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# Infant, Child and Adolescent (ICA) Taskforce Implementation Program

## Support to Schools: A Model of Care

Version 3.0 | 1 December 2022



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# 1 Introduction

Across Western Australia (WA), the mental health and wellbeing of children is declining, with children in regional and remote areas having higher rates of mental ill-health<sup>1</sup>. Mental health issues can have a range of consequences on a child's mental, social, and behavioural development, and can limit a child's ability to get the most from their education. It is often in school environments that children's mental health issues are identified, particularly because they are non-stigmatising environments, where children can be observed for long periods of time<sup>2</sup>.

A model of care broadly defines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event. The Mental Health Commission (MHC) has developed this document, the **Support for Schools Model of Care**, to describe how Community Infant, Child and Adolescent Mental Health Service (ICAMHS) will work with government and non-government schools to support children access appropriate mental health care. Under this Model of Care, Community ICAMHS will work with schools to:

- **Support early identification, and access to Community ICAMHS** for children who may require mental health supports.
- **Support case management through clear communication and collaboration.** This includes Community ICAMHS and schools working together to facilitate and coordinate shared care.
- **Provide crisis support** to schools where required. Upon a school's request, Community ICAMHS' Acute Care and Response Teams can provide outreach crisis support to a child in a school-based setting.
- **Share information on Community ICAMHS' services with schools**, including details about the locations and referral pathways.

This Model of Care was developed through the establishment of a Working Group that was responsible for designing the key features of the Support for Schools 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, children, 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

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<sup>1</sup> Office of the Auditor General Western Australia. (2022). Delivering School Psychology Services. Western Australian Auditor General's Report. [https://audit.wa.gov.au/wp-content/uploads/2022/06/Report-21\\_Delivering-School-Psychology-Services.pdf](https://audit.wa.gov.au/wp-content/uploads/2022/06/Report-21_Delivering-School-Psychology-Services.pdf)

<sup>2</sup> National Mental Health Commission. (2021). The National Children's Mental Health and Wellbeing Strategy. <https://www.mentalhealthcommission.gov.au/getmedia/9f2d5e51-dfe0-4ac5-b06a-97dbba252e53/National-children-s-Mental-Health-and-Wellbeing-Strategy-FULL>

subsequently designed and shared with a cross-section of stakeholders across the ICA mental health system.

### *A 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 (refer to page 5). These principles apply to all ICA mental health services and are intended to guide how all models of care, including the Support to Schools 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 (refer to page 6).

### *Purpose of this document*

The purpose of this document is to describe how Community ICAMHS will work with schools to support children access appropriate mental health care. It is acknowledged that the detail outlined in this Model of Care may be subject to change, depending on the outcomes of the Student Wellbeing and Care Taskforce. As such, this Model of Care is considered to be a living document that will evolve over time to reflect the outcomes of the Student Wellbeing and Care Taskforce, and new research and best practice.

### *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. For this Model of Care, the term '*children, family and carers*' has been used and is inclusive of all children, adolescents, family, carers, supporters, and community members.

The term '*schools*' in this document **refers to all government and non-government schools** including independent, catholic, and private schools.

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

Figure 1 | Service Guarantee principles



Figure 2 | ICA Culturally Safe Principles



## 2 Background: Case for change

### *Mental health issues often disrupts a child's learning and education*

Behaviours and symptoms associated with mental health needs, including specific conditions, can negatively impact a child's educational experience. This can include challenges associated with attendance, learning, and socialisation. Schools are often the first, and sometimes the only, opportunity for children, their families and carers to access support to mental health services. At present, all WA government schools receive access to School Psychology Services, with private schools often choosing to employ similar services to provide mental health guidance within schools. However, more work is required to improve children's access to mental health care.

### *Greater collaboration between ICA mental health services and education services are needed to deliver support and ensure education continuity*

The nature of mental health care can sometimes lead to significant disruptions to a child's education. For example, the design of some treatments, such as intensive at-home supports, residential in-patient care, or day treatment programs often lead to children missing out and falling behind in their schooling. During 2015 and 2019, 31 per cent of school pupils who accessed a specialist mental health service had an attendance rate below 60 per cent<sup>3</sup>. As a result, better ways of working are required between ICA mental health services and schools to minimise the disruptions mental health supports can have on a child's learning and education.

Currently, there are a lack of mechanisms for effective collaboration between ICA mental health services and schools, particularly in regard to supporting children access mental health care. Therefore, for children to receive mental health supports, greater collaboration between schools and ICA mental health is required. This includes developing clear referral pathways between schools and ICA mental health services to ensure that children receive care in a timely manner.

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<sup>3</sup> Final Report – Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in WA. (2021).

# 3 Overview of this Model of Care

*This section provides an overview of the Support to Schools Model of Care, including its objectives, limitations, and its intended outcomes for children, families, carers, and staff within the ICA mental health system, and the broader WA community.*

## 3.1 What is the Support to Schools Model of Care?

The Support to Schools Model of Care outlines how Community ICAMHS will work pre-primary, primary and secondary (i.e. K-12) government and non-government schools to support children and adolescents access appropriate mental health care. Specifically, this Model of Care describes the supports and services that schools provide to support the mental health and wellbeing of children, and the supports and resources schools can choose to access from Community ICAMHS. It is acknowledged that the detail outlined in this Model of Care may be subject to change, depending on the outcomes of the Student Wellbeing and Care Taskforce (Figure 3).

*Figure 3 | Overview of the Department of Education's Student Wellbeing and Care Taskforce<sup>4</sup>*

### *Student Wellbeing and Care Taskforce*

The Department of Education established a **Student Wellbeing and Care Taskforce** in March 2022, in response to recommendations from external reports, investigations and surveys. A key focus of this Taskforce is to clarify and articulate the role of the School Psychology Service in supporting student mental health and wellbeing, including defining clear expectations regarding clinical intervention. The Taskforce will also focus on clarifying referral pathways within and external to the Department.

Work is currently underway to progress the recommendations within the Student Wellbeing and Care Taskforce's remit. As such, the outcomes of this work are still pending. It is recommended that this Model of Care is reviewed and updated upon completion of the Student Wellbeing and Care Taskforce, to ensure the outcomes of this Taskforce are reflected within this document.

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<sup>4</sup> Office of the Auditor General Western Australia. (2022). Delivering School Psychology Services. Western Australian Auditor General's Report. [https://audit.wa.gov.au/wp-content/uploads/2022/06/Report-21\\_Delivering-School-Psychology-Services.pdf](https://audit.wa.gov.au/wp-content/uploads/2022/06/Report-21_Delivering-School-Psychology-Services.pdf)



### 3.1.1 Objectives

The objectives of the Support to Schools Model of Care are to:

- Outline how Community ICAMHS can work with schools to improve access to appropriate mental health care for children and adolescents.
- Describe what supports and resources schools can choose to access from Community ICAMHS, to support them to respond to the mental health needs of children and adolescents.
- Describe the high-level delivery considerations to implement this Model of Care, including future opportunities for further partnership.

### 3.1.2 Limitations



This Model of Care is intended to provide a framework that broadly defines how Community ICAMHS will work with schools. As such, it is **not intended** to:

- Define the role, responsibilities and capabilities of Department of Education and schools in regard to mental health care.
- Outline specific mental health and wellbeing strategies for the Department of Education and schools.
- Provide specific workforce, infrastructure, or other requirements to deliver this Model of Care.

## 3.2 Model of Care's outcomes

The Support to Schools Model of Care is intended to deliver a range of outcomes, outlined in Table 1 below.

Table 1 | Model of care intended outcomes

Outcomes that this Model of Care is seeking to achieve for...	
 <b>Children, families, and carers</b>	Children are connected to the appropriate mental health and wellbeing supports <b>as early as possible</b> , while their <b>education needs continue to be met</b> .
	Children are provided with <b>holistic, wrap-around mental health supports</b> .
	Families and carers are supported to identify their child's <b>mental health needs</b> and receive support to help them <b>coordinate their child's care with the school, ICA mental health services and other services</b> .
 <b>The broader ICA mental health system</b>	<b>There is increased collaboration</b> between <b>ICA mental health services and schools</b> to support children maintain positive mental health and wellbeing and ensure continuity of their education.
	ICA mental health services, schools and other government and community services <b>work collaboratively to support children, families, and carers</b> across WA.

# 4 Model of Care in practice

*This section outlines how schools support the mental health and wellbeing of children, and what supports schools can choose to access from the ICA public mental health system.*

## 4.1 How do schools support the mental health and wellbeing of children?

Good mental health and wellbeing is a key part of children getting the most from their education. Not getting timely help can have a significant impact on a child's development and educational achievement. Schools are often the place where the need for support first becomes apparent, and they offer the opportunity to provide preventative and support programs<sup>5</sup>.

All schools<sup>6</sup> aim to deliver a high-quality education to all students in a safe, inclusive, and caring learning environment. In particular, schools strive to be **safe, supportive, and inclusive communities**. All schools have a critical role in ensuring the engagement and wellbeing of all students and offer a range of support services and programs to ensure all children feel a sense of belonging and receive the best possible education.

In WA, schools provide a continuum of wraparound support and care for all students to promote wellbeing and enable positive learning outcomes. Some of the primary mechanisms to support positive engagement, mental health, and wellbeing in **school-aged students across all three education sectors** include but are not limited to:

- Every school has access to a school psychologist who is uniquely placed to respond to student wellbeing and mental health issues.
- Whole-of-school targeted and intensive supports to children and schools across a range of contexts through Specialist Schools (e.g. School of Special Educational Needs: Medical and Mental Health) and other support services that promote wellbeing and continuity of education across public and non-government schools.
- A key role in wellbeing promotion and early intervention through the provision of a wide range of programs, resources, and opportunities to improve a student's sense of belonging; how they manage relationships; how they understand themselves and others; and how they problem solve.

Some students access support through alternative providers to maintain their mental health and wellbeing, outside of school support mechanisms. Students and families may access these

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<sup>5</sup> National Mental Health Commission. 2021. National Children's Mental Health and Wellbeing Strategy. Australian Government.

<sup>6</sup> In this context, 'schools' includes public education in government schools, as well as private education in either catholic or independent schools.

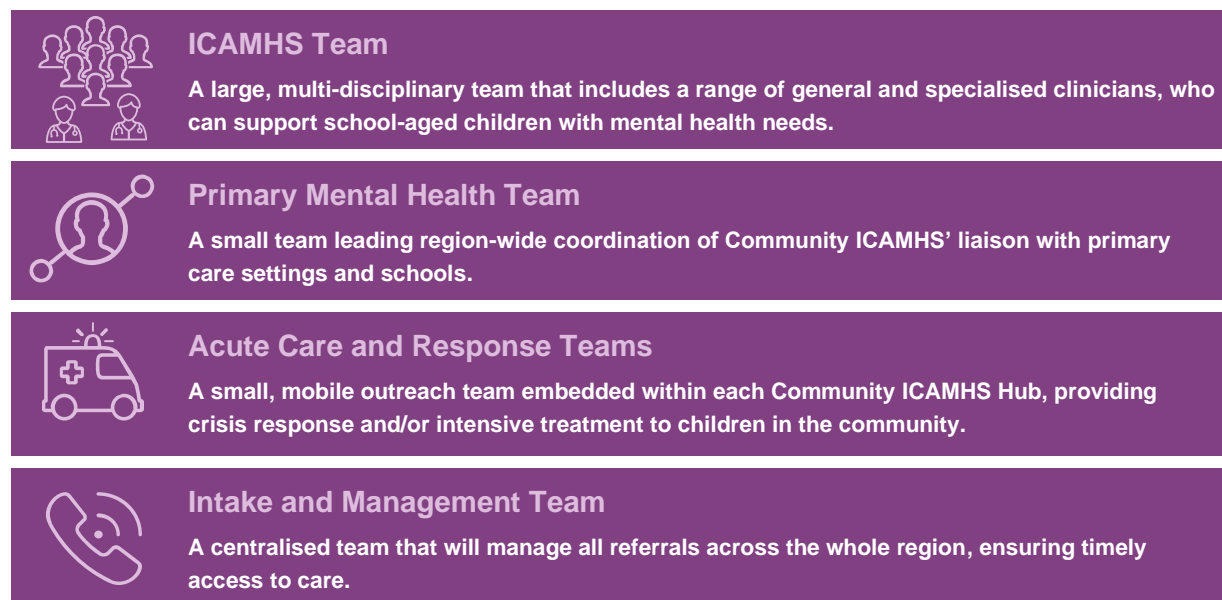
services independently, or schools may refer children onto specific mental health services, if required. Other services that school-aged children may access include community-based wellbeing services, private mental health services, or the public mental health system (see below).

## 4.2 How will the ICA mental health system support all schools and school-aged children to access specialist mental health care?

Throughout their childhood, children and their families may require access to a range of public mental health services. Within the ICA mental health system, Community ICAMHS is the central point of contact for all children, families and carers requiring mental health support, beyond what is available in primary care settings. Community ICAMHS will provide local, consistent, and integrated mental health care for children aged 0-17 years old with mental health difficulties across WA. Community ICAMHS will also work with, and complement local services to deliver care to children, and collaborate with specialist services, as required.

Community ICAMHS will be an ‘outward-facing’ service – that is, it will establish formal and informal partnerships both within and outside the ICA public mental health system – from acute services, Emergency Departments, and statewide services, through to primary care, secondary services, schools and child protection settings. Within Community ICAMHS, there will be four key teams, outlined in Figure 4 below. These teams can work with **all schools** to improve children’s access to mental health care. To enable this, clear communication with schools is required at all levels of Community ICAMHS to ensure timely access to care.

Figure 4 | Four teams within Community ICAMHS that can provide support to schools



The teams listed in Figure 4 provide four key functions to support schools to access the ICA mental health system. These key functions are described below.

### *1. Early identification, access, and referral*

Community ICAMHS will have Primary Mental Health Teams that will support liaison between schools and Community ICAMHS, and support schools to help children who require mental health care to access Community ICAMHS. These Primary Mental Health Teams can also work with schools to support early identification of mental health and wellbeing needs amongst students.

Community ICAMHS' Intake and Management Team can receive referrals from schools and will have mechanisms for managing referral pathways between ICAMHS and schools to improve access to ICA mental health services. If schools request, the Intake and Management Team could discuss referral trends within that local area or region with schools.

### *2. Communication and collaborative planning to support effective case management*

Children under the care of Community ICAMHS will be supported by a care coordinator who will regularly interact with the child, family and carers, and liaise with other services involved in supporting the child, family and carers. As part of care coordination, Community ICAMHS can work in partnership with schools to support a child's mental health needs. This could involve communication and collaborative planning to support effective case management between schools and Community ICAMHS in meeting the child's ongoing needs. Other areas that could be discussed during collaborative planning processes include:

- **Advice.** Teachers and schools may have questions for Community ICAMHS about the child's mental health needs.
- **Care planning.** A care plan will be developed by the care coordinator in collaboration with the child, family, and carers, to establish their support needs and recovery goals. During this stage, teachers (particularly if the school has referred the child) may provide input and information as to the child's current situation and wellbeing needs and access this care plan for information – subject to the child, family and carer's consent.
- **Transition back into school or transition between schools.** Where children have been absent from school or are transitioning between schools, Community ICAMHS can work with schools to discuss and plan the transition, so that the child's mental health needs are met.
- **In-reach.** In some cases, and where agreed to by the school, child, family and carers, it may be deemed as appropriate and required for an ICAMHS clinician to provide in-reach (face-to-face or virtual support) to the child while in a school-based setting.

### *3. Access to service information*

Clear promotion of Community ICAMHS, including details about services provided, locations of facilities and the referral process are important to improving the community's knowledge of local supports. If requested by a school, Primary Mental Health Teams will liaise with schools and

provide information on how children, families and carers can access dedicated mental health supports. Information could include:

- an overview of the services and supports that Community ICAMHS provides, and in what locations
- a simple, easy referral form – mapping postcodes of requests to the relevant hub
- phonenumber support options, including what to do if a child is in crisis
- a directory of local services that could support broader wellbeing of children, families and carers (including General Practitioners [GPs], Aboriginal Community Controlled Health Organisations [ACCHOs], Non-profit organisations [NGOs], and other community-based services)
- information, resources, and tools to educate community members on mental ill-health in children, including general wellbeing advice and information on specific conditions, disorders, and complexities
- information on local Child Safe Spaces in the community that can be accessed by children experiencing mental distress.

#### *4. Crisis Support*

All children should be able to access safe, intensive, and responsive support in the community when they need it. This means having access to child-friendly and trauma-sensitive care in times of crisis – whether this be at home, in school, in a community setting, or in a hospital setting. While school psychologists may support students who engage in suicidal behaviours or non-suicidal self-harm and self-injury, they do not represent a mental health crisis response service. If requested, Community ICAMHS' Acute Care and Response Teams can provide outreach crisis support in a school-based setting to respond to a child in a mental health crisis. This crisis support helps to ensure the school and its students remain safe and avoids unnecessary Emergency Department presentations or further harm to students.

# 5 Delivering the Model of Care

*There are various considerations that need be taken into account to implement this Model of Care. These considerations have been outlined below in the following categories: key partnerships and Community ICAMHS workforce.*

## 5.1 Key partnerships

Community ICAMHS will sit at the centre of the ICA mental health system and will work in partnership with the education sectors to enable enhanced access to mental health care for children. To support this, Community ICAMHS Hubs and spokes will play a role in coordinating, facilitating, and enabling further partnerships with the education sectors at a local level and a system level to support children within those regions. This includes partnerships with the following, but not limited to:

- Education Department statewide services
- Catholic Education Western Australia
- Association of Independent Schools of Western Australia
- Student Engagement and Wellbeing Division
- Complex Cases
- School Psychology Service
- Specialised education mental health and wellbeing services
- School for Special Education Needs
- Individual schools (including government and non-government schools).

For partnerships between Community ICAMHS and education sectors to be effective, it needs to be underpinned by agreed working practices and processes. The working practices and processes must be transparent, consistent, and widely communicated across the system. Further, the processes need to: enable children to receive timely access to care; and support effective care coordination (e.g. through collaborative planning and case management) and transition planning (e.g. through appropriate information sharing) between Community ICAMHS and schools. Community ICAMHS and education services, including those listed above and other services that work with school aged children, will need to identify and agree on the mechanisms and detailed processes and systems that will be used to support how they work together.

## 5.2 Community ICAMHS Workforce

Community ICAMHS will have a multidisciplinary team that will provide a range of holistic supports to children, families and carers. Multidisciplinary team members may include Aboriginal Mental Health Workers, child psychologists, child psychiatrists, nurses, paediatricians, peer support workers, occupational therapists, social workers and specialist roles that will support children with complex needs. In addition to clinical expertise, the Community ICAMHS workforce will have knowledge of the WA school system, so that they can best support children to receive holistic care that meets their needs and circumstances. As described in Section 4.2, there will be three teams within Community ICAMHS that can work in partnership with schools. These include:

- **Intake and Management team** that will manage end-to-end referrals from children, families and carers, primary care, community services, schools with the consent of the family or carer, and other services.
- **Acute Care and Response Team**, a mobile outreach team providing crisis response and/or intensive treatment to children in the community or school environments, if required.
- **Primary Mental Health Teams** that can provide local mental health supports and liaison with schools as required.

# 6 Terminology

Table 2 | Key terms used within this document below contains a list of the key terminology used within this document.

Table 2 | Key terms used within this document

Term	Its intended meaning and use
ACCHO	Aboriginal Community Controlled Health Organisations
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.
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.
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
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.
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.
MHC	Mental Health Commission
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.
NGO	Non--profit organisation



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.
Schools	Government and non-government schools, including private, independent and catholic schools.
Service Guarantee	The Service Guarantee outlines what children, families and carers will expect to experience in their interactions with the ICA mental health system.



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