
- A 'care coordinator' acts as the first point of contact and ongoing representative for the young person and their family/carer.
- Children, families and carers have a range of options to access information and support while waiting for care.
- While waiting for care, there will be regular and ongoing communication with the care coordinator.
- To ensure equity of access, the assessment process will be flexible and ongoing and can involve face-to-face and telehealth contact.
- The assessment and formulation process will be holistic, recovery-focused, and safe, in order to best meet the broader needs of the child and family.

Specific consideration #1. Assessments are needs-based, do not require a diagnosed neurodevelopmental disorder or neuropsychiatric condition and do not exclude children presenting with difficult behaviours

Community ICAMHS will support all children who have mental health needs that cannot be met in primary or secondary care settings. No child who is referred to Community ICAMHS with mental health issues will be excluded because they have a diagnosed or potential neurodevelopmental disorder or neuropsychiatric condition. Acceptance into care will be needs-based and recognise that children are likely to present with a myriad of behavioural, functional, emotional and developmental challenges for many reasons. It will also recognise that a significant proportion of children referred to Community ICAMHS are likely to meet the criteria required to be assessed for one or more neurodevelopmental disorders. As a result, children will not be refused entry into Community ICAMHS for:

- Having a diagnosed neurodevelopmental disorder or neuropsychiatric condition, including ASD, ADHD and fetal alcohol spectrum disorder.
- Displaying challenging behaviours and/or behaviours of concern that might indicate an underlying neurodevelopmental disorder.
- Being in current or previous contact with the youth justice system, including in Banksia Hill Detention Centre.
- Having a neurodevelopmental disorder, and co-occurring alcohol or other drug use or other mental health disorder (i.e. an eating disorder).

Specific consideration #2. From the first point of contact with Community ICAMHS, a focus will be on providing education, information and support to the child's family and carer

Community ICAMHS will provide resources and supports to the child's family and carer. For many families and carers who have a child that requires mental health support and/or has a neurodevelopmental disorder or neuropsychiatric condition, they can feel scared, confused and lost. To support them, at the first point of engagement with Community ICAMHS, the intake team will offer the child, family and carers the option to have access to a peer support worker, who will advocate for the family and provide psychoeducation to families and carers. It will be the child, family and carer's decision if they choose to access this support. At this time, Community ICAMHS will also provide information and educational resources to children, families and carers, including but not limited to:

- guidance on neurodevelopmental disorders and neuropsychiatric conditions
- self-help strategies they can use while waiting for care
- information that describes how they can access the 24/7 crisis line, if needed
- NDIS supports and how to access them.

Specific consideration #3. If at any point in care, a Community ICAMHS staff member identifies that the child is exhibiting behaviours or symptoms of a neurodevelopmental disorder or neuropsychiatric condition, they will help the child, their family and carer to access a diagnosis

Community ICAMHS staff will have universal capabilities to identify signs and symptoms of neurodevelopmental disorders and neuropsychiatric conditions. Where a child has been referred to Community ICAMHS with a mental health issue, and it is identified at any point (including during the initial assessment) that it is likely that there is an underlying neurodevelopmental disorder, Community ICAMHS will have responsibility for providing advice to the child and their family or carer. The child, and their family or carer may then collectively decide to seek a formal diagnostic assessment for their child. If this decision is made, Community ICAMHS will facilitate the family's access to an assessment through the public health system, including via CDS, the statewide service or other health service providers, or privately if necessary. Where a child has been referred to Community ICAMHS and it is immediately identified that the child is likely to have a neurodevelopmental disorder and has lower intensity mental health needs, Community ICAMHS and CDS should work together to identify if CDS has the capacity to accept the referral and support both the assessment and diagnosis of the neurodevelopmental disorder, and providing ongoing mental health support to the child. This will require streamlined referral and shared care mechanisms, which make the child and family's experience more seamless. If following a diagnostic assessment the child meets the criteria for diagnosis of one or more neurodevelopmental disorders, they will continue to receive mental health care through Community ICAMHS.

Despite Community ICAMHS' expanded role, it is essential that it be clearly communicated in all referral information that Community ICAMHS' primary purpose is the support and treatment of children with mental health needs. It is in cases where those moderate to severe mental health needs co-occur with a neurodevelopmental disorder or neuropsychiatric condition that Community ICAMHS' scope of practice will include helping children, their families and carers accessing an assessment.

In some cases, once Community ICAMHS has helped the child, their family and carer access an assessment and diagnosis of a neurodevelopmental disorder it may be identified that CDS is the more appropriate service to be providing ongoing care and management to the child, and their family and carer. Should this be the case, Community ICAMHS will provide ongoing care and support to the child until such time as CDS can accept the child into their care. At this stage, Community ICAMHS and CDS will 'share' care of the child, and their family and carer for a period, to ensure a safe and careful transition, with limited change or disruption of care.

4.3.2 Support

Children and adolescents with a diagnosed or suspected neurodevelopmental disorder or neuropsychiatric condition and co-occurring moderate to severe mental health needs, and their family and carers, can receive a broad range of evidence-based therapeutic supports and supported access to other services that will promote recovery and wellbeing.

General key features of Community ICAMHS

- A care plan will be developed in collaboration with the child and family to establish their support needs and recovery goals.
- Children and families are offered a broad range of options for clinical supports, embedded into local Community ICAMHS clinics.
- Treatment and support from Community ICAMHS can be delivered in multiple settings to promote equitable access and mental health outcomes.
- Community ICAMHS will coordinate the care of the child on an ongoing basis to ensure continuity of care and suitability of services.
- A young person should experience ongoing communication and transparency throughout their care with Community ICAMHS.

Specific consideration #1. Community ICAMHS will provide supports in a flexible and person-centred way that acknowledges the individual and unique needs of the child, family and carer.

Community ICAMHS staff will be upskilled to provide tailored care to children with mental health needs who have a neurodevelopmental disorder or neuropsychiatric condition. Community ICAMHS staff will support these children, their family and carers by:

- **Understanding neurodevelopmental disorders and neuropsychiatric conditions** – including the key differences between neurodevelopmental disorders, neuropsychiatric

conditions, learning disabilities and mental ill-health – and understand that individuals may experience more than one of these.

- **Providing person-centred care** – including being able to adapt care and support approaches to meet the individual needs of the child.
- **Communicating with the child, their family and carer appropriately** – including promoting the role of non-verbal communication which may include written communication, signing, symbol-based communication, assistive technology and the appropriate (and inappropriate) use of touch.
- **Using the family and carers, as partners in care and support** – establish and maintain positive relationships with families and carers and understand the importance of discussing with them and the child how they would like to be involved during care.

Specific consideration #2. Community ICAMHS will deliver care and treatment in appropriate environments that are friendly, welcoming and tailored

Children with neurodevelopmental disorders or neuropsychiatric conditions will have different preferences as to where and how they receive care. Not all children with neurodevelopmental disorders or neuropsychiatric conditions will have the same level of over-or under-sensory sensitivity. As a result, Community ICAMHS should have environments that are adaptable to the needs of all children, family and carers, including delivering care via telehealth. Physical environments may have the following features:

- quiet spaces
- dimmable lights
- areas with natural light
- outdoor areas
- areas for the child, their family and carers to take breaks in private.

The child's preferences should be discussed as a part of standard processes. For example, children should be asked during assessments and appointments how they would like the space to look and feel – noting that their preferences may change over time or on different days.

Specific consideration #3. While receiving care from Community ICAMHS, children, their family and carers should be supported to access disability services and apply to the NDIS

Children with mental health needs who have a neurodevelopmental disorder or neuropsychiatric condition may be receiving support from one or multiple disability services or may be eligible for a NDIS early childhood approach or package. Community ICAMHS, through the care coordinator, Practice Lead and/or the Primary Mental Health Teams will support children, families and carers to access disability supports, in practice this may include:

- helping families and carers navigate the NDIS system, including describing the process and requirements for application
- outlining available and nearby disability support services.

For children under the age of seven who have a neurodevelopmental disorder or neuropsychiatric condition that is impacting their mental health, Community ICAMHS may refer

them to an early childhood partner. These services, funded by the National Disability Insurance Agency, are for children with developmental delay or disabilities. Through the early childhood intervention, infants and young children as well as their families, can access specialised supports and services that aim to promote the child's development, and the family and child's wellbeing.

4.3.3 Transition

When it is safe and suitable to do so, a child with a diagnosed or suspected neurodevelopmental disorder or neuropsychiatric condition will be supported to transition into other settings, ensuring continuity of care.

General key features of Community ICAMHS

- Community ICAMHS will adopt a flexible, continuous, and recovery-oriented approach to supporting children, families and carers.
- All handovers must be well-communicated with the child and their family, as well as future service providers.
- Transition from Community ICAMHS should be gradual, with contingency plans in place to ensure continuity of care.
- Community ICAMHS will support clear transitions into youth and adult settings.

Specific consideration #1. Transitions into youth and adult supports needs will be proactive, gradual and flexible

Children with a neurodevelopmental disorder or neuropsychiatric condition often experience the transition between Community CAMHS supports and youth or adult settings as challenging and fragmented, with negative influences on continuity of care and recovery. For these children who are approaching a known transition to youth or adult services, Community ICAMHS will proactively plan this transition well in advance, in collaboration with the child and their family. To promote consistency and a warm transition, Community ICAMHS may increase the intensity of their care during this time. Additionally, the transition period might involve the child accessing the new supports from a youth or adult service whilst still under the care of Community ICAMHS care coordinator.

It is acknowledged that there may be some circumstances where Community ICAMHS will continue to provide supports to a child/adolescent beyond 18 years of age (e.g. if they are still at school). This will be the decision of Community ICAMHS, the child/adolescent and their families and carers.

Specific consideration #2. There will be accelerated referral pathways between Community ICAMHS and CDS

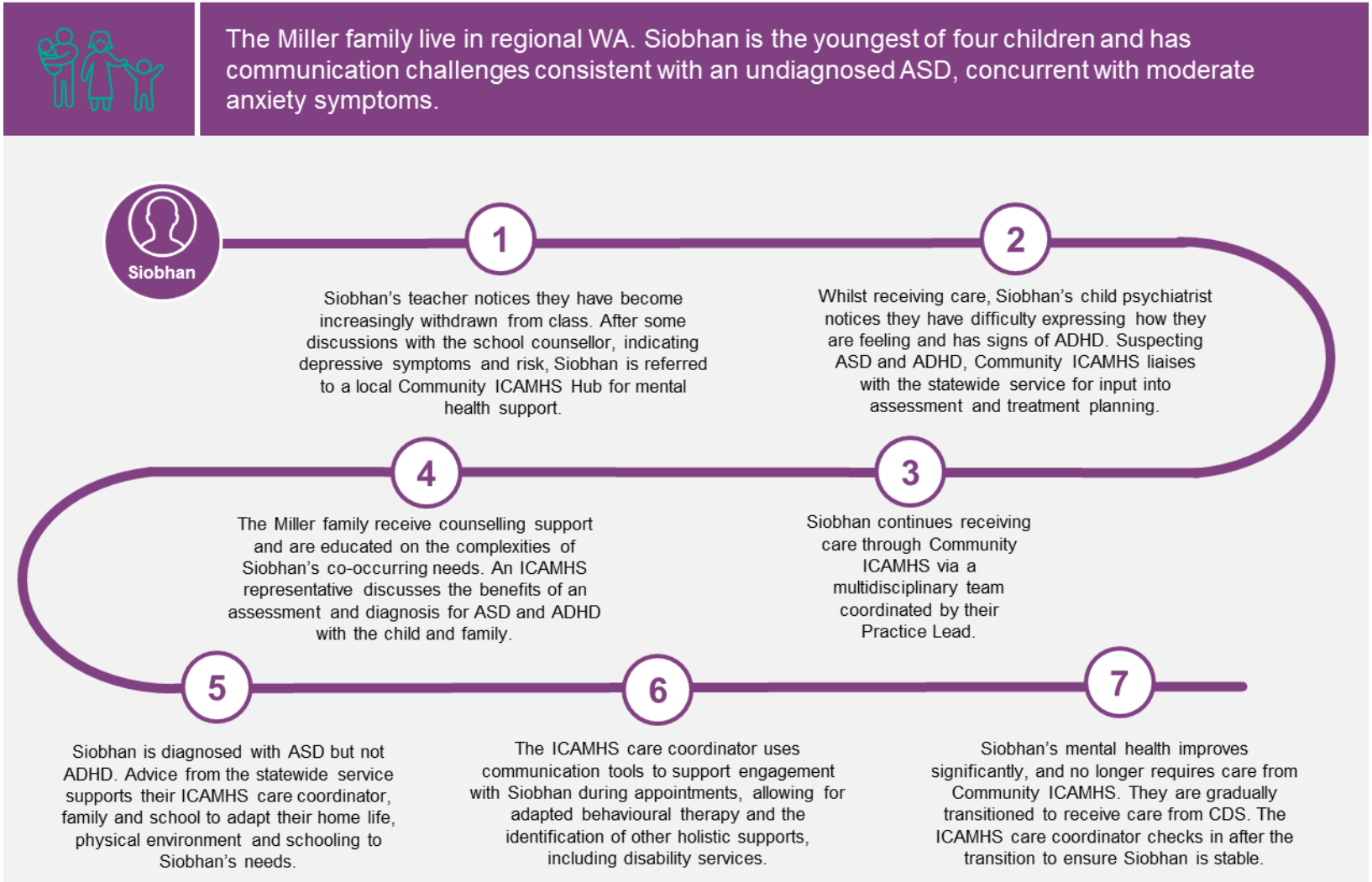
Given the scope of Community ICAMHS and CDS, it is likely that some children will be under the care of both services and/or transition between them. Further, some children may transition

between services more than once. As a result, the Primary Mental Health Workers in each hub will support children who receive care and transition between Community ICAMHS and CDS. Formal partnerships, including accelerated referral pathways and case conference meetings; and informal connections between staff will promote a seamless transfer of care for children transitioning between services. In principle:

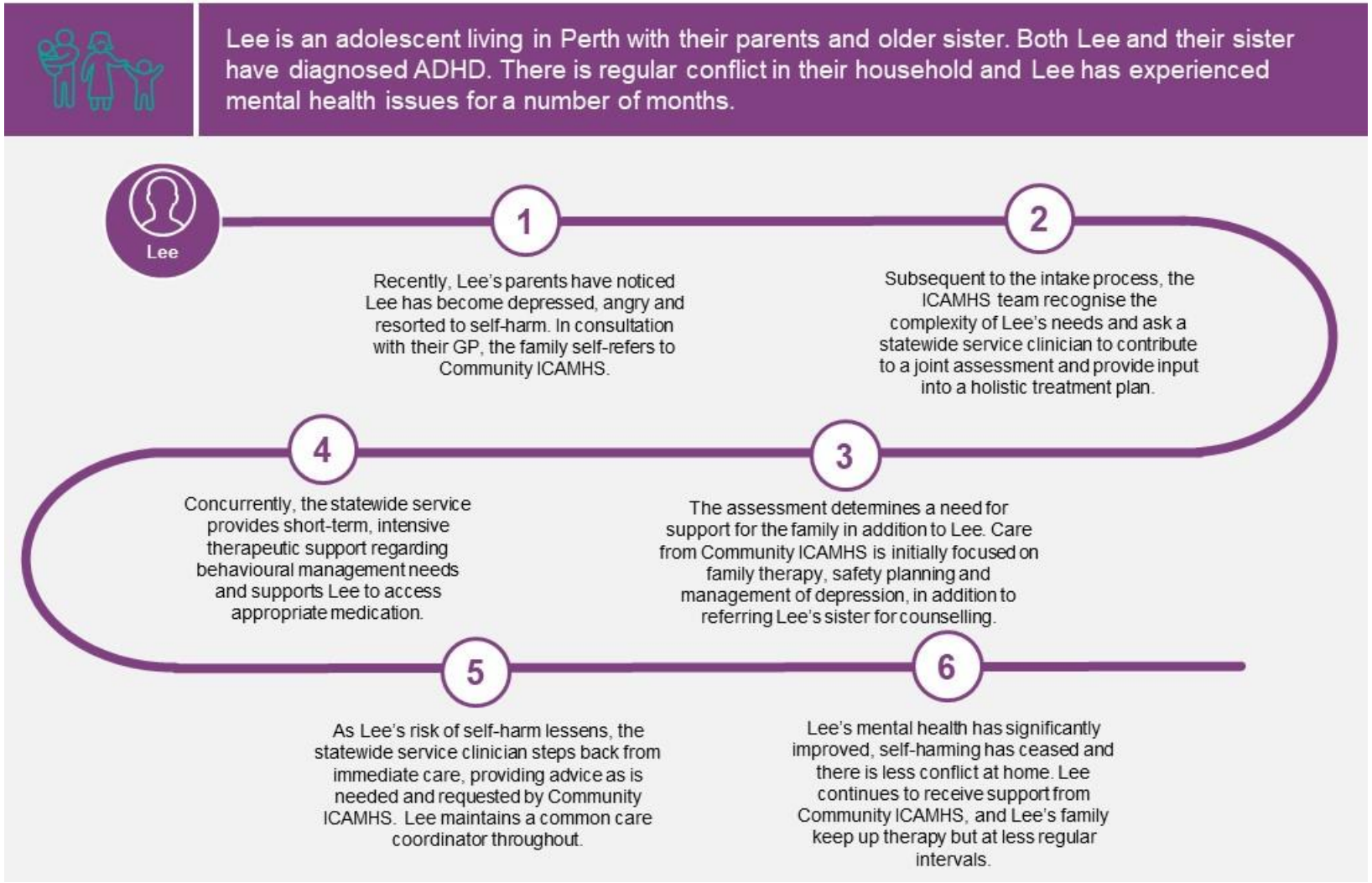
- CDS will be the care provider for children that have a neurodevelopmental disorder or neuropsychiatric condition and no mental health needs.
- CDS will be the care provider for children that have a neurodevelopmental disorder or neuropsychiatric condition and have minor mental health needs, particularly when the mental health needs are driven by the neurodevelopmental disorder or neuropsychiatric condition.
- Community ICAMHS will be the primary care provider for children that have moderate to severe mental health needs and are showing behaviours or symptoms of a neurodevelopmental disorder or neuropsychiatric condition.

4.4 What might a consumer journey look like?

Journey 1



Journey 2


Lee is an adolescent living in Perth with their parents and older sister. Both Lee and their sister have diagnosed ADHD. There is regular conflict in their household and Lee has experienced mental health issues for a number of months.
Lee
1
Recently, Lee's parents have noticed Lee has become depressed, angry and resorted to self-harm. In consultation with their GP, the family self-refers to Community ICAMHS.
2
Subsequent to the intake process, the ICAMHS team recognise the complexity of Lee's needs and ask a statewide service clinician to contribute to a joint assessment and provide input into a holistic treatment plan.
3
The assessment determines a need for support for the family in addition to Lee. Care from Community ICAMHS is initially focused on family therapy, safety planning and management of depression, in addition to referring Lee's sister for counselling.
4
Concurrently, the statewide service provides short-term, intensive therapeutic support regarding behavioural management needs and supports Lee to access appropriate medication.
5
As Lee's risk of self-harm lessens, the statewide service clinician steps back from immediate care, providing advice as is needed and requested by Community ICAMHS. Lee maintains a common care coordinator throughout.
6
Lee's mental health has significantly improved, self-harming has ceased and there is less conflict at home. Lee continues to receive support from Community ICAMHS, and Lee's family keep up therapy but at less regular intervals.

5 Delivering the Model of Care

There are various considerations that need to be taken into account to implement and operationalise this Model of Care. These considerations have been outlined below in the following categories: key relationships and partnerships; workforce; infrastructure; and other delivery considerations.

5.1 Key relationships and partnerships

Community ICAMHS will sit at the centre of the care for children with mental health needs and co-occurring neurodevelopmental disorders or neuropsychiatric conditions, drawing on the specialised capability of the future statewide service. This will necessitate strong relationships between Community ICAMHS and the statewide service with a range of services, including those within the ICA mental health system and those from the broader ecosystem of child and adolescent support services. In Table *2* below, a non-exhaustive list of key partnerships are identified, including CDS, NDIS services, primary care and schools. Key qualities of these relationships will include, mutual understanding of respective roles and capabilities, mechanisms for streamlined warm referrals, joint assessment, case conferencing and transition planning, and active management of the partnership to ensure it is responsive to needs. In some instances, formal partnerships supported by Memorandums of Understanding will be necessary.

Table 2 | Examples of services and organisations that Community ICAMHS may work with to support children with co-occurring neurodevelopmental disorders or neuropsychiatric conditions, and mental health needs

Examples of services that Community ICAMHS may interact with *(listed in alphabetical order):*
Services within the ICA public mental health system
Acute Care and Response Teams
CAHDS
CAMHS Crisis Connect
Child and Adolescent Forensic Services (CAFS)
Child Safe Spaces
Complex Trauma Service
Emergency departments

Examples of services that Community ICAMHS may interact with *(listed in alphabetical order):*
Gender Diversity Service
Inpatient wards
Pathways[10]
Touchstone
Other services and organisations
Community organisations
Department of Communities, including Child Protection and Family Support, Housing, Community services, etc.
Department of Education and independent schools
Department of Justice – Youth Justice Services (including Banksia Hill Detention Centre)
Disability service providers
Non-government organisations
Primary care (e.g. General Practitioners, Aboriginal Community Controlled Health Organisation, Aboriginal Medical Services, etc.
Private mental health services
Police
Schools (e.g. school counsellors, psychologists, school health nurses and teachers).
School of Special Educational Needs

5.2 Workforce

Investment in a highly trained, sustainable workforce is required to deliver this Model of Care. This includes both investment in roles and capabilities at the Community ICAMHS level, as well as the reconfiguration and expansion of CAHDS into the statewide service.

5.2.1 Resources

As discussed throughout this document, children with mental health needs who have a co-occurring neurodevelopmental disorder or neuropsychiatric condition will receive the majority of their care from Community ICAMHS through a multi-disciplinary team. The following sub-sections outline the general workforce that will be available to children and families in Community ICAMHS, and then the specialised roles that will support the needs of children with

[10] Note – Pathways is expanding to support children aged 5 – 17 who have experienced complex trauma. Given children with personality disorders may have been subject to complex trauma throughout their childhood, there may be instances where a child's care through Community ICAMHS is benefitting from input from both Pathways and Touchstone.

mental health needs who have a co-occurring neurodevelopmental disorder or neuropsychiatric condition.

Community ICAMHS generalist workforce

As discussed throughout this document, children with co-occurring neurodevelopmental disorders or neuropsychiatric conditions, and mental health needs will receive the majority of their care from Community ICAMHS through a multi-disciplinary team. Each Community ICAMHS area will be staffed by a large, multi-disciplinary team with the skills, experience and capabilities to provide various evidence-based therapies and treatments to children, families and carers. This team will include clinical roles, care coordinators, Aboriginal Mental Health Workers, peer workers, Primary Mental Health Teams, and Acute Care and Response Teams. These workers will require core competencies including:

- knowledge of neurodevelopmental disorders, including identification of risk and suitability for assessment
- generalist management of mental health needs which co-occur with neurodevelopmental needs, including assessment, treatment and transitions
- communication and interaction with non-verbal children, and working in person-centred ways
- familiarity with the NDIS service system, including navigation of disability services and administration
- working with families of children with neurodevelopmental needs, including with neurodivergent parents or caregivers.
- mental health safety planning with neurodevelopmental needs, including suicide risk reduction.

5.2.2 Key roles

Care coordinators

Care coordinators support the child, family and carers navigate and coordinate the care they receive from Community ICAMHS, and other services and organisations. They are a point of contact for when the child, family and carers need support. They will be assigned to a child, family and carer at the point of referral. In instances where immediate linkage is not possible, the Intake Team may need to provide interim care coordination support.

A care coordinator's role is also focused on: ensuring there are linkages and connections between care providers; supporting shared care and facilitating and contributing to warm handovers and follow-up care. Where possible, they will be a 'constant' throughout a child, family, and carer's journey. This care coordinator can be from a hub or a spoke and can come from a range of backgrounds.

Continuity of care from a care coordinator to a child is critical for building safe, stable relationships under this Model of Care.

Practice Leads

As noted in Section 4.2.1, Community ICAMHS will embed specialised resources to ensure children with cooccurring mental health and neurodevelopmental needs can access support that meets their needs within their community, beyond what is available to all children, families and carers requiring mental health support. This will include access to a child psychiatrist or paediatrician with neurodevelopmental expertise within each hub, in addition to a neurodevelopmental practice lead (mental health worker) in each spoke who is familiar with specialised needs and services. These workers will require core competencies including:

- Pathophysiology of major psychiatric and neurological disorders and familiarity with the scientific basis of neuropsychology, neurology and neurodevelopmental disorders.
- Holistic assessment, treatment planning and management of mental health needs which co-occur with neurodevelopmental needs, including:
    - person centred care
    - sensory processing
    - physical health
    - supporting life changes.
- Communication and interaction with non-verbal children, and working in person-centred ways.
- Familiarity with the NDIS service system, including navigation of disability services and administration.
- Working with families of children with neurodevelopmental needs, including with neurodivergent parents or caregivers.
- Mental health safety planning with neurodevelopmental needs, including suicide risk reduction.
- Risk, legislation and safeguarding.

During implementation it is recommended that Community ICAMHS, CAHDS and CDS work in partnership to build the Community ICAMHS' Practice Leads capability. Once the Practice Leads have the appropriate skills and knowledge, they will be responsible for formally and informally upskilling other Community ICAMHS staff. The partnership should remain and be used as a method for continued professional development, relationship building and to promote service integration.

The statewide service

CAHDS will evolve to a statewide service that provides consultation liaison and advice to Community ICAMHS Hubs across WA. In highly complex cases, children may have sessions that are co-facilitated by statewide specialist staff, or receive some of their care from a specialist clinician. In a very small number of cases, children may be transitioned to the services for intensive support for a period of time. This service will be provided by a small multidisciplinary team, including child psychiatrist, paediatrician, neuropsychologist, speech pathologist, social worker, nurse and occupational therapist, in addition to relevant peer workers. Further,

research, training and administrative staff will be needed to support the excellence function. These workers will require core competencies including:

- Pathophysiology of major psychiatric and neurologic disorders and familiarity with the scientific basis of neuropsychology, neurology and neurodevelopmental disorders.
- Understanding of co-occurring and complex needs, including alcohol and substance use, forensics and more.
- Intensive management of mental health needs which co-occur with neurodevelopmental needs, including:
    - person centred care
    - communication and interaction
    - behaviour management
    - sensory processing
    - physical health
    - supporting life changes
    - forensic support
    - relationships and sexual health
    - psychopharmacology.
- Communication and interaction with non-verbal children, and working in person-centred ways.
- Familiarity with the NDIS service system, including navigation of disability services and administration.
- Working with families of children with neurodevelopmental needs, including with neurodivergent parents or caregivers.
- Mental health safety planning with neurodevelopmental needs, including suicide risk reduction.
- Risk, legislation and safeguarding.
- System leadership and advocacy.

Peer support workers

Peer support workers from Community ICAMHS Hubs and local clinics will be offered to children, families and carers upon entry into Community ICAMHS. They will be people with lived experience and will have backgrounds and experiences which reflect the children, families and carers that they are working with.

Professional development, training, and resources

As noted throughout this model, ongoing access to contemporary and evidence-based professional development, training and resources is important in supporting all Community ICAMHS staff to upskill in care for this group. Practice Leads will receive tailored support from the statewide service including training, on-the-job supervision, case-by-case advice, and co-working opportunities with the statewide specialists. The statewide service will also partner with CDS to develop general training materials and information resources for all Community ICAMHS, CDS and other health and disability sector staff regarding identification, assessment

and support. Staff will be supported to upskill and should be provided with the time and resources to enable this through on-the-job learning and dedicated training.

5.3 Infrastructure

Physical infrastructure is a critical component in enabling the delivery of mental health care to children with co-occurring mental health and neurodevelopmental needs in a way that is safe, responsive and empowering. Below provides a summary of the key infrastructure features that will be available to all children, families and carers, including those with neurodevelopmental needs. Below are some of the key features of Community ICAMHS and the statewide service.

Community ICAMHS – key infrastructure features

Location and facilities

- Where possible, CDS should be, co-located with Community ICAMHS, and participate in joint or shared care with Community ICAMHS for children with particularly complex needs.
- Community ICAMHS will be delivered in settings that make all children feel safe and comfortable and are easily accessible for families and carers.
- Community ICAMHS facilities will be designed with a range of features to enable children to feel safe, included and comfortable when accessing support.
- Structural and other features to ensure services are accessible and can be equitably accessed by children or families with disability.
- Availability of assertive communication tools (e.g. communication cards and iPads) and sensory items (e.g. sensory toys).
- Appropriate staff facilities and resources are required to support staff deliver care – including mobile outreach care.

Digital infrastructure

- Reliable and suitable digital infrastructure will be a key component in enabling staff to perform their roles, whether this be delivering care and treatment via telehealth, or capturing, accessing and sharing information and resources digitally.

Children, families and carers will also have access to digital infrastructure such as technology to promote stimulation and engagement, or applications to access appointments, information and online resources.

Statewide service – in addition to the above

Location and facilities

- Ability to conduct regional travel, including the transportation of key physical equipment to support assessment and treatment, if applicable.
- An environment that is low stimulus, which can be adapted to create a safe environment for children and/or their families.
- Facilities to support observed treatment, to allow parents and/or caregivers to observe and enable professional development and training.

Digital infrastructure
Contemporary technology to support comprehensive telehealth across regional and remote WA, in addition to engagement with children and families from their homes.

5.4 Other delivery considerations

The implementation of this Model of Care will require the development of the existing CAHDS service to a statewide service that is broader in scope and coverage. It will be important that the existing features of CAHDS are preserved and that the transition process, including change management activities, sustains existing care received by children and their families. This transition will primarily require a re-orientation of CAHDS core functions to have the capacity to still provide intensive treatment, while adopting to a stepped model of care that allows regional capability uplift, support, and liaison.

There are other various considerations to support delivery, including:

- **Adapting the current statewide service, CAHDS,** including conducting a rapid review or assessment of its current functionality, so that existing opportunities for improvement of the service can be considered in the plan to transition to a future enhanced service.
- **Forming partnerships with researchers**, such as tertiary education institutions and research institutes to support in building and enhancing the excellence and learning function of the statewide service.
- **Creating opportunities for WA Primary Health Alliance, Health Service Providers and other primary health care stakeholders to discuss optimal approaches for general practitioners** and others to work with the future service.
- **Focusing on creating equitable access for children, families and carers in regional and remote areas**, through the application of suitable targets (i.e. a proportion of the Practice Lead's caseload will be children residing in regional and remote areas).
- **Increasing ICA mental health system staff's knowledge of the services available within the community**, including outside of mental health and health, that children, families and carers could access.
- **Changing the language that is used when providing care** to children, families and carers to be more inclusive, safe and accessible (i.e. less clinical).
- **Establishing Memorandums of Understanding** among organisations to facilitate information sharing to support coordination of care.
- **Reviewing and evaluating service delivery** regularly to improve how care is provided and investing in associated research.

6 Terminology

Table 3 below contains a list of the key terminology used within this document.

Table 3 | Key terms used within this document

Term	Its intended meaning and use
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAHDS	Complex Attention and Hyperactivity Disorders Service
Carer	A person who provides care to another person, such as a child who is living with mental ill-health. They may have statutory responsibility for a child, be a family member who supports a child in their family or be another peer or community supporter.
CDS	Child Development Service
Children/Child	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age.
Clinicians	Professionals engaged in the provision of mental health services, including but not limited to Aboriginal mental health workers, administrative staff, allied health workers, nurses, paediatricians, psychiatrists, psychologists, and others.
Community ICAMHS hub	A central 'hub' in each region within WA that leads the provision of mental health supports and is a single point of entry for all children, families and carers.
Community ICAMHS clinic	A local clinic or spoke that can deliver care close to home for children, families and carers. The Community ICAMHS hubs will coordinate and support these clinics.
ELD	Ethnoculturally and linguistically diverse
Family	A child's family of origin and/or their family of choice. It may include but not be limited to a child's immediate family, extended family, adoptive family, peers, and others that share an emotional bond and caregiving responsibilities.
ICA	Infant, child and adolescent
ICA Culturally Safe Care Principles	ICA Culturally Safe Care Principles are intended to guide the delivery of culturally safe, responsive and quality health care to Aboriginal and Torres Strait Islander peoples.
ICAMHS	Infant, Child and Adolescent Mental Health Service
ICA mental health system	The public specialist infant, child and adolescent mental health services. This relates to services funded and provided by the WA Government.

Term	Its intended meaning and use
Mental ill-health	This is a broad term that is used to include mental health issues, mental health needs, and mental illness. It relates to an experience of mental health issues impacting thinking, emotion, and social abilities, such as psychological distress, in addition to diagnoses of specific mental health disorders, such as depression and anxiety.
Model of care	A model of care broadly defines the way health care is delivered, informed by evidence-based practice. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.
NDIS	National Disability Insurance Scheme
Peer support worker	A peer support worker is someone with lived experience who is there to support the child, families and carers. They may provide emotional and psychological supports; be in attendance at appointments; or be an advocate and/or champion for the child, family and carers.
People with lived experience	A child or young person who is or has lived with the impacts of mental ill-health and a person who is or has provided care to a child who is living with mental ill-health.
Service Guarantee	The Service Guarantee outlines what children, families and carers will expect to experience in their interactions with the ICA mental health system.
Shared care	Shared care involves two or more services working together to deliver coordinated care to children, families and carers.
Staff	People who work within the ICA mental health system.

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