GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) Taskforce Implementation Program

Complex Trauma: A Model of Care

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Table of contents

1 Introduction

This document will guide the delivery of mental health care for children and adolescents who have experienced complex trauma, and their families and carers. The Mental Health Commission (MHC) has developed this document, the **Complex Trauma Model of Care**[1] to define how mental health care for complex trauma will be delivered in Western Australia's (WA) future ICA mental health system. Under this Model of Care, children and adolescents who have experienced or are at risk of complex trauma will have access to a range of general and specific mental health supports in the community that promote early intervention, evidence-based intervention, and general wellbeing across a range of settings. This will be achieved through:

- **A majority of their care being provided regionally by Community ICAMHS**. The main service of the future ICA public mental health system – area-based networks of Community ICAMHS teams will provide all children with complex trauma with access to multi-disciplinary teams, capable of providing the majority of required mental health supports. These teams will receive training to build expertise, and be led by 'Practice Leads' that specialises in caring for children with complex trauma.
- **Establishment of a new dedicated Complex Trauma Service (CTS)**. The CTS will provide statewide specialised complex trauma support to children, families and carers. It will have specialised complex trauma capabilities and evidence-based approaches to care, provide shared care and consultation liaison, and lead training and supervision of Community ICAMHS staff.
- **Targeted support to child protection and out of home care (OOHC) care settings**. The CTS, Pathways and Community ICAMHS will work in partnership with child protection services and out-of-home care providers to support the high prevalence of children with complex trauma in these settings. This will include building the capacity of staff in these organisations to provide trauma-responsive support, as well as providing specialist input at critical points.

This Model of Care has been developed by people with living and/or lived experience of mental health issues, clinicians, and system leaders

The Final Report of the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years (the ICA Taskforce) articulated a vision for the future ICA mental health system, which had Community ICAMHS at its centre. The ICA Taskforce outlined the urgent need to address the significant behavioural and developmental impacts of complex trauma on children and adolescents across WA. A specific Model of Care for these

[1] 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.

children and adolescents is critical to increasing access to timely, effective, and specialised care. This was particularly cognisant of children in child protection or out-of-home care settings, where there is a large prevalence of complex trauma history due to abuse, neglect, or other adverse experiences.

Consequently, this Model of Care was developed through the establishment of a Working Group that was responsible for designing the key features of the ICA Complex Trauma Model of Care, with support from relevant good practice models in other jurisdictions and a review of existing capabilities in CAMHS resources across WA. 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 and development of this Model of Care, with a broad range of voices including clinicians, children, families and carers with lived and/or living experience of mental health issues, and other system leaders. To ensure a broad reach, a survey was subsequently designed and shared with a broader cross-section of stakeholders across the ICA public mental health system, allowing further opportunities to test and validate the key features of this Model.

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 Complex Trauma 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.

Figure 1 | Service Guarantee principles

Figure 2 | ICA Culturally Safe Principles

1	**Spiritual:** *We respect you, your connection to inner-self and your culture.*
2	**Accessible:** *Your journey of healing begins now.*
3	**Responsive:** *You are precious and your time matters.*
4	**Trauma-informed:** *Let us better understand the journey walked to now.*
5	**Wrap-around:** *Let us walk this journey side by side.*
6	**Empowering:** *Your story, your health – you are the driver.*
7	**Connected to the community:** *Your relationships and place in the community matter to us.*

ICA CULTURALLY SAFE CARE PRINCIPLES

Child, family, carer

SOCIAL AND EMOTIONAL WELLBEING DOMAINS

1	**Connection to community:** *Opportunities for individuals and families to connect, support each other and work together.*
2	**Connection to mind and emotions:** *The ability to manage thoughts and feelings.*
3	**Connection to body:** *Feeling physically strong and healthy and able to physically participate as fully as possible in life.*
4	**Connection to family and kinship:** *Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.*
5	**Connection to culture:** *Connection to a culture provides a sense of continuity with the past and helps underpin a strong identity.*
6	**Connection to Country:** *Connection to Country helps underpin identity and belonging.*
7	**Connection to spirit, spirituality and ancestors:** *Spirituality provides a sense of purpose and meaning.*

Purpose of this document

The purpose of this document is to describe how children with complex psychological and behavioural needs due to a history of abuse, neglect or other traumas will receive mental health care within the ICA public mental health system in WA to promote stability, wellbeing, and recovery. This document 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. Rather, for these communities, this Model of Care provides an overarching framework to create consistency, while also allowing scope and flexibility for care to be adapted to the local context and needs.

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 infant, child, and adolescent mental health. Trauma sensitive language has been used where possible throughout this document; however this is not always possible in the interest of readability.

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

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

2 Background: Case for change

2.1 Complex trauma

Many infants, children, and adolescents are exposed to traumatic events, with some studies finding that over two-thirds of children reported experiencing a traumatic event by the age of sixteen[2]. Emotional abuse and neglect, sexual abuse, and physical abuse, as well as witnessing domestic or racial violence can interfere with the development of a secure attachment within a child's caregiving ecosystem[3]. A failure to form these secure attachments early in life can have long-lasting and negative relational and behavioural impacts[4]. Complex trauma describes both children's exposure to multiple traumatic events and the wide-ranging, long-term effects of it[5].

Complex trauma has more substantial long-term impacts on emotional and physical health, relationships, and daily functioning than single incident trauma (PTSD)[6].When a child grows up afraid or under constant stress, the immune system and the body's stress response systems may not develop normally. They may also have difficulty identifying, expressing and managing emotions, and may have limited language for feeling states. Their emotional responses may be unpredictable or explosive, and they can lack impulse control or the ability to self-regulate. Complex trauma can also impair cognition, manifesting in difficulty thinking clearly, reasoning or problem solving. Children may be unable to plan ahead, anticipate the future, and act accordingly. Other effects include dissociation, lack of self-worth, or difficulty building trust.

The most common treatment for young people living with complex trauma is psychological therapy, or psychotherapy. Psychotherapy is a group of therapies designed to help someone change their thinking patterns and improve their coping mechanisms. Types of treatment include cognitive behavioural therapy (CBT), mentalisation-based therapy (MBT) and eye movement desensitisation and reprocessing (EMDR). An emerging tenet of complex trauma treatment is the concept of trauma-informed care, which is based in the understanding that services should not re-traumatise or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible. This is a departure from the medical model of recovery, which dictates that care should continue until a person is 'cured' – or no longer displays symptoms of their ill health. In trauma-informed services, trauma survivors are seen as unique individuals who have experienced extremely abnormal situations and have managed as best they could[7]. Complex trauma services should also employ a strengths-based approach to treatment, which aligns itself with the notion of

[2] American Psychological Association, (2008), *Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents*.
[3] A. Cook et al., (2005), *Complex Trauma in Children and Adolescents*, Psychiatric Annals 35:5
[4] Lighthouse Foundation, *Lighthouse Model of Care*, 2022
[5] National Child Traumatic Stress Network, *Complex Trauma*, https://www.nctsn.org
[6] J. Briere and J. Spinazzola, (2009), *Assessment of the sequalae of complex trauma: Evidence-based measures*, The Guilford Press
[7] C. Kezelman and P. Stavropoulos, (2012), *'The last frontier': Practice guidelines for treatment of complex trauma and trauma informed care and service delivery*, Blue Knot Foundation

mental health recovery by focusing on a person's ability, helping them develop the confidence to embark on the journey of recovery and aiding them to progress towards universal wellbeing[8].

Early identification and support to children who have experienced complex trauma is particularly important given that early childhood is a time of rapid development, and exposure to traumatic events and stressors at this time puts their development and wellbeing at risk. Exposure to trauma is known to put infants, children, and adolescents at risk of alcohol and other drugs, and mental health issues. Children with complex trauma tend to require a system-wide response, reflective of the fact that they are more likely to have close contact with the child protection and justice systems, and have an array of other cultural, social, and developmental issues.

2.2 Case for change

Children are more frequently presenting with increasingly complex mental health issues and needs, and the capacity of ICA mental health services has not kept up

Mental health is arguably the biggest challenge facing children, families and carers across WA; with approximately 14 per cent of children experiencing mental health issues of some form. While demand has increased across all aspects of the system, the complexity of conditions has also risen. As a result, public ICA mental health services that treat complex trauma are increasingly difficult to access for children, families and carers. Increasingly, services are, in effect, rationing care to treat older children and adults with more severe symptoms and at a higher risk.

Further, the ICA public mental health system does not effectively meet the needs of children with complex, co-occurring or specialised needs, as specialised capabilities are insufficient and statewide services are increasingly difficult to access. There is currently no specialised statewide service for 12-17 year olds living with complex trauma. Pathways is the only statewide service that supports children with this nature of need, providing assessment, treatment and support for children aged 6-12 with complex mental health issues. Taskforce called for a service to provide consultation liaison and shared care –enhancing the care provided in primary and specialist mental health settings is needed to support children with complex trauma.

A disproportionately large number of children in out-of-home care have complex trauma, however the current system does not adequately support this cohort

Australia has been experiencing a long-term trend of increasing numbers of children and young people living in out-of-home care. As of 30 June 2020, almost 46,000 children and young people were living in out-of-home care[9]. Traumatic experiences are common for children and young people involved with child protection systems, often having had multiple adverse experiences across their lifetime[10]. Children and young people involved in child welfare services often have a complex range of symptoms and behaviours related to their trauma exposure. Barriers to accessing treatment for specialised needs such as complex trauma are exacerbated in an out-

[8] H. Xie (2013), *Strengths-Based Approach for Mental Health Recovery*, National Library of Medicine
[9] Australian Institute of Health and Welfare, *Australia's welfare 2021*, 2021
[10] AIFS, *Australian Institute of Family Studies Annual Report 2020-21*, 2020

of-home care setting, as no clear pathway exists between these services and specialised expertise. Complex eligibility criteria focus on exclusion, rather than inclusion, and carers in child protection agencies are ill-equipped and under resourced to navigate services. As the needs of these children remain unmet and they are increasingly seen to only later in life, the severity of their symptoms and scale of risk grows as they become older. Moreover, there is no overarching policy to mandate trauma-informed care and no framework to guide evidence-based practice to transition in a systemic way to trauma-informed care in Australia.

There needs to be a move away from the 'medical model' of diagnosis and treatment, towards a more holistic and therapeutic response that is trauma-informed

Many services within the ICA mental health system seek to treat a child or young person until they are 'cured' – that is to say, they stop exhibiting symptoms of their ill health. Often a child may exhibit temporary signs of recovery from mental ill health while receiving support, before spiralling back into ill health once these supports are removed. A holistic approach puts the patient, not their diagnosis or their symptoms, at the centre of their treatment plan. This is known as a recovery-oriented approach, wherein recovery is the achievement of an optimal state of personal, social, and emotional wellbeing as defined by each individual, whilst living with or recovering from a mental health issue[11]. This should include consideration of social, cultural, behavioural, biological, and developmental factors.

The assessment process includes robust information collection from all relevant 'systems' around the child, that is, involving family members and carers, friends, schools, and other services the child may be accessing. This is to ensure the assessment process captures the broader wellbeing factors and circumstances of the child and family and takes a flexible approach to working with children, as some are likely to have an array of other cultural, social and developmental issues. These services will also need to be culturally safe and responsive for Aboriginal and Torres Strait Islander children and children from diverse communities, including refugees and asylum seekers. Treatment for Aboriginal and Torres Strait Islander children and children from ethnoculturally and linguistically diverse (ELD) communities with complex trauma, particularly intergenerational trauma, currently lacks cultural awareness and responsiveness.

Prevention and early identification of complex trauma in a young person's formative years is the most effective form of treatment, and significantly reduces the strain on the public health system for the remainder of their life. The current system is trapped in a vicious cycle of not meeting the needs today ultimately creating greater demands into the future.

[11] National Disability & Insurance Scheme, *Psychosocial Disability Recovery-Oriented Framework,* 2021

3 Overview of the Complex Trauma Model of Care

3.1 What is the Complex Trauma Model of Care?

This Model of Care represents a **trauma-informed, therapeutic approach that sees, recognises, and responds to the complex needs of children and young people impacted by neglect, abuse, or other adverse experiences**. Aligned to best practice, this Model of Care is underpinned by a Neurosequential Model of Therapeutics (NMT) that integrates trauma-informed interventions with a 'systemic philosophy of care' (Figure 3). This will view the support needs of these children and adolescents from a holistic perspective that is informed by broader social, cultural, and developmental factors. It also provides a systemic response by supporting not only the child or young person, but their caregiver relationships, broader family networks, school, and community.

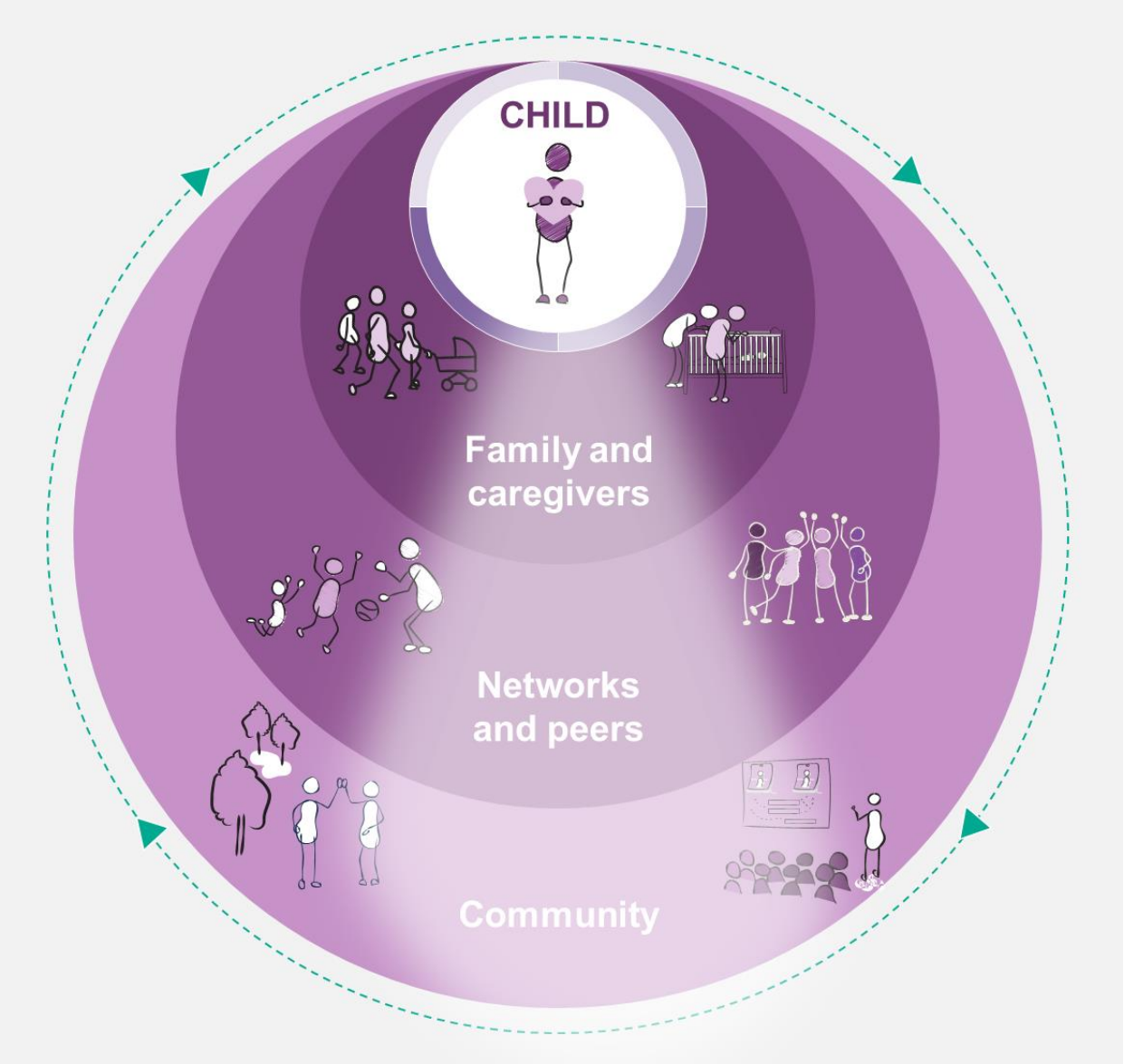
What is the Neurosequential Model of Therapeutics (NMT)?

The Neurosequential Model is a developmentally informed, biologically respectful approach to working with children who have experienced abuse, neglect, and other traumas. The NMT is not a specific therapeutic technique or intervention; it is a way to organise a child's history and current functioning which helps to determine which interventions and supports will best promote recovery and stability[12]. An NMT approach to care recognises the potentially long-lasting impacts of complex trauma on developmental, relational, and behavioural capacities in children. Clinicians are supported to focus on understanding how traumatic experiences have contributed to psychological, cognitive, and physiological development in children and adolescents.

This provides the basis for sequencing interventions according to the child's therapeutic needs, looking at functional indicators like impulsivity, inattentiveness, trouble learning language, fine motor skill issues, and / or trouble with relationships[13]. In practice, NMT frameworks place emphasis on first re-establishing a young person's physical and emotional safety – restoring capacity for intentionality, agency, and hope. This is often followed by supports that build and strengthen family relationships and improves caregiver competence and confidence[14]. In this context, upskilling mental health professionals across the ICA public mental health system in NMT-informed practices will significantly improve access to trauma-responsive, recovery-oriented care for children with complex needs.

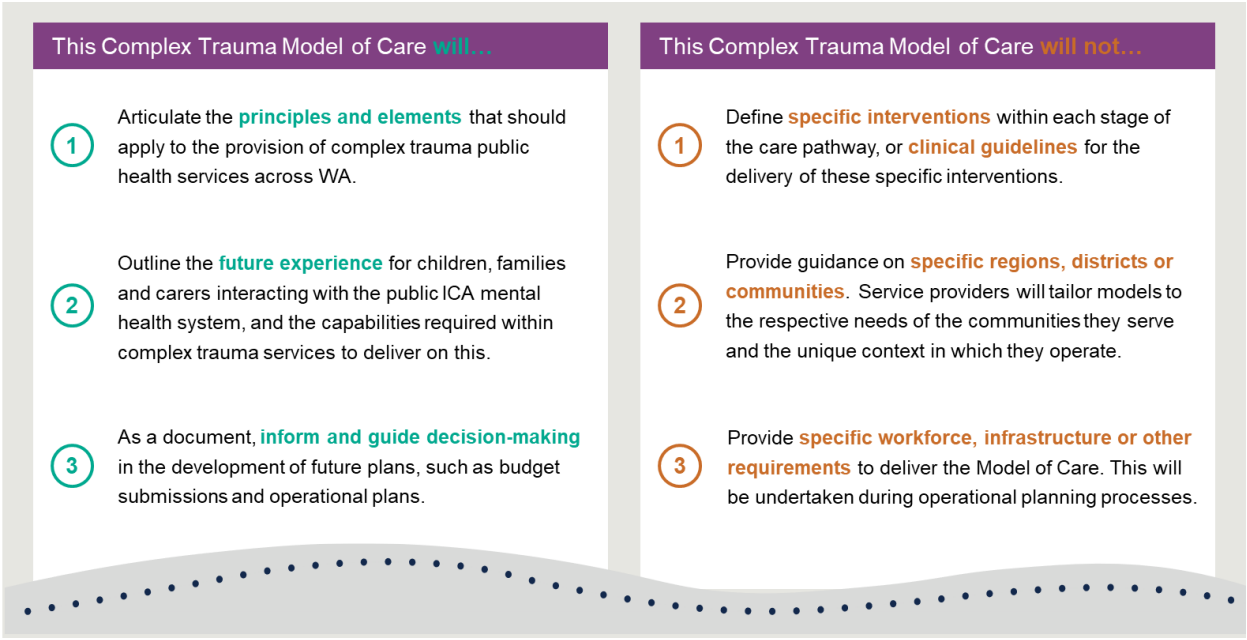
[12] Perry, B. D. (2006). Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics.
[13] B. Johnston, *Trauma Healing with the Neurosequential Model of Therapy and Bal-A-Vis-X*, 2022. Educational Specialist, 2020-current. 38.
[14] B. Perry, Quality Improvement Centre for Adoption & Guardianship Support and Preservation, *Neurosequential Model Of Therapeutics (NMT) Assessment*, 2006, https://www.qic-ag.org/logs/neurosequential-model-of-therapeutics-nmt-assessment/

Figure 3 | A systemic philosophy of care for children who have experienced complex trauma



This Model of Care will operate under the future structure of Community ICAMHS ‘networks’, with Figure 4 overleaf outlining the objectives and limitations of this Model of Care.

Figure 4 | Objectives and limitations of the Complex Trauma Model of Care



3.2 Model of Care's outcomes

Through the principles and features of the model outlined in Figure 5, a specific Model of Care for children with Complex Trauma will deliver a number of outcomes for children, families and carers, staff, and the broader system.

Figure 5 | Complex Trauma of Care intended outcomes

Outcomes that Complex Trauma mental health care is seeking to achieve for…	
Children, families and carers	**Improved sense of security** for young people who have experienced or are recovering from trauma
	Healthier relationships with community mental health services and staff promotes proactive searching for trauma support
	Greater overall **mental wellbeing** in the family system
	Building **healthy relationships** that promotes ongoing safety and stability
	Reduced risk of childhood exposure to trauma significantly impacting mental health later in life

Outcomes that Complex Trauma mental health care is seeking to achieve for…	
 **Staff working with complex trauma**	Feeling supported and **empowered** to deliver care
	Increased capabilities to deal with specialised needs such as complex trauma, involving **upskilling** and **greater resourcing**
	A setting that acknowledges the **complexity** of the **environment** they are working in and recognises the importance of **staff wellbeing**. Access to specialist support and emotional support, particularly in regional and remote communities
 **The broader ICA mental health system**	**Integration of services** that deal with the psychosocial issues facing children and families
	A more **systemic 'wrap-around' approach,** enhancing the trauma-informed care that is provided in primary and specialist mental health settings
	Children in contact with child protection agencies, particularly those in **out-of-home care**, have adequate access to mental health support that reflects their needs

4 Complex Trauma Model of Care in practice

4.1 Who is this Model of Care for?

This Model of Care is for **all children and adolescents who have severe and/or complex psychological and behavioural support needs due to a history of abuse, neglect, or other traumas.** This includes children and adolescents who have not had the chance to develop secure, reliable, and caring relationships due to a range of traumatic experiences – encompassing emotional abuse and neglect, sexual abuse, and physical abuse, as well as witnessing domestic or racial violence. This reflects a **holistic and inclusive approach to complex trauma that acknowledges the broad variety of experiences and challenges within a child's support networks that can result in a profoundly negative effect on psychosocial, cognitive, behavioural, and physiological development.**

While this Model of Care will be inclusive of a large range of presentations, experiences, and complex support needs, there are some additional specific cohorts which this Model should be particularly cognisant of to ensure their needs are met.

- Children and adolescents with **complex co-occurring needs** (e.g. an adolescent with complex trauma and pathologies associated with a personality disorder, who will require access to care that promotes recovery from trauma, as well as evidence-based psychotherapy to support their personality needs.
- Children and adolescents involved with **child protection services**, including those in contact with the Department of Communities through Child Protection and Family Services (CPFS).
- **Children in out-of-home care**, where complex trauma is highly prevalent through complex psychological and behavioural problems, which have been contributed to by the abuse and trauma experienced by children prior to coming into care, due to severe maltreatment and trauma.
- Children and adolescents with existing physical and mental health concerns, where there is a **concern or suspicion** that the child has or may have suffered from child abuse.
- Children **at high risk of experiencing of complex trauma**, including those in families where family and domestic violence concerns have been cited, those in contact with child protection services (as above), children who have experienced homelessness, and young people who identify as LGBTQIA+.

While this demonstrates a broad range of complex situations, there should be flexibility in the intensity of supports available to meet the needs of children experiencing complex trauma, and

their families and carers. The ICA public mental health system will achieve this by providing a broad range of mental health supports that cater to the functional needs of children to re-establish physical and emotional safety, restoring safe relationships, agency and hope, but also by working with existing primary and secondary services that are already providing mental health support.

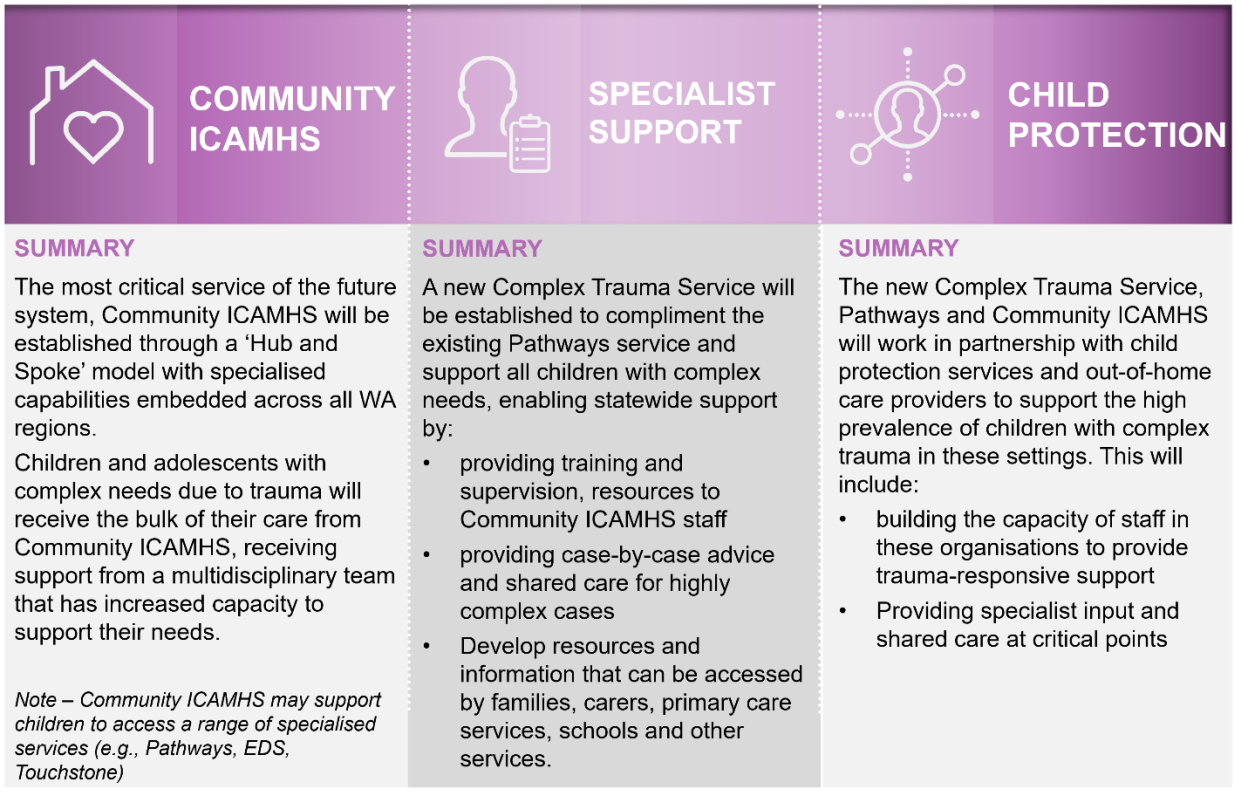
Note – overlap with target cohorts of other models of care

Given the complex and multi-dimensional nature of the target cohort for this Model of Care, it is expected that these children may be receiving general and specialised mental health supports for other conditions, disorders, or needs. This includes a significant expected overlap with children requiring support due to behaviours, traits and pathologies associated with personality disorders, who may be accessing specialised services such as Touchstone. As discussed in more detail throughout this document, Community ICAMHS will play a key role in facilitating access to a broad range of specialised supports that meet the co-occurring and complex needs of children and adolescents across WA.

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

This Model of Care focuses on describing the care ICA public mental health services will deliver to children with complex psychological and behavioural support needs through three components, described in Figure 6 below.

Figure 6 | Who will provide care to children with complex trauma needs



4.2.1 Community ICAMHS

Community ICAMHS will be the most critical service of the future ICA public mental health system, and will be responsible for providing the bulk of mental health supports to children, families and carers across WA. Importantly, Community ICAMHS will also have increased capacity to support children with more complex needs – including children who have experienced complex trauma – to access specialist expertise that will be embedded locally, and access support from a range of statewide specialised services where required. This acknowledges the diversity of needs facing children with complex trauma, and the potential co-occurring conditions, disorders or challenges that are impairing the functioning and wellbeing of these children and adolescents.

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.

For children and adolescents with complex trauma needs in any community across WA, Community ICAMHS will provide comprehensive, evidence-based and tailored mental health supports that best reflect the needs of the child and their networks through their childhood. This will be informed by NMT frameworks that seek to understand the child's history and circumstances to determine the functional recovery needs of the child – a capability that Community ICAMHS staff will be supported to upskill in, led by Pathways. For example, Community ICAMHS staff will receive ongoing training to use assessment tools and processes that focus on understanding how traumatic experiences have contributed to cognitive, psychological, and behavioural development in children and adolescents. Specific treatment and support considerations can be found in Section 4.3.2.

Hubs

In all Community ICAMHS Hubs, children with complex psychological and behavioural support needs due to abuse, neglect, or trauma will benefit from three components of specialised support, beyond what is available to all children, families and carers requiring mental health support:

- A **distributed Complex Trauma 'Practice Lead'** with expertise in supporting children who have been subjected to abuse, neglect, or other traumatic experiences. This person will be NMT-trained, and can assist in assessment and treatment planning using NMT frameworks, as well as other evidence-based trauma therapies. They will lead the care of all children in that area who require complex psychological and behavioural support, while also providing general mental health support to the broader ICA cohort in that hub.
- For children with highly complex needs, **supported access** to input and/or care from **the new Complex Trauma Service as the lead statewide specialised service for supporting children with complex trauma**. Pathways may deliver support, input, and care in collaboration with other statewide specialised services who provide support specific to conditions, disorders or other challenges.
- Generalist mental health workers and other practitioners with improved knowledge of NMT frameworks and evidence-based therapies for trauma, achieved through **training, supervision, and education** from Pathways specialists.

Local clinics or 'spokes'

It is recognised that for some children, families and carers, a Community ICAMHS local clinic may the best place for them to receive care. For children supported in a Community ICAMHS local clinic, they will be assigned a care coordinator within the clinic who provides both care coordination and some general wellbeing management supports[15]. The complex trauma Practice Lead will be notified of the child's circumstances, and will conduct joint assessments and appointments, and develop care plans.

[15] If appropriate, the care coordinator can also provide some trauma-specific interventions.

Where required, hub 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.

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

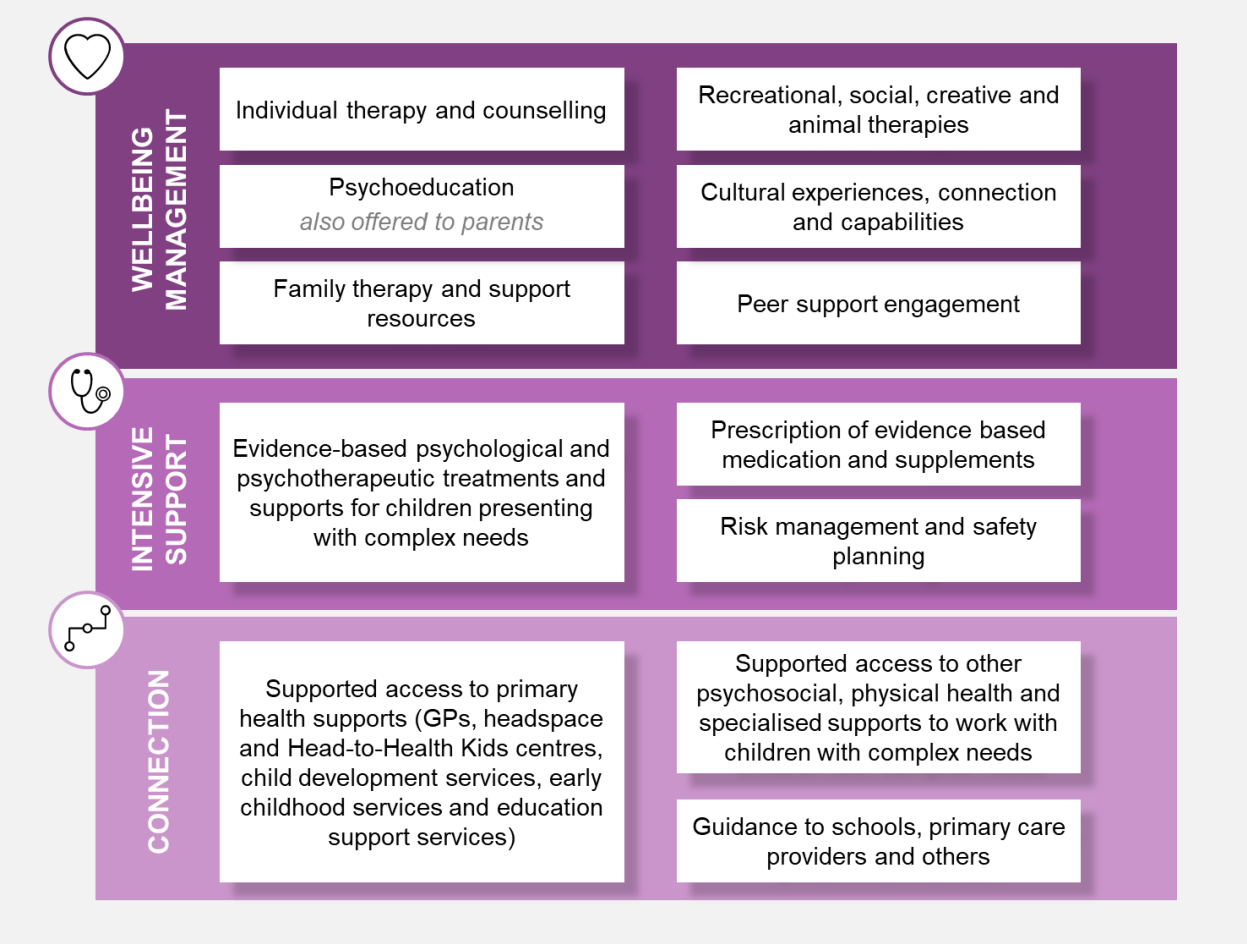
Through region-wide coordination from **Primary Mental Health Coordinators** in each Community ICAMHS Hub and **newly established Primary Mental Health Teams** in local clinics, Community ICAMHS will support GPs, school-based services, counsellors, Child Protection and Family Services, and paediatricians in Child Development Services 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 complex trauma needs may receive some of their care from local services or organisations, but through coordination by Community ICAMHS. These services will be supported to provide care under a holistic model, ensuring engagement with the child is hope-filled, responsive to trauma, and culturally safe.

What general supports can Community ICAMHS provide to children, including those who have experienced complex trauma?

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:

Figure 7 | Supports offered by Community ICAMHS



Note, the broad range of mental health supports listed above as available to children with mental health needs should be applied through an NMT-informed lens when supporting children with a history of abuse, neglect, or other traumas. That is, ICAMHS will need to sequence how these supports are offered to this cohort of children, starting with the immediate physical security, material security and psychological security of a child.

4.2.2 Specialised support to Community ICAMHS – a new Complex Trauma Service

This Model of Care requires the **establishment of a small, statewide Complex Trauma Service (CTS) that can support all children with complex needs.** The CTS will complement the core functions of the existing Pathways service in order to provide statewide specialised complex trauma support to children, families, and carers. More specifically, the CTS will:

- **Have specialised complex trauma capabilities and NMT-informed approaches to care** that can effectively support all children with a history of any form of abuse, neglect,

or other traumas. In limited cases, this may include direct service provision or programs to children and families that are under the care of Community ICAMHS.

- **Provide shared care to Community ICAMHS, increasing the capability of the ICA public mental health system**. The majority of the CTS' support will be indirect through the provision of capability building of advice to, and/or consultation liaison with Community ICAMHS. In complex cases, the CTS and ICAMHS can operate concurrently – including specific NMT assessments or complex case reviews.
- **Drive the ICA public mental health system's partnership with child protection services and out-of-home-care providers**. Given the prevalence of complex trauma in children and adolescents in child protection settings or in out-of-home care, the CTS will provide specialised mental health support to these settings, in partnership with Community ICAMHS.

Pathways

Pathways is currently operating as a statewide service for children aged 6-to-12 years, providing integrated therapeutic and educational services to children with complex and longstanding mental health issues. Pathways is a recovery-based, multidisciplinary day program that offers a wide range of specific clinical assessments and interventions. This includes speech pathology, occupational therapy, psychology, nursing, social work, psychiatry, and education specialists.

Note – a separate model of care is being developed to define how children aged 5-to-1-years should receive targeted, age-appropriate mental health support. Under this Model of Care, it is proposed that Pathways be re-designed to move towards a 'stepped model of care' that can provide consultation liaison and shared care with Community ICAMHS for children with complex needs. This requires an expansion of Pathways existing functions to:

- support children aged 5-to-12 years
- increase its capacity to provide consultation liaison and shared care, with a relatively small focus on intensive treatment
- lead the development of capability uplift across the ICA public mental health system through training and supervision of Community ICAMHS staff
- have a 'research and innovation' function that develops resources to increase community awareness and capability around supporting children with complex trauma.

To support all children and adolescents with a history of complex trauma, the CTS and Pathways will need to establish strong working relationships and consistency of care. This may require CTS supporting an uplift in capability of Pathways staff in NMT-informed care, where required.

Perth Children's Hospital Child Protection Unit (CPU)

The Perth Children's Hospital's CPU is a specialised, hospital-based service providing medical, forensic, social work, and therapeutic services for children and their families when there is a concern that a child has or may have suffered from child abuse. The PCH CPU is the only hospital-based service of this kind in WA. The CPU's Therapy Unit uses NMT-informed approaches to care and provides therapy for children with complex trauma, and is currently one of the only services in WA with these specialised capabilities.
The Complex Trauma Model of Care will require further planning by Health Service Provider (HSP) leaders to determine how the new CTS is established. **Expanding the CPU to establish the CTS, adapting it as a statewide hub and spoke service is an option recommend for consideration.**

What will the Complex Trauma Service provide to support children with complex trauma?

While some complex trauma capabilities will be integrated within Community ICAMHS, the CTS will have the capability to apply NMT-informed approaches to care for assessment and treatment of complex cases, and have specific trauma capabilities for more intensive therapeutic supports, when required. It will:

- **Have the capability to apply evidence-based frameworks such as NMT** for assessment and treatment of complex cases, and have specific trauma capabilities for more intensive therapeutic supports that children can access through Community ICAMHS (e.g. TCI Families).
- **Provide case-by-case advice** where required to Community ICAMHS on children or adolescents with complex psychological and behavioural needs, working closely with each hub Practice Lead.
- **Providing shared care alongside Community ICAMHS**. This may involve Community ICAMHS and the CTS delivering different types of supports simultaneously, or both services delivering supports together, through co-facilitation of programs, or jointly conducting one-on-one consultations and group sessions. This includes care in regional and remote areas via telehealth.
- **In a small amount of highly complex cases, deliver an intensive recovery** program and intensive and specialised therapies to children, families, and carers, in the community, outreach and inpatient (e.g., PCH) settings. When this occurs and a child fully transitions to the CTS, Community ICAMHS will maintain contact with the child and family to ensure a flexible, continuous, and recovery-oriented approach to care

What support will the CTS provide to Community ICAMHS?

Pathways will provide a range of supports to Community ICAMHS, including:

- providing training to hub Complex Trauma Practice Leads to support them to undertake assessments and deliver trauma-informed mental health supports
- in more complex cases, provide case-by-case advice to Community ICAMHS staff

- providing clinical supervision to Community ICAMHS staff, where required. Supervision will incorporate reflective practices and be provided in one-on-one and group settings
- developing educational resources on complex trauma (e.g., articles, online resources)
- provide scheduled inreach to Community ICAMHS Hubs to support all complex cases, and regularly conducting 'clinic circuits' in country areas.

How can the CTS work together with Community ICAMHS?

Community ICAMHS' multi-disciplinary teams will have capacity to primarily deliver care for many children with complex trauma needs, due to an investment in capability and resources across Community ICAMHS. However, Community ICAMHS will also be responsible for supporting children with complex needs to 'step-up' and / or 'step-down' the intensity of their care, including coordinating input from the CTS. It is recognised that this may look different for each child, family, and carers. The following provides some examples:

- **Example 1:** A child in a regional area is referred to Community ICAMHS with a range of developmental concerns and competencies due to complex trauma and is struggling with appropriate behaviours. The child receives the bulk of their mental health supports from their local Community ICAMHS, with weekly sessions with the distributed Complex Trauma Practice Lead, who is their primary support. This clinician has expertise in this area and receives ongoing training from the CTS to ensure they are providing evidence-based interventions in a trauma-responsive way. This Practice Lead will also ensure all other involved staff learn ways to effectively support the child.
- **Example 2:** A child presents to Community ICAMHS with general mental health needs and is receiving ongoing support. After treatment commences, staff recognise that the child's needs are more complex than originally thought, through revelation of a complex history of abuse and neglect. Community ICAMHS and the Complex Trauma Practice Lead decide to work with CTS to provide joint sessions through a complex case review.
- **Example 3:** A child presents with highly complex needs and a longstanding history of trauma upon entry into the Community ICAMHS Hub. The decision is made by the Complex Trauma Practice Lead to refer the child immediately to the CTS for a NMT assessment. However, an ICAMHS care coordinator is assigned, to remain connected to the child and family. Intensive care is provided to the child and their family for 3-to-6-months, with ongoing input from the CTS.

4.2.3 Child protection services and out-of-home care

The ICA public mental health system will better support at-risk children who are in child protection settings and require complex trauma support. This will be achieved through the CTS and Community ICAMHS partnering with key organisations to provide inreach mental health care to children, as well as capability building support to staff. This includes support to:

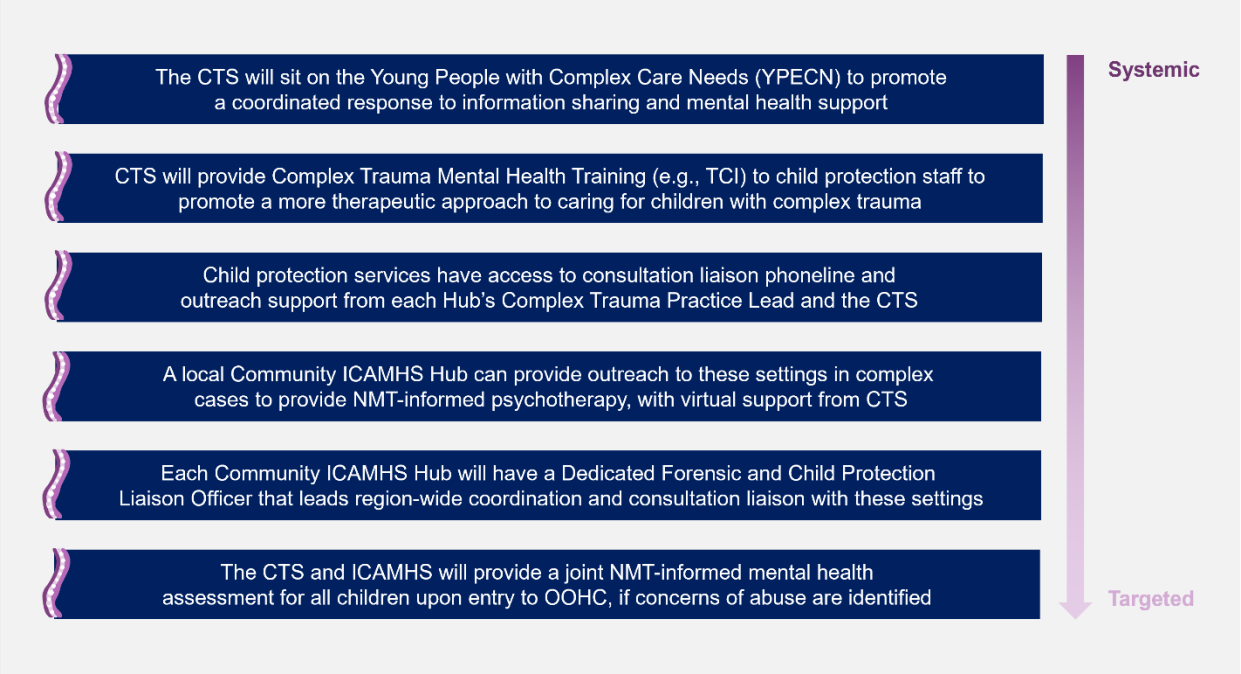
- **Child Protection and Family Services (CPFS)**. CPFS works proactively with families to build safety and prevent the need for children to enter the out-of-home-care system. Services include investigating child abuse and neglect, fostering and adoption services,

counselling and outreach programs, crisis accommodation, homelessness services, and emergency services support.

- **OOHC providers**. Out-of-home care refers to a range of short or long-term care options for children across WA regions who are unable to live with their families for a variety of reasons, usually due to child abuse and / or neglect.

There are a number of ways in which CTS can lead the provision of specialised support to children and adolescents in these settings (Figure 8).

Figure 8 | Potential ways to provide targeted support to child protection services



Note, within each Community ICAMHS Hub, there will be a Primary Mental Health Team who will lead and coordinate Community ICAMHS' 'outward-facing' support and liaison with other settings, such as child protection and out-of-home-care. In some Hubs this may include a Forensic and Child Protection Liaison Officer. This officer will be the primary interface between Community ICAMHS, the Department of Justice and Child Protection Services. They will liaise with CAFS, Youth Justice Services, Links and other relevant services. They will not act as care coordinators and instead will enhance communication between Community ICAMHS and other settings, and where required, coordinate the involvement of Community ICAMHS Hub and spoke staff with other services.

4.3 What and 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, the CTS and other specialised supports, 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 complex trauma.

4.3.1 Access

Community ICAMHS will identify and receive requests to provide mental health care to a child with complex needs arising due to abuse, neglect or other traumas, 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. A broad range of referral pathways 'in' will be complemented by assertive outreach and capability uplift education support to potential referrers to improve understanding of trauma and where to get support proactively

All referrals for children with mental health issues with a history of complex trauma will come through to the Community ICAMHS Hubs from various sources (e.g. GP, schools, community-based services, etc) and channels (e.g. online, in-person, over the phone) – with a particular focus on supporting referrals from child protection services. Where possible, the Hub Intake Management Team should notify the local Complex Trauma Practice Lead of the child's circumstances, and discuss any relevant measures that should be taken, as the Practice Lead will lead the provision of this child's care upon intake. Further, Community ICAMHS' Primary Mental Health Teams will have a critical role in providing assertive outreach and education to potential referrers, including families and carers, primary care settings, schools, justice services and other settings. This is critical to building local familiarity of Community ICAMHS supports and promoting earlier identification of potential complex trauma through education around

understanding early warning signs. This will support an improved understanding and knowledge around the impacts of complex traumatic experiences on the behavioural and psychological needs of children and adolescents, thereby fostering more proactive support.

Development of resources on complex trauma to support education of potential referrers

Community ICAMHS and the CTS will co-develop educational resources for the general public and key partners within the system to support an uplift in capability around identifying early signs of trauma, and how to access support proactively within the community.

This may include resources such as a ‘Complex Trauma training kit’ to improve capability to identify risk and report to ICAMHS or the Complex Trauma Service.

Vulnerable cohorts and communities

This Model of Care is particularly cognisant of the historical and disproportionate barriers to accessing appropriate mental health care for vulnerable children and families across WA. This includes: regional and remote families; Aboriginal and Torres Strait Islander children; children from ethnoculturally and linguistically diverse backgrounds; LGBTQIA+ children; children with neurodevelopmental conditions; children in care; and those in contact with the justice system.

Alternative referral pathways such as assertive outreach and partnerships with local services (e.g. Aboriginal Community Controlled Health Organisations [ACCHOs], cultural services) allow engagement with marginalised communities who experience physical, social, cultural, or psychological barriers to accessing care. Child and Adolescent Health Service (CAHS) and WA Country Health Service (WACHS) should also embed strong data collection mechanisms to ensure equitable access to service, and that ‘hard-to-reach cohorts’ are being proactively supported in the community.

Further, there will be enhanced mechanisms for managing referral pathways between ICAMHS and a range of priority channels, given the prevalence and risk of complex trauma in settings including but not limited to: OOHC providers, Child Protection and Family Services, Youth Justice Services Department of Education and ACCHOs. Such mechanisms may include referral coordination meetings between the Community ICAMHS Intake and Management Teams and relevant organisations discuss recent referrals and referral trends, and providing updates on referral outcomes or progress.

In terms of equitable access and engagement, specific ICAMHS Hubs can determine the need to identify staff who provide 'cultural lead' roles regarding the access and engagement of specific vulnerable cohorts, and ensure assertive outreach and proactive education is being targeted at ‘hard-to-reach’ groups in an accessible and culturally sensitive way.

Specific consideration #2. Assessment for children and adolescents with a history of abuse, neglect or other traumas will use NMT frameworks to understand their experiences, functional challenges, and recovery goals

Upon entry to Community ICAMHS, children with complex psychological and behavioural needs can access a thorough, broad, and holistic assessment process that is trauma-informed and embedded in the principles of the Neurosequential Model of Therapeutics (NMT). A NMT assessment is designed to provide a neurodevelopmental framework that organises a young person's history in a developmentally sensitive way and accounts for relevant systems and their impact on the child's trauma and emotional regulation. The goal of this approach is to provide a snapshot of the young person's developmental risk, current developmental functioning, executive functioning, and quality of current relationships. One of the key advantages of the NMT assessment is it helps to shed light on the neurodevelopmental impacts of early life adversity, trauma, and neglect on specific psychological and behavioural needs – informing therapeutic interventions which can be implemented throughout the child's day and across various settings. The NMT assessment also helps build a therapeutic web of understanding around the needs of the whole family, and supports knowing when and how to sequence therapeutic interventions and helps professionals to look through the lens of neurodevelopment.

The Community ICAMHS Hub Complex Trauma Practice Lead and clinicians from the CTS would be responsible for conducting the assessment (either in-person or virtually) – but this may also involve other disciplines, where appropriate. The assessment process should also consider kinship systems and who should be involved in the assessment process to balance the child's safety with the importance of understanding their holistic needs. Given the existing relationship, this may include the referrer – as this may support a more holistic understanding of the child's current functional needs.

NMT Report to support treatment planning in children with complex trauma

Following the assessment, Community ICAMHS and the CTS will co-develop a NMT Report that:

- identifies the sequence of interventions needed to meet the young person's therapeutic needs
- recommends the types of interventions likely to be effective at each stage of the sequence.

The recommendations from the NMT Report should always be considered in the context of the young person's circumstances, strengths and preferences, and the relationships available to them.

Assessments for children in OOHC

Note – this assessment process will be conducted for all children upon entry to an OOHC setting. In these cases, it may be undertaken by the CTS, and then passed onto Community ICAMHS for the purpose of treatment planning at a local level.

4.3.2 Support

Children and adolescents with complex psychological and behavioural 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 leverage the CTS and other statewide specialised services to provide a broad range of therapeutic treatments and supports that are neurosequentially informed and specific to managing complex trauma

The NMT approach to caring for children with complex psychological and behavioural needs due to a history of abuse, neglect or trauma is not a specific therapeutic technique or intervention, but an approach to structuring the application of interventions in a way that will truly help meet the functional needs of the child[16]. This approach often involves patterned, repetitive somatosensory activities that help develop the child's capacity for self-regulation before moving on to therapies that will help with more relational-related problems and then developmentally further into more cognitive-behavioural based approaches[17].

While under the care of Community ICAMHS, children and families can receive direct clinical care and specialist treatment for complex trauma including a range of evidence-based, trauma-

[16] B. Perry, Quality Improvement Centre for Adoption & Guardianship Support and Preservation, Neurosequential Model Of Therapeutics (NMT) Assessment, 2006, https://www.qic-ag.org/logs/neurosequential-model-of-therapeutics-nmt-assessment/
[17] Perry, B. D. (2006). Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics.

informed psychotherapy supports[18]. These evidence-based interventions are critical for children and adolescents with more complex needs due to a history of trauma and should be tailored to the functional and behavioural needs of the child, family, and carer. Some intervene individually with children or adolescents, while others involve work with children and their caregivers together, or with the entire family[19]. This includes but is not limited to:

- Attachment, Self-Regulation, and Competence Framework (ARC)
- Child-Parent Psychotherapy (CPP)
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Integrative Treatment of Complex Trauma for Children/Adolescents (ITCT-C/A)
- Therapeutic Crisis Intervention for Families (TCI-F)
- Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Trauma Systems Therapy (TST)

Other statewide specialised services

Depending on need, Community ICAMHS can support children to access a range of statewide specialised services that provide targeted support and treatment for specific conditions or disorders. This may include the Eating Disorders Service, the Complex Attention and Hyperactivity Disorders Service, Touchstone (personality-related needs), Pathways (age-appropriate support for children aged 5-to-11 years), or others.
Similarly, this may require the CTS to provide support to children under the care of other statewide specialised services.

Specific consideration #2. Care plans for children and adolescents with complex psychological and behavioural needs due to complex trauma will consider holistic wellbeing supports that consider the needs of children and their 'systems'

The NMT approach compliments the evidence-base of psychotherapies with the need for a stable relational environment with positive, healthy engagements that create safety and stability in the child. Community ICAMHS provides all children and families with a care coordinator to listen to their story, advocate for the family, and coordinate relevant supports to best meet their holistic recovery needs. Continuity of care from this role is particularly important for this cohort, and should be prioritised as much as possible. As noted in Figure 7, Community ICAMHS embeds social and emotional wellbeing (SEWB) principles into practice by providing holistic support options – including peer support engagement, family therapy and support resources, and social and cultural activities. This will be supported by access to Aboriginal Mental Health Workers, a diverse workforce profile, and a strong contingent of lived experience peer workers who will advocate for children, and provide psychoeducation and co-regulation supports for

[18] The National Child Traumatic Stress Network, *Interventions*, (n.d.), https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/interventions

[19] Once established, the CTS may provide virtual group programs across the state to support children with experiences of complex trauma and their parents or caregivers.

carers and parents. This is critical to supporting children with complex trauma, as this environment will instil a multi-dimensional approach to 'health' and consider the importance of culture, family, and community in a child's functional recovery. These support options should be proactively communicated to children and families as valuable supports to manage their wellbeing and recovery, informed by their NMT assessment.

A range of evidence-based interventions have been cited[20] as valuable for supporting children with complex trauma, including but not limited to:

- animal therapy
- art therapy
- music
- movement
- yoga and mindfulness

Given that many of these interventions will only be available outside of Community ICAMHS, care coordinators will play a critical role in supporting access to primary health supports, and other psychosocial, physical health and wellbeing services that can support these lower intensity functional needs. This may include liaising with local GPs, Aboriginal Medical Services AMS', community-based mental health services, dieticians, or allied health professionals. To deliver on a systemic philosophy of care, parents and the support network of the child will also be supported and upskilled. In addition to psychoeducation and family support in an ICAMHS setting, care coordinators can support the family and broader networks to connect with the help they need.

Cultural supports for diverse cohorts and communities

There are various social, cultural, and other holistic supports available within all Community ICAMHS settings. This acknowledges the historical lack of culturally appropriate and holistic supports available to vulnerable cohorts of children (including Aboriginal and Torres Strait Islander children, and those from ethnolinguistically and culturally diverse backgrounds), and barriers to care such as health literacy, limited English language proficiency, social difficulties, or other cultural factors, in addition to limited cultural awareness of health professionals, lack of diverse mental health professionals, and experiences of prejudice. A broad range of cultural supports, interpreter services, partnerships with community-specific organisations (such as ACCOs, ELD-specific organisations, and others), and a diverse workforce profile (e.g., AMHWs, cross-cultural workers) are recommended to be embedded across Community ICAMHS.

Further, all mental health care in Community ICAMHS settings should be delivered in line with the ICA Culturally Safe Care Principles.

[20] Perry, B. D. (2006). Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics.

4.3.3 Transition

When it is safe and suitable to do so, children with complex trauma 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. While children with complex trauma may receive additional support from Pathways or other statewide specialised services, Community ICAMHS will always remain at the centre of their care

Community ICAMHS will adopt a flexible, continuous, and recovery-oriented approach to supporting children, families, and carers – which is particularly important for children with complex trauma and attachment history. As mentioned in Section 4.3.2, children with complex psychological and behavioural needs associated with complex trauma will likely interact with a range of other services (both within and outside the ICA public mental health system) over the course of their childhood. This may be due to new needs arising, or the complexity or their behavioural needs increasing or decreasing periodically. Regardless of whether a child is in crisis, or is recovering well and requires less support – Community ICAMHS will always be an available point of contact for the child and their family. This means that while a child may 'transition' to receiving the majority of their care from a community-based mental health provider or other service (e.g. a local AMS), there will still be contingency plans in place to ensure continuity of care. This means that children and families will always have the option to receive more intensive support from Community ICAMHS if their needs change at any point.

Specific consideration #2. Transitions into youth and adult supports for children with complex trauma needs will be proactive, gradual, and flexible

Many children who have experienced trauma are sensitive to change. Their past relationships with adults may have been characterised by inconsistent and unpredictable responses to their needs, periods of emotional unavailability, separations, and loss. Those children within the care system may have been faced with multiple changes in environment; some at very short notice.

Persistent experiences of neglect or adversity require more support with managing the various transitions within the school day[21].

As a result, trauma-informed transitions of care are critical for all children with a history of complex trauma. For these children, Community ICAMHS will proactively plan their transition 3-to-6 months in advance, in collaboration with the child and their family, and regional youth and adult mental health services and supports (e.g. YouthAxis, regional Mental Health Services). To promote consistency of support and engagement, Community ICAMHS may work with the future support providers to operate under a holistic, strengths-based approach to care which focuses on the child's functional and behavioural needs. For children with behavioural and psychological support needs, there will be sensitivity and awareness that fears of rejection and abandonment may be triggered at handover of care. As a result, this warm handover period may include the child beginning to access new supports from a youth support service, but with ongoing communication support from their ICAMHS care coordinator.

[21] C., Whitfield, B. Perry, S. Dube, and W. Giles (2006). The enduring effects of abuse and related adverse experiences in childhood: a convergence of evidence from neurobiology and epidemiology.

5 Delivering the Complex Trauma Model of Care

5.1 Key relationships and partnerships

As discussed throughout Section 4, Community ICAMHS will sit at the centre of the care for children with complex trauma needs, and their families and carers. That is, through capability building support and training, children with a history of abuse, neglect or trauma will receive the majority of their general and specialised supports in a Community ICAMHS setting. This will require Community ICAMHS and the CTS to nurture strong relationships with a range of services and organisations both within and outside of the ICA public mental health system. Sections 4.2.2 and 4.2.3 outline the ways of working between Community ICAMHS, the CTS, other specialised ICA services, primary care and community mental health services, schools, the justice system, child protection services and social services. Examples of these services and organisations are listed in Table 1. Please note that Community ICAMHS' Primary Mental Health Teams and Coordinators will drive the majority of liaison with primary care settings, schools, and the justice system.

Table 1 | Examples of services and organisations that Community ICAMHS and the CTS may work with to provide integrated care to children with complex trauma 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
CAMHS Crisis Connect
Child and Adolescent Forensic Services (CAFS)
Child Safe Spaces
Complex Attention and Hyperactivity Disorders Services (CAHDS)
Emergency Departments
Gender Diversity Service (GDS)
Inpatient wards
Pathways
Perth Children's Hospital – Child Protection Unit (CPU)

Examples of services that Community ICAMHS may interact with *(listed in alphabetical order):*
Touchstone[22]
Youth and/or adult mental health services
Regional Mental Health Services (MHS)
Strong Spirit Strong Mind Youth Project (SSSMYP) – Outreach Model of Service
Youth Axis
Youth Community Assessment and Treatment Team (YCATT)
Youth Focus
Youth Link
Youth Reach South
Other services and organisations
Community organisations
Department of Communities, including Child Protection and Family Support, Housing, Community services, etc.
Department of Education
Department of Justice – Youth Justice Services (including Banksia Hill Detention Centre)
Disability service providers
Non-government organisations (NGOs)
Out-of-home care (OOHC) providers
Paediatricians
Primary care (e.g. general practitioners (GPs), Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Services (AMS), etc.
Private mental health services
Police
Schools (e.g., school counsellors, psychologists, school health nurses and teachers).
Schools of Special Educational Needs (SSEN)

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 establishment of a new Complex Trauma Service.

[22] Note – Touchstone is expanding to provide statewide support to children with personality-related needs. 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 the CTS and Touchstone.

5.2.1 Resources

As discussed throughout this document, children with complex trauma needs 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 complex psychological and behavioural needs due to abuse, neglect or trauma.

Note – Generalist Community ICAMHS mental health workforce

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, a strong contingent of peer workers, Primary Mental Health Teams, and Acute Care and Response Teams as well as a strong non-clinical contingent including social and peer workers.

A separate Model of Care is being developed for Community ICAMHS, which outlines the roles and responsibilities of these teams. Therefore, while children with complex needs will access these teams, this does not impact any workforce planning requirements for this Model of Care.

As noted in Section 4.2.1, Community ICAMHS will embed specialised resources to ensure children with complex trauma 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. Table 2 below outlines three key workforce requirements for this Model of Care.

Table 2 | Specialised roles and responsibilities for this Model of Care

Role	What will they provide	How will this work
A distributed Complex Trauma Practice Lead	▪ Each hub will have a member of the ICAMHS team from any range of clinical roles that either has expertise in complex trauma, or is supported to be the main point of contact for care of children with complex psychological and behavioural needs in each Community ICAMHS area. ▪ The Practice Lead will still spend the majority (e.g. 60-80 per cent) of their time providing general mental health support to	▪ This Practice Lead will receive ongoing support, supervision, and training from Pathways staff. ▪ They will also have direct access to Pathways for case-by-case advice in highly complex cases, and have the option to bring in shared care.

Role	What will they provide	How will this work
	a range of children, but will then spend their remaining time (e.g. 20-40 per cent) leading the provision of care for all children that come through Community ICAMHS with complex needs.	
CTS[23]	▪ The CTS will be established to provide consultation liaison and shared care support to Community ICAMHS Hubs and child protection settings ▪ In highly complex cases, children may have sessions that are co-facilitated by the CTS staff or receive some of their care from a CTS clinician (e.g. complex case review, care planning).	▪ A contingent of psychiatrists, psychologists, AMHWs, social workers and other staff with dedicated experience in supporting children with a history of abuse, neglect, or other traumas (similar to Pathways), with NMT training. ▪ There exists an opportunity for the CTS to be established by leveraging the existing PCH CPU Therapy Unit which specialises in NMT-informed care, into a statewide model aligned with the functions set out in Section 4.2.2
General Community ICAMHS workforce	▪ Community ICAMHS staff provide general mental health support to all children, families, and carers. ▪ Each Primary Mental Health Team will have a dedicated Forensic and Child Protection Liaison Officer to lead liaison and coordination with these settings. ▪ However, these staff will have increased training and capability in understanding complex trauma, undertaking relevant evidence-based treatments through NMT frameworks, and engaging with this cohort in a safe and effective manner.	▪ CTS will provide resources and capability building support to Community ICAMHS Hubs. ▪ It is recommended that CTS staff be 'linked' to a single Community ICAMHS Hub. This will build relationships and allow oversight over capability building in each hub.

[23] Note, the CTS may be formed through an expansion of the existing Perth Children's Hospital CPU – the primary specialised unit for providing NMT-informed care to children who have experienced complex trauma.

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; helping the family 'step up' or 'step down' from Community ICAMHS to statewide services and vice versa; 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 previously mentioned, all Community ICAMHS Hubs will have embedded specialised capabilities, further to the generalist capabilities of their multi-disciplinary teams. Practice Leads represent a critical point of specialised expertise at a local level in supporting children with complex trauma. They can be appointed to a member of the multi-disciplinary team who either has dedicated experience or associated capabilities with supporting children who have experienced complex trauma, or is supported to receive intensive training and upskilling from the CTS. In some cases, this need not be confined to one particular resource, as it will depend on local need and operational factors. Under this role, they will provide a broad range of mental health supports, but also lead the provision of care for children with complex trauma. Further, the Practice Lead would receive dedicated support, shared care and consultation liaison options and training from the CTS – acknowledging the personal, professional, and clinical challenges that may come with this role. Through this, the Practice Lead can provide supervision to other Community ICAMHS staff working with this cohort, and lead partnership with associated services and stakeholders. For example, this role could be delivered by a senior mental health worker with expertise in NMT frameworks. Note, given the overlap in skills between this cohort and children with personality disorders – there exists an opportunity for these two Practice Leads to work collaboratively at a local level.

Forensic and Child Protection Liaison Officer

Each Community ICAMHS Hub will have Primary Mental Health Workers[24], who will lead and coordinate Community ICAMHS' 'outward-facing' support to other services. Within this team there may be a Forensic and Child Protection Liaison Officer. Part of their role will be to act as the primary interface between Community ICAMHS and CAFS, MST, Youth Justice Services, CPFS, and OOHC settings. They will also liaise with Child Protection and other services – this is also outlined in the Forensic Model of Care. They will:

- support access to Community ICAMHS for children in these services
- provide capability uplift support options to staff in these services
- receive and triage referrals from services
- coordinate the involvement of the Forensic Mental Health Practice Lead or other clinicians to provide advice and support to other services (e.g. organise for the Forensic Mental Health Practice Lead to attend a joint appointment with CAFS).

To perform their role effectively, the Forensic and Child Protection Liaison Officer will require the following high-level capabilities:

- Ability to develop partnerships between services and relationships with key staff.
- Strong communication and collaboration skills.
- Ability to work in a variety of different environments, including in Banksia Hill Detention Centre.

5.2.3 Competencies

Trauma-trained workforce

As mentioned throughout this Model of Care, trauma-informed frameworks (e.g. NMT) and evidence-based therapies for trauma are the most critical competencies to effectively provide care to children with complex psychological and behavioural needs due to a history of abuse, neglect, or other traumatic experiences. In practice, a trauma-informed approach to care means the workforce is capable of:

- organising a child's history and current functioning to determine which interventions and supports will best promote recovery and stability
- recognising the potentially long-lasting impacts of complex trauma on developmental, relational, and behavioural capacities in children
- focusing on understanding how traumatic experiences have contributed to psychological, cognitive, and physiological development in children and adolescents
- sequencing interventions according to the child's therapeutic needs, looking at functional indicators like impulsivity, inattentiveness, trouble learning language, fine motor skill issues, and or trouble with relationships

[24] See the Community ICAMHS Model of Care for more information.

- first re-establishing a young person's physical and emotional safety – restoring capacity for intentionality, agency, and hope – then moving to building and strengthening family relationships and improves caregiver competence and confidence.

Note, formal NMT training is only required for CTS staff, and the Practice Lead in each hub. Not all clinicians are expected to be formally NMT-trained, however many of these principles of care can be adopted by mental health professionals within their scope of practice. Further, similar evidence-based therapies may be relevant.

Soft skills

Community ICAMHS staff must have the soft skills required to effectively support the mental health needs of children with complex psychological and behavioural needs due to a history of abuse, neglect, or other traumatic experiences. These include:

- strong rapport building and relationship development skills
- work from a recovery and strengths-based approach
- provide non-judgemental support when interacting with children who are exhibiting challenging behaviours
- actively listen to and support children in a vulnerable state to identify what their most critical and immediate needs are, rather than being in 'solution mode'
- ability to remain calm when interacting with children in a heightened state
- resilient and child-focussed, that is, they are willing to go the extra mile to ensure the individual is supported to access follow up supports that best meet their needs.

By recruiting a workforce who possess soft skills and share similar values with children, families and carers who access mental health support via Community ICAMHS and the CTS, these teams will be able to establish a reputation within the community as a trusted and approachable provider of mental health support for children experiencing complex trauma. Further, it is expected that Community ICAMHS and CTS staff will have knowledge of the broader system, and the interfaces between mental health supports and adjacent settings including community and primary health, the Alcohol and Other Drug (AOD) sector, justice, schools, and more.

Community ICAMHS must ensure that staff delivering clinical and non-clinical supports are open-minded, inclusive, empathetic and have demonstratable experience working with diverse people including those who are neurodiverse, LGBTQIA+, Aboriginal and Torres Strait Islander, and ELD.

5.3 Infrastructure

Physical infrastructure is a critical component in enabling the delivery of mental health care to children with complex trauma needs in a way that is safe, responsive, and recovery focussed. Below provides a summary of the key infrastructure features that will be available to all children, families, and carers, including those with personality disorder needs. Please refer to the Community ICAMHS Model of Care for more detail on these features.

Community ICAMHS – key infrastructure features

Location and facilities

- 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.
- Appropriate facilities and resources to support delivery – including mobile outreach.

Digital infrastructure

- Reliable and suitable digital infrastructure to enable staff to perform their roles, whether this be delivering care via telehealth, or accessing and sharing information digitally.
- Children, families, and carers can use digital tools to promote stimulation and engagement, or applications to access appointments, information, and resources.

5.4 Other delivery considerations

5.4.1 Professional development, training, and resources

Professional development and training for Community ICAMHS staff

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 trauma-responsive mental health care. Complex Trauma Practice Leads will receive tailored support from the CTS including training, on-the-job supervision, case-by-case advice, and co-working opportunities with CTS specialists. The CTS will also lead the development of general training materials and information resources for all Community ICAMHS staff that include information on complex trauma, effective ways of engaging with and supporting children with complex psychological and behavioural needs, and information on evidence-based therapies and treatments.

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

Complex Trauma Service development

- Further planning is required to determine how the CTS is established – noting it is recommended to leverage the existing CPU given the expertise within that service.
- If funded, it will be beneficial for HSPs to work with WAPHA and other primary health care stakeholders to consider optimal approaches for GPs and others to work with the future service
- The CTS will also develop resources to support an improved understanding in the broader system of complex trauma, supports and recovery. This may include: research articles, FAQs, a service directory of organisations available in different locations, and an online portal component that has information on complex trauma.

- Pathways and the CTS should establish partnerships with researchers, such as tertiary education institutions and research institutes, in addition to access to funds for research activities. This will ensure the education, learning and innovation functions of these services

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
ACCHO	Aboriginal Community Controlled Health Organisation
AMHW	Aboriginal Mental Health Worker
AMS	Aboriginal Medical Service
CAFS	Child and Adolescent Forensic Service
CAHS	Child and Adolescent Health 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.
CBT	Cognitive behavioural therapy
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.
Clinical supervision	Experienced health professionals providing guidance and oversight to less experienced health professionals.
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 local 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.
CPFS	Child Protection and Family Services
CPU	Child Protection Unit
CTS	Complex Trauma Service

Term	Its intended meaning and use
ICA Culturally Safe Care Principles	The 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.
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.
GP	General practitioner
HSP	Health Service Provider
ICA	Infant, child and adolescent
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.
LGBTQIA+	Lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse peoples
MBT	Mentalisation-based therapy
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. 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. The following definition of a model of care can be used: an overarching design for the provision of a particular type of health service that is shaped by evidence-based practice and defined standards.
NMT	Neurosequential Model of Therapeutics
OOHC	Out of home care
Pathways	Pathways is currently operating as a statewide service for children aged 6-to-12 years, providing integrated therapeutic and educational services to children with complex and longstanding mental health issues.
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.

Term	Its intended meaning and use
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.
WA	Western Australia
WACHS	WA Country Health Service

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