GOVERNMENT OF
WESTERN AUSTRALIA

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

Personality Disorders: A Model of Care

Version 3.0 | 1 December 2022

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1 Introduction

This document will guide the delivery of mental health care for children with personality disorder needs, and their families and carers. This document builds on the WA Statewide Personality Disorders Model of Care[1], developed in 2020 as a statewide priority to ensure that people living with personality disorders received care that was accessible, evidence-based, compassionate, recovery-focused, and tailored to their individual needs.

A Model of Care broadly defines the way health care is delivered. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event.[2] The Mental Health Commission (MHC) has developed this document, the **Personality Disorders Model of Care,** to define how mental health care for personality disorders will be delivered in WA's future infant, children, and adolescent (ICA) mental health system. Under this Model of Care, children with vulnerable personalities and/or pathology associated with personality disorders will have access to a range of general and specific mental health supports that promote early intervention, evidence-based intervention, and general wellbeing for functional recovery. 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 personality disorder needs 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 personality disorder needs.
- **Increased access to the expertise and care of the Touchstone service.** Touchstone is a specialised intensive treatment service for children with complex personality disorder needs. To ensure equitable access to specialised care, Touchstone will expand its reach by working in partnership with all Community ICAMHS Hubs and provide supervision, case-by-case advice, and shared care. This means that only a very limited amount of children will need to transition to Touchstone for intensive treatment.
- **A system that has built capability to support these children in the community.** With expert input from Touchstone, Community ICAMHS will support primary care, schools and other services to ensure the broader system has improved capability to respond to the functional needs of children with personality disorders.

[1] Mental Health Commission of WA, Statewide Model of Care for Personality Disorders, 2020
[2] NSW Agency for Clinical Innovation, (2013), Understanding the process to develop a Model of Care. An ACI Framework, Sydney.

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-to-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 build on the work achieved through the WA Statewide Personality Disorders Model of Care and transform the existing Touchstone service through the development of a statewide, stepped model of care for children with personality disorders.

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 Personality Disorders Model of Care, with support from relevant good practice models in other jurisdictions and a review of existing capabilities in Child and Adolescent Mental Health Services (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 Personality Disorders Model of Care, are implemented.

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

Purpose of this document

The purpose of this document is to describe how children with personality disorder needs 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 ICA mental health, especially regarding personality disorders.

In particular, the use of the word disorder is viewed by some as stigmatising, alienating and misleading, and may be used to discriminate and label people. While there are conflicting views around this term, it is still widely used by clinicians, services and consumers in WA. Hence, it has been used in this document in the interest of conciseness and to avoid confusion, though not to discredit the opinions of those who may disagree with its appropriateness.

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.

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.*

2 Background and context

2.1 Background to personality disorders

Personality disorders have historically been **defined** in different ways. Typically, they are a set of intense personality traits that involve pervasive and persistent patterns of thoughts, emotions and behaviour that result in impairment and distress. These features commonly develop in childhood and adolescence and can be a barrier to a person's wellbeing and their ability to navigate daily life[3]. The **causes** of personality disorders are not entirely understood; however, they are believed to arise out of a combination of genetic factors and negative early life experiences (they may often be associated with experiences of complex trauma).

Common signs of a personality disorder include inflexible thoughts or feelings, erratic behaviour, suspicion and distrust, risk-taking, extreme mood swings, difficulty forming relationships and problems at school or work. Despite these challenges, there is evidence to suggest that these children can be supported through a **strengths-based approach** that highlights and leverages valuable qualities such as resilience, empathy, ambition and creativity[4]. With treatment and support, many people with personality disorders are empowered to manage their symptoms, develop positive and healthy relationships, and create a meaningful and fulfilling life.

Debate is also ongoing regarding the classification of **different types of personality disorders**, which, in itself can be stigmatising and limiting for children in accessing care. While existing frameworks across WA categorise disorders under one of three 'clusters' based on shared characteristics[5], these methods have been criticised for their categorical approach to diagnosis. Recently, there has been a push to adopt the **dimensional approach** to supporting children with personality disorder needs, which uses a global measure of severity and five trait 'qualifiers'[6]. The dimensional system seeks to establish that disorder and normality are not entirely separate but rather at opposing ends of a scale. That is to say, that characteristics of personality disorders are simply exaggerated forms of normal behaviour.

If not supported effectively, the **impacts** of personality disorders in young people can be profound. Children with behaviours, pathology and/or risks associated with personality disorders are more likely to be victims of interpersonal violence[7], have higher rates of childhood abuse,

[3] Mental Health Commission of WA, *Statewide Model of Care for Personality Disorders*, 2020
[4] J. Board & K. Fritzon, *Disordered personalities at work,* Psychology, Crime & Law, 11:1, 2005
[5] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn, 2022
[6] World Health Organisation, International Centre for Diseases, 11th edn, 2022
[7] M. Cavelti et al. (2018), *Young People With Borderline Personality Disorder Have an Increased Lifetime Risk of Being the Victim of Interpersonal Violence*, National Library of Medicine

trauma, or neglect, and are more likely to resort to unhelpful behaviours to manage their emotions such as self-harm, drug and alcohol use, binge eating, social withdrawal, aggressive behaviour, and risky sexual behaviour[8]. The ongoing effects of living with a personality disorder can be lifelong and significantly impact those affected and the people around them. It is important to demonstrate compassion and empathy, and challenge stigma by promoting good attitudes towards people with personality disorders.

2.2 Case for change

Children with behaviours and/or risks associated with personality disorders in WA face increasing complexity of need

At present, approximately 6.5 per cent of Australians are believed to be living with symptoms associated with a personality disorder[9]. People living with a personality disorder are more likely to present frequently to health services, and the suicide rate for those with borderline personality disorder is up to 45 times that of the general population. There is a high degree of comorbidities associated with personality disorders, particularly post-traumatic stress disorder[10] and substance use disorder[11], as well as a marked negative impact on physical health, with increased risks of illnesses including cardiovascular disease, arthritis and obesity. A lack of support in children commonly can lead to psychosocial consequences in adolescence and early adulthood, including functional impairment, interpersonal problems, risk of alcohol and other drug use, and mood disorders. These health care utilisation costs are significantly reduced in the context of people with personality disorders receiving appropriate evidence-based treatment early in their life.

Gaps in the ICA public mental health system mean that these children often struggle to access the level of care they need

Some children with personality disorders will have a level of complexity or severity which warrants specialised, intensive support or capability in a structured and planned environment. Currently, CAMHS services provides only general mental health support, and there is only one public child-specific specialised personality disorder service in WA – Touchstone, which has limited capacity to support children and adolescents aged 12-17 years across the state. The prevalence of some of these specific diagnoses or symptoms have increased over time; however, this has not been matched by an increase in the scale or adaptation to the models of specialised services. Effective, evidence-based treatments exist but are not widely available. Children and families should have some degree of choice and control over therapies that are available to them to suit their individualised needs.

[8] Project Air, University of Wollongong Australia, https://www.uow.edu.au/project-air/
[9] National Mental Health Commission, *Treatment and support for personality disorders: A summary of research by SANE Australia*, 2019
[10] Pagura et al. (2010), *Comorbidity of BPD and PTSD*, National Library of Medicine
[11] SA Health, State-wide Borderline Personality Disorder Collaborative Model of Care, 2019

Services that intervene early to prevent mental ill-health from developing or becoming severe are one of the most effective ways to treat personality disorders

Strengthening investment in prevention and early identification programs and services is crucial to reforming the current mental health system to better cater for those living with personality disorders. Treatment in a child's formative years is the most effective form of care and significantly reduces the strain on the public health system for the remainder of their life. Mental health support in childhood significantly reduces the likelihood of a presentation at an emergency department (ED) because of self-harm or suicidality, and better ingrains self-help mechanisms in individuals with a personality disorder. Early intervention supports aim to reduce the impact of mental ill-health and adversity in terms of duration and damage, and foster hope for future wellbeing[12].

The experience of young people with personality disorders who seek mental health support is characterised by stigma, inequality and frustration

Children and adolescents with personality disorders require a holistic approach to mental health that encompasses connections between physical, social, cultural, environmental, spiritual, emotional, family and community wellbeing. This model responds to the unique longitudinal needs of the individual and prevents a child spiralling back into mental ill-health once clinical supports are removed. However, the current public ICA mental health system takes an inflexible approach to treatment of young people with personality disorders – with a disproportionate focus on diagnosis leading to stigma, alienation and confusion for many children and families. The model treats a child until they stop exhibiting symptoms of their ill-health, an approach which ignores the 'systems' existing around a child that have likely caused their mental health to deteriorate. The system also preferentially diagnoses borderline/emotionally unstable personality disorder over other types of personality disorders, which limits the capacity to appropriately respond to children with emotional dysregulation, thereby ignoring their longitudinal needs.

[12] Emerging Minds, *In focus: Prevention and early intervention*, https://emergingminds.com.au/, 2022

There is a need for a holistic model of care that provides flexible, expert and suitable care to children living with personality disorders, and their families and carers

In a targeted review by the Chief Psychiatrist in 2020, a recommendation was made to view improving care and treatment for personality disorders as a state priority. Mental health care for children with personality disorder needs must:

- take a 'dimensional' approach to care that focuses on the longitudinal and holistic needs of the individual, rather than a diagnosis-driven model
- build the capacity to support a broad range of children with personality disorder needs, departing from preferential diagnoses
- improve access to specialised care and support, when and where it is needed.

3 Overview of the Model of Care

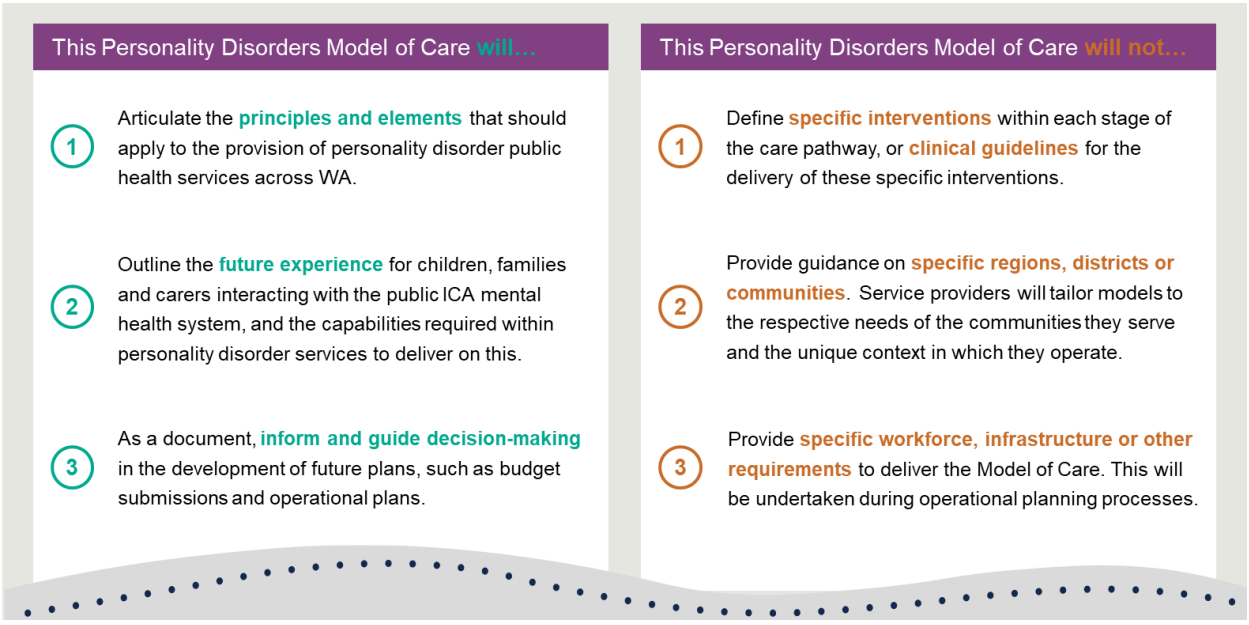
3.1 What is the Personality Disorders Model of Care?

This Model of Care represents a whole of system and community approach to recovery-based, community-based care, support and treatment for children living with personality disorders, their families and carers. The vision of this Model is consistent with that of the WA Statewide Model of Care for Personality Disorders (the Statewide Model)[13], and the framework described by the National Mental Health Commission.[14] More specifically, this Model of Care outlines how the ICA public mental health system will:

- **lead the provision of care** for children living with personality disorders who require dedicated mental health support
- **build the capacity of other services** across WA to provide holistic care that responds to the needs of children with personality disorders, their families, and carers.

This Model of Care will operate under the future structure of area-based Community ICAMHS 'networks', with supported access to the specialist capabilities of the Touchstone service. The objectives and limitations of this Model of Care are outlined in Figure 3 below.

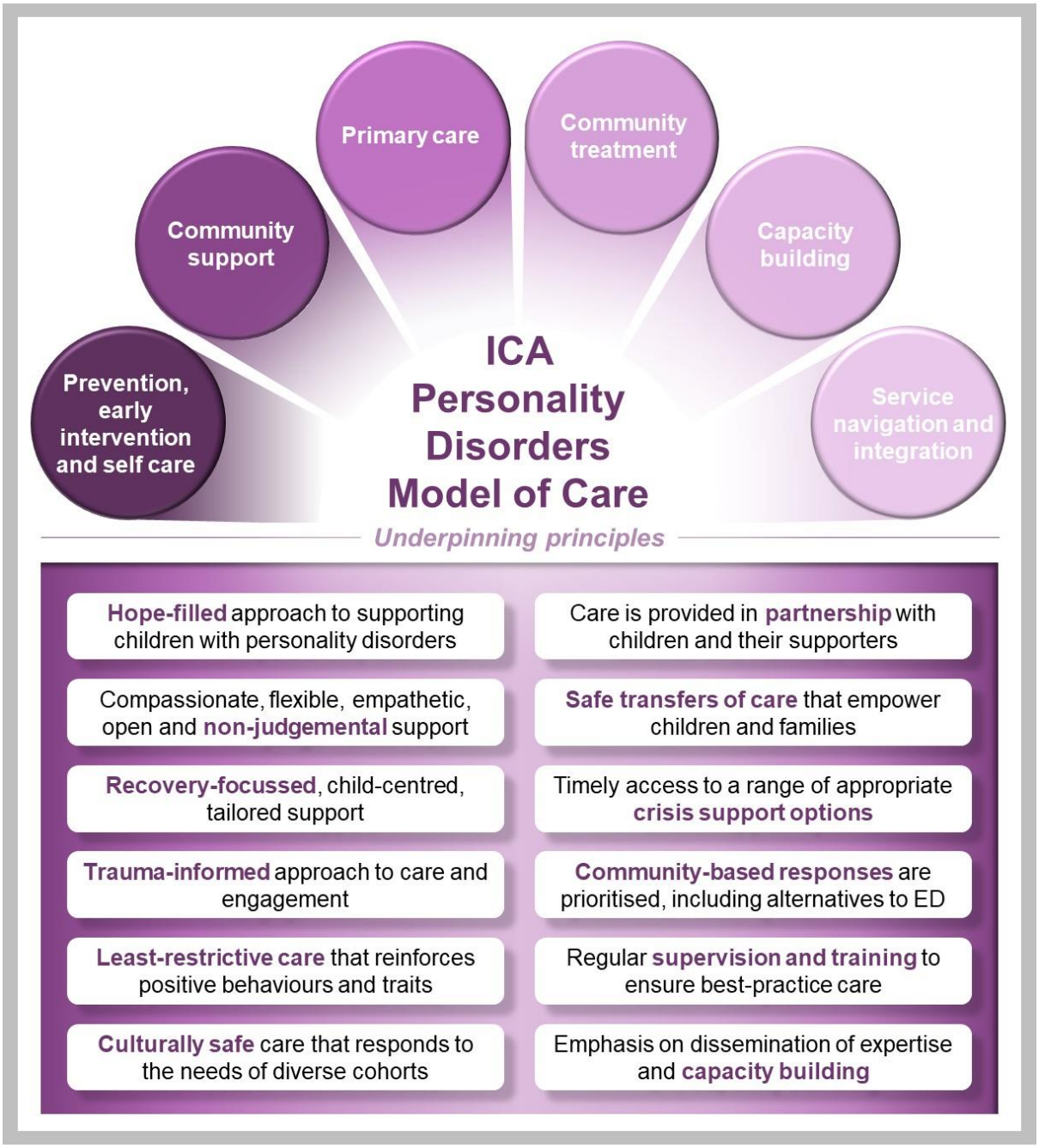
Figure 3 | Objectives and limitations of the Personality Disorders Model of Care



[13] Mental Health Commission of WA, Statewide Model of Care for Personality Disorders, 2020.
[14] National Mental Health Commission, (2020), Draft Vision 2030: Blueprint for Mental Health and Suicide Prevention, NMHC, Australian Government, pp. 18-20.

In line with the Statewide Model, this model is grounded in six key features, supported by 14 overarching principles[15] that underpin a positive culture of care – outlined below in Figure 4.

Figure 4 | The core features of the ICA Personality Disorders Model of Care



[15] Mental Health Commission of WA, *Statewide Model of Care for Personality Disorders*, 2020

3.2 Model of Care outcomes

Through the principles and features of the model outlined in Figure 4, this model will deliver a number of outcomes for children, families and carers, staff, and the broader system.

Figure 5 | Personality Disorders Model of Care intended outcomes

Outcomes that personality disorders mental health care is seeking to achieve for…	
 **Children, families and carers**	**Improved overall wellbeing** for children, families and carers - living with a personality disorder causes significantly less distress and impairment.
	Enhanced safety for families and carers. They are supported throughout and are provided with education and understanding of a child's symptoms and behaviours.
	Reduced admissions of children and adolescents to **EDs** associated with self-harm and suicidality.
	Improved **relationships** throughout mental health services that treat personality disorders. Children feel comfortable seeking help, and families and carers are treated as **partners in care**.
	Prevention, early intervention and self-care that facilitates access to care earlier and supports de-escalation.
 **Staff**	Staff feel **safe and supported** to deliver care to those living with a personality disorder.
	There is a **shared and clear understanding** of what personality disorders are, and the breadth of traits and presentations.
	Staff are **well-resourced** to deliver evidence-based treatment strategies.
 **The broader ICA mental health system**	The **de-stigmatisation** of personality disorders across the broader ICA mental health system, particularly in EDs.
	Re-orient the system towards a more **proactive model** of care focused on prevention, early intervention.
	The **system feels more equipped** to support children with personality disorders. Mental health services will link with children in child protection services, given the high proportion of children in these settings with personality disorders.

4 Model of Care in practice

4.1 Who is this Model of Care for?

This Model of Care is for **all children and adolescents with personality disorder related needs** that require mental health support, as well as their families and carers. This includes children who may have diagnoses or behaviours associated with a range of personality disorder diagnoses (or lack thereof), expressions and traits – encompassing interpersonal issues, emotional dysregulation, self-harm, lack of sense of identity and social isolation. This reflects a '**dimensional' approach to personality disorders that acknowledges the broad variety of personality traits and behaviours that can result in functional impairment and distress, rather than being limited to any given definition or strict categorisation.**

While this Model of Care will **largely be accessed by children and adolescents with diagnosed personality disorders under existing clinical 'clusters'**, the target cohort for this Model of Care encompasses a broad range of circumstances beyond individual diagnoses, and will consider:

- Children and adolescents without a specific or individualised personality disorder diagnosis but are displaying signs of functional impairment or distress due to interpersonal issues.
- Children and adolescents who present to EDs and mental health services with complex conditions that involve actual or risks of multiple disorders and multiple diagnoses.
- Children and adolescents with complex co-occurring needs (e.g. an adolescent with anti-social personality disorder and severe offending, who will require access to specialist forensic services as well as a range of public sector and community services).
- Children under the care of services in other settings that require mental health support due to personality disorder related needs, such as children in out of home care (OOHC) or juvenile detention settings.

While this demonstrates a broad range of situations, there should be flexibility in the intensity of supports available to meet the needs of children with personality disorder related needs, 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 personality disorder needs, but also by working with existing primary and secondary services that are already providing mental health support.

The following page outlines some specific considerations for vulnerable cohorts of children with personality disorder needs who have historically struggled to access equitable care.

Aboriginal and Torres Strait Islander children, families and carers

Data indicates that 4-16 per cent of Aboriginal and Torres Strait Islander people meet diagnostic criteria for personality disorders,[16] but diagnosis is complicated by social, cultural and historical contexts.[17] This includes distress as a result of intergenerational trauma, disrupted kinship systems, and social and cultural marginalisation.[18] This Model of Care supports a 'best of both worlds approach' which supports Aboriginal children's connection to culture and cultural healing and access to culturally safe and competent mental health supports for personality disorder related needs.

Ethnoculturally and linguistically diverse (ELD) children, families and carers

Mental health care provided to ELD children, families and carers needs to be accessible and respectful of the cultural, linguistic, religious and spiritual needs of ELD communities. It should also consider the specific needs of ELD children, families and carers (e.g. their refuge and/or migrant experience, potential impact of trauma from their journey etc.).

Regional and remote children, families and carers

It is recognised that all levels of child mental health care need to be accessible to regional and remote children, families and carers across WA, and be tailored to local communities' context and needs. This will require the appropriate distribution of resources across regional and remote settings to ensure access to services is equitable for all consumers statewide.

Forensic

Personality disorder is highly prevalent in those with an offending history with people in correctional settings having higher rates of personality disorder than those in the general community.[19] This Model of Care is particularly cognisant of these children's vulnerabilities and will deliver close working relationships with Youth Justice Services and child protection settings to meet the needs of these children.

Child protection and OOHC

Children and adolescents in child protection settings (including those in contact with the Department of Communities) or children being supported in OOHC have often experienced greater socio-economic disadvantage, more severe maltreatment and trauma, and more unstable emotional development. This Model of Care also recognises these children and their vulnerable experiences and will deliver close working relationships with these service providers to meet the needs of these children.

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[16] Dudgeon, P, Milroy, H & Walker, R, (2014), Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Telethon Institute for Child Health/Kulunga Research Network & Commonwealth of Australia, Perth, 2014.
[17] Fromene, R, Guerin, B & Krieg, A, (2014), Australian Indigenous Clients with Borderline Personality Disorders Diagnosis: A contextual review of Literature, The Psychological Record, 2014: 64, pp. 559-567.
[18] Fromene, R, Guerin, B & Krieg, A, (2014), ibid.
[19] Connell, C, Furtado, V, McKay, EA, & Singh, SP, (2017), How effective are interventions to improve social outcomes among offenders with personality disorder: a systematic review. BMC Psychiatry, 17(1), 368

Note – overlap with target cohorts of other Models of Care

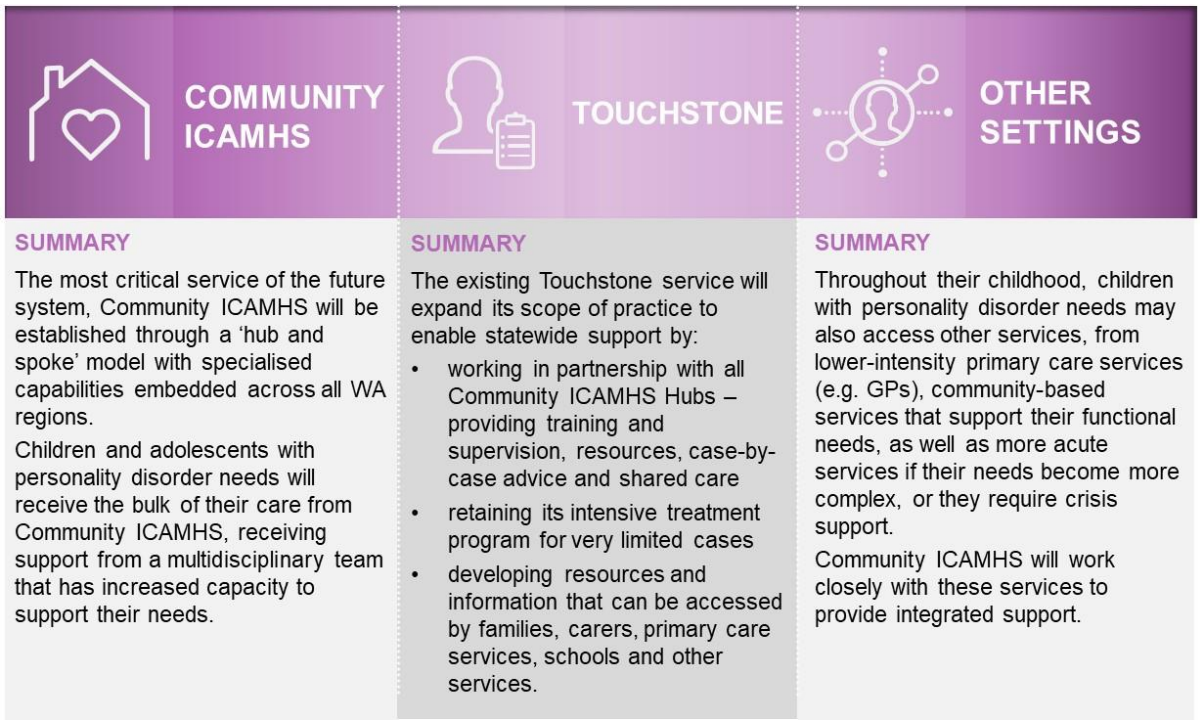
Given the complex and multi-dimensional nature of the target cohort for this Model of Care, it is expected that these children may be receiving general and specialised mental health supports for other conditions, disorders or needs. This may include children and adolescents with complex co-occurring 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 disorder related needs).

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 personality disorder needs through three components, described in Figure 6 below.

Figure 6 | Who will be providing care under this Model of Care



Sections 4.2.1 and 4.2.2 below outline how Community ICAMHS and Touchstone will work together to provide mental health support to children with personality disorders under a stepped

care approach. Section 4.2.3 focuses on how other services may provide support to children with personality disorder needs, with support from the ICA public mental health system.

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 with personality disorders – to access specialist expertise that will be embedded locally, and access support from a range of statewide specialised services where required.

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 with personality disorder 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 family throughout their childhood. This will be underpinned by a significant uplift in capability of Community ICAMHS staff to support children with personality disorders, led by Touchstone. Specific treatment and support considerations can be found in Section 4.3.2.

Hubs

In all Community ICAMHS Hubs, children with personality disorder needs will benefit from three components of specialised support, beyond what is available to all children, families and carers requiring mental health support:

- A **distributed personality disorders 'Practice Lead'** (they may be a nurse, social worker or psychologist) with expertise in managing personality disorders. This person will lead the care of all children in that area who require personality disorder support, while also providing general mental health support to the broader ICA cohort.
- For children with more complex personality disorders, **supported access** to input and/or care from Touchstone.
- Generalist mental health workers and other practitioners with improved knowledge of personality disorders, achieved through **training, supervision and education** from Touchstone specialists.

Local clinics, or 'spokes'

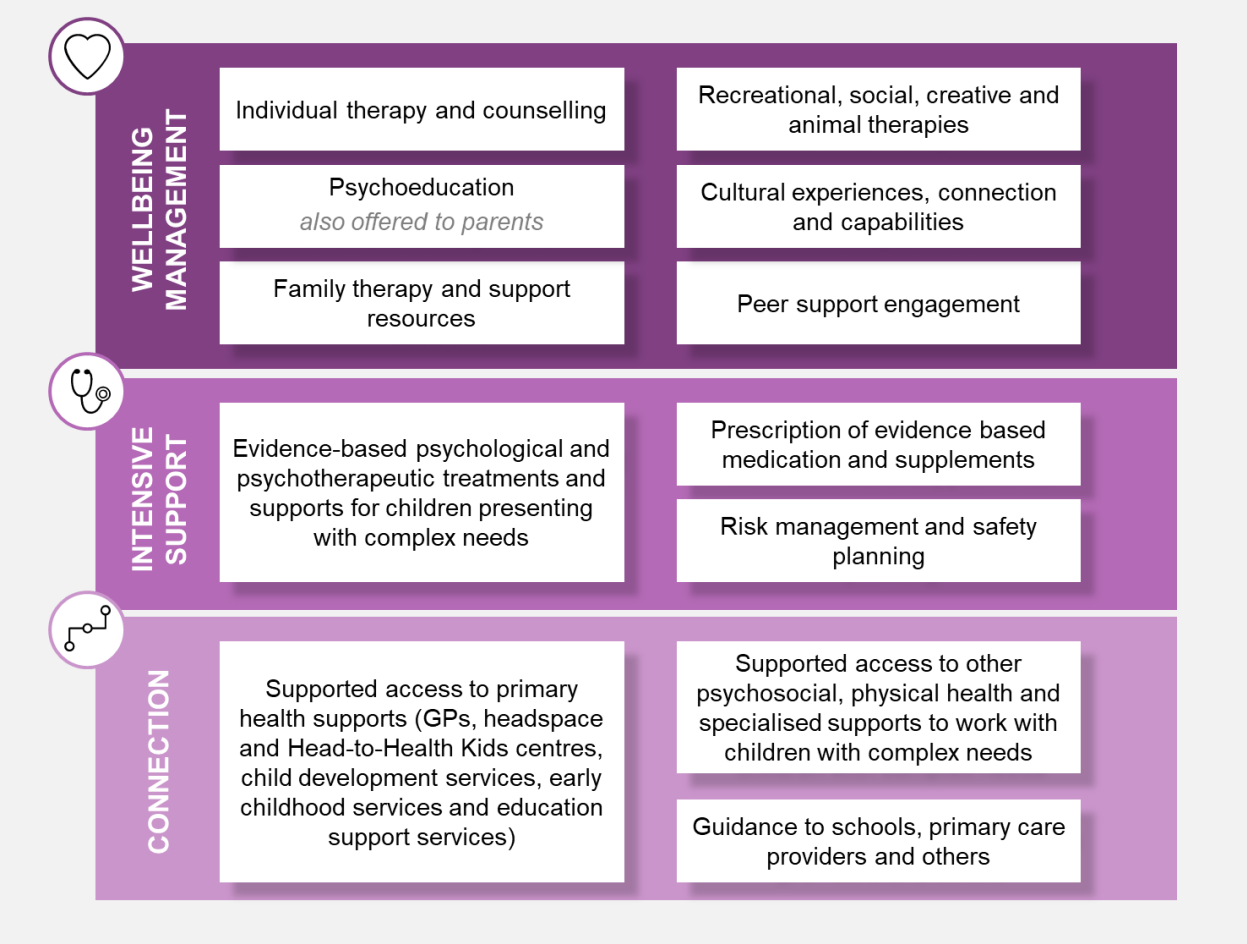
It is recognised that for some children, families and carers, a Community ICAMHS local clinic may the best place for them to receive care. For children supported in a Community ICAMHS local clinic, they will be assigned a care coordinator within the clinic who may be from a broad range of mental health professions – responsible for providing care coordination and some low intensive supports. The personality disorders Practice Lead will be notified of the child's circumstances, and will conduct joint assessments and appointments, and develop care plans.

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.

What general supports can Community ICAMHS provide to children, including those with personality disorders?

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 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



4.2.2 Touchstone

This Model of Care requires a re-design of the core functions of the Touchstone service to move beyond just a small-scale intensive treatment service and focus on statewide reach. Touchstone will primarily operate the provision of capability building support and advice to, and/or consultation liaison with, Community ICAMHS services who provide direct care to children with personality disorder needs. A smaller proportion of their care for children with specialised needs will be direct care, including either shared care – in which Touchstone and Community ICAMHS operate concurrently – or lead care, in which children are transitioned to Touchstone for intensive support.

Touchstone's role in supporting children with personality disorders across WA

While some personality disorder capabilities will be integrated within Community ICAMHS, the expanded version of Touchstone is required to provide specialised and intensive mental health care for children with personality disorders, families and carers. Touchstone will:

- Provide case-by-case advice to Community ICAMHS on children with complex needs associated with personality disorders, working closely with each hub Practice Lead and providing supervision in cases.
- Providing care alongside Community ICAMHS, particularly in regional settings. This may involve Community ICAMHS and Touchstone 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.
- Continue to deliver its full therapy program to young people aged 12-17 years and their families. The programme works with young people who are struggling to cope with relationships, mood difficulties and impulsive self-harming behaviours, with support offered for at least three days a week for a period of six-months.[20]

In line with best practice specialised personality disorders services[21] Touchstone should have the capacity to provide more therapies than just Mentalisation Based Treatment (MBT) as part of its full therapy program.

Touchstone's role in supporting capability uplift across the system

The expanded Touchstone service will play a role in supporting and upskilling the ICA mental health system, in particular Community ICAMHS, in the provision of personality disorders mental health care. The following outlines the supports Touchstone will provide to Community ICAMHS and the broader system.

What support will Touchstone provide Community ICAMHS?

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

- Providing training to Community ICAMHS Hubs' Practice Lead to support them to undertake assessments and deliver generalised personality disorders mental health supports.
- 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 (e.g. articles, FAQs, educational resources etc.) for Community ICAMHS staff.

What support will Touchstone provide the system?

Touchstone will provide a range of supports to the broader system, including:

- Supporting community organisations and primary care providers with education and training to increase their capacity and capability to identify and manage personality disorders mental health issues through development of online toolkits.
- Developing parent/carer friendly resources (e.g. information booklets, handbooks etc.). These resources should include general information about personality disorders mental health and self-help strategies for parents and carers to use, particularly when waiting for

[20] Touchstone's current day programme also comprises various supplementary supports including occupational therapy, community outings and creative therapies. This could be better coordinated by Community ICAMHS in partnership with community settings, as the expanded role of Touchstone will likely require pivoting of resources to new functions that promote statewide capability uplift.
[21] Spectrum Personality Disorder Service for Victoria is the Statewide Centre of Clinical Excellence for Personality Disorders, providing treatment for people aged 16-64 who are assessed as having, or who have a personality disorder.

care. These resources can be shared with Community ICAMHS Hubs and clinics, community-based mental health services, hospitals, primary care, schools and others within the system.

- Conducting research activities and/or supporting research projects related to personality disorders. These research activities and projects should inform the development of Touchstone's training and education programs, and educational resources.

Note

Please refer to Section 5.2 for further detail on workforce and resource planning requirements later in the document.

Stepped model of care

While Community ICAMHS will lead the provision of mental health supports for all children, families and carers across WA, Community ICAMHS and Touchstone will use a stepped model of care to deliver specialised mental health supports to children and adolescents with personality disorders. A stepped care approach involves providing supports that are matched to a child, family and carer's needs and preferences.

How does the stepped model of care approach work?

Within each Community ICAMHS Hub, the multi-disciplinary team responsible for delivering mental health care (i.e., the Community ICAMHS Team) will have capacity to primarily deliver care for many children with personality disorder needs, due to an investment in capability and resources across Community ICAMHS. However, Community ICAMHS will also be responsible for supporting children with personality disorder needs to 'step-up' and or 'step-down' the intensity of their care, including supporting the transition to and from Touchstone's day program(s). It is recognised that the stepped care approach may look different for each child, family and carer. The following provides some examples:

- **Example 1:** A child in a regional area is referred to Community ICAMHS with personality disorder needs and is struggling with emotional dysregulation. The child receives the bulk of their mental health supports from their local Community ICAMHS, with weekly sessions with the distributed Personality Disorders Practice Lead, who is their primary support. This clinician has expertise in personality disorders and receives ongoing training from Touchstone 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 personality disorder needs and is receiving ongoing mental health support. After treatment commences, staff recognises that the child's needs are more complex than originally thought. Community ICAMHS and the Personality Disorders Practice Lead decide to work with Touchstone to provide joint sessions. After some time, Community ICAMHS and Touchstone, with agreement from the child, family and carers, decide the child can 'step-down' the intensity of their care. Community ICAMHS continues to provide care, with Touchstone providing case-by-case advice.
- **Example 3:** A child presents with highly complex personality disorder needs upon entry into the Community ICAMHS Hub. The decision is made by the Personality Disorders Practice Lead to refer the child immediately to Touchstone for care. However, an ICAMHS care coordinator is assigned, to remain connected to the family. Intensive care is provided to the child and their family for 3-6 months. After receiving care from Touchstone, the child **'steps-down'** into Community ICAMHS, with advice from Touchstone where required.

The examples provided above are not exhaustive. They are intended to illustrate how the stepped model of care may work within the context of supporting children with personality disorder needs.

Clinical governance

When Community ICAMHS is providing care to the child independently, with case-by-case advice from Touchstone, or in a shared care arrangement, the distributed Personality Disorders Practice Lead or care coordinator within the Community ICAMHS Hub leads the care. When Touchstone is providing intensive and specialised supports, clinicians from this service lead the provision of care to the child.

4.2.3 Other services

Other services that can at times support the needs of children and adolescents living with personality disorders include:

- **Acute and crisis response services.** Hubs will 'house' an Acute Care and Response Teams to ensure children can receive crisis response care closer to home. Where this is not possible, a range of features are being embedded into EDs to make the environment more child-friendly, welcoming and inclusive.
- **Primary care and local community services.** Children can receive supports from local community-based services that promote functional and physical wellbeing, as well as lower-intensity mental health supports. Community ICAMHS will work with local general practitioners (GP), non-government organisation (NGO) and other community-based health and mental health services (including Aboriginal Community Controlled Health Organisations (ACCHOs)) to improve the capacity of primary and secondary health services to respond to and better support the needs of children with mental health issues.
- **Organisations that support children in other settings.** Community ICAMHS will work with agencies that support children in other settings who may require mental health support. This includes building the capacity of schools, the justice system and child protection services to better support the needs of children with mental health issues.

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

Through **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.

This means that children with personality disorder 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 dimensional model, ensuring engagement with the child is hope-filled, responsive to personality disorder needs and culturally safe.

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

The following section describes how a child, family and carer may access and receive care from Community ICAMHS and Touchstone, 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 personality disorders.

4.3.1 Access

Community ICAMHS will identify and receive requests to provide mental health care to a child with personality disorder needs, 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 complimented by assertive outreach to the community to promote awareness and early intervention, and reducing stigma

All referrals for personality disorder mental health issues 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). Where possible, the hub Intake Management Team should notify the local Personality Disorders 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 will provide assertive outreach to primary care settings, schools, justice services and other settings - identifying children that may require intensive mental health support due to personality disorder related needs. This is critical to building local familiarity of Community ICAMHS supports, and more generally raising awareness, understanding and knowledge around personality disorders in children and adolescents.

Touchstone's referral processes

Touchstone will direct any referrals it may receive to Community ICAMHS. Ideally, Touchstone should only receive referrals from Community ICAMHS, after an assessment within Community ICAMHS has been undertaken.

Educational programs

Community ICAMHS' Primary Mental Health Teams can provide assertive outreach through promotional programs in community settings and liaison with key settings, so to would improve familiarity of Community ICAMHS' available supports.

Specific consideration #2. From the first point of contact with Community ICAMHS, a focus will be on providing education, information and support to children, families and carers

At the first point of engagement with Community ICAMHS, the Intake and Management Team will offer the child, family and carers the option to have access to a peer support worker, who will advocate for the family and provide psychoeducation to families and carers. It will be the child, family and carer's decision if they choose to access this support. At this time, Community ICAMHS will also provide information and educational resources to children, families and carers, including guidance on personality disorders, self-help strategies they can use while waiting for care, and information on how they can access the 24/7 crisis line, if needed. This should also include more generic information on personality disorders through a recovery-oriented lens to reduce stigma around the need for help and early intervention. Touchstone will support the creation of this information and educational resources.

Specific consideration #3. Assessment for children with personality disorders will align to a dimensional model that focuses on their functional needs and recovery goals

The assessment process involves identifying the specific needs of a child, and their families and carers. The assessment will cover multiple emotional, behavioural, social and environmental contexts to understand their needs, personality dimensions, challenges and recovery goals. Community ICAMHS' mental health workers and the care coordinator will be responsible for conducting the assessments – but ideally this is led by the distributed Personality Disorders Practice Lead for more complex cases. This may also involve other disciplines within Community ICAMHS (e.g. occupational therapists, speech therapists etc.) to understand the child's functional needs, and in more complex cases involve Touchstone supporting or co-facilitating the assessment (either in-person or virtually). Where Community ICAMHS local clinics are coordinating the care of the child, the relevant clinic staff (including the care coordinator) may be involved in the assessment. The assessment process should also involve (where appropriate) the family and carers to explain what has been happening at home, and what the patterns of behaviour have looked like. This will support them to feel like a part of the journey and be empowered to support their child's needs.

4.3.2 Support

Children and adolescents with personality disorders, 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 and Touchstone can provide a broad range of psychotherapy treatments and supports that are specific to managing personality disorders, tailored to individual needs

While under the care of Community ICAMHS, children and families can receive direct clinical care and specialist treatment for personality disorders including psychological therapy, medication and family work. These evidence-based interventions are critical for children and adolescents with more complex or severe personality disorder related needs and should be tailored to the functional and behavioural needs of the child, family and carer.[22]Across Community ICAMHS and Touchstone,[23] a broad range of treatments will be available through individual or group therapy programs, including but not limited to:

- Dialectical Behaviour Therapy (DBT)
- Mentalisation Based Treatment (MBT)
- Schema-focused therapy (SFT)
- Transference-focused Psychotherapy (TFP)
- Psychoanalytic Clinic (PAC)
- Cognitive Behavioural Therapy (CBT)
- Cognitive Analytic Therapy (CAT).

Note, the range of therapies and supports provided should be informed by individual assessments and care plans, tailored to the functional needs of the child and their family.

[22] This acknowledges that a) the complexities in diagnoses and treatment chiefly the lack of internationally accepted consensus on the use of the term 'personality disorder' in children and adolescents; and b) In this context, the limited applicability of available guidelines in the management of emerging EUPD (emotionally Unstable Personality Disorder) among younger adolescents.
[23] Further planning is required to determine the exact scope of evidence-based therapies to be provided by both of these settings.

Touchstone – virtual programs

In the future, Touchstone may provide regular, virtual group programs for a limited range of therapies (e.g. DBT) via telehealth to support children across all regions to access specialised care closer to home.

Specific consideration #2. Care plans for children and adolescents with personality disorders should specifically consider holistic wellbeing supports that consider the needs of children and their 'systems'

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 for carers and parents. These should be proactively communicated to children and families as valuable supports to manage their wellbeing and recovery, under a strengths-based approach that is critical for children with personality disorder needs.[24]

Community ICAMHS will play a critical role in supporting access to primary health supports, and other psychosocial, physical health and wellbeing services that can support their 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.

4.3.3 Transition

When it is safe and suitable to do so, children with personality disorders 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.

[24] Xie H. Strengths-based approach for mental health recovery. Iran J Psychiatry Behav Sci. 2013.

Specific consideration #1. While children with personality disorders may receive additional support from Touchstone or interact with other services and supports, 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 personality disorders. As mentioned in Section 4.3.2, children with diagnosed or behaviours associated with personality disorders 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 low-intensity service, 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 personality disorder needs will be proactive, gradual and flexible

Children with personality disorders often experience the transition between CAMHS supports and youth or adult settings as challenging and fragmented, with negative influences on continuity of care and recovery. For children with personality disorders who are approaching a transition to youth or adult services when appropriate, Community ICAMHS will proactively plan this transition 3-6 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 dimensional approach to care which focuses on the child's functional and behavioural needs, rather than a specific diagnosis. For children with personality disorder 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 personality disorders support service, but with ongoing communication support from their ICAMHS care coordinator.

5 Delivering the Personality Disorders 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 personality disorder needs, and their families and carers. That is, through capability building support and training, children with personality disorders will receive the majority of their general and specialised supports in a Community ICAMHS setting. This will require Community ICAMHS 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, Touchstone, 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 may work with to provide integrated care to children with personality disorder 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[25]
Touchstone

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

Examples of services that Community ICAMHS may interact with *(listed in alphabetical order):*
Youth and/or adult mental health services – specific to personality disorders
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
NGOs
Paediatricians
Primary care (e.g. GPs, ACCHOs, 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 expansion of the Touchstone service to provide statewide support.

5.2.1 Resources

As discussed throughout this document, children with personality disorder 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 personality disorders.

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 various clinical roles, care coordinators, Primary Mental Health Teams, and Acute Care and Response Teams, as well as a strong non-clinical contingent including peer workers and Aboriginal Mental Health 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 personality disorders will access these teams, this does not impact workforce planning requirements for this model.

As noted in Section 4.2.1, Community ICAMHS will embed specialised resources to ensure children with personality disorder 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 Personality Disorders Practice Lead	▪ Each hub will have a member of the Community ICAMHS team from any range of clinical roles that either has expertise in personality disorders or is supported to be the main point of contact for care of children with personality disorders 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 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 personality disorder needs.	▪ This Practice Lead will receive ongoing support, supervision and training from Touchstone staff. ▪ They will also have direct access to Touchstone for case-by-case advice in highly complex cases and have the option to bring in shared care.
Touchstone	▪ As noted in Section 4.2.2, Touchstone will evolve to also provide consultation liaison and shared care support to Community ICAMHS Hubs across WA. ▪ This means that in highly complex cases, children may have sessions that are co-facilitated by Touchstone staff or receive some of their care from a Touchstone clinician. ▪ In a very small amount of cases, children may be transitioned to Touchstone for intensive support for a period.	▪ Stepped model of care (see Section 4.2). ▪ See workforce planning requirements below.
General Community ICAMHS workforce	▪ Community ICAMHS staff provide general mental health support to all children, families and carers. ▪ However, these staff will have increased training and capability in understanding personality disorders, undertaking relevant evidence-based treatments, and engaging with this cohort in a safe and effective manner.	▪ Touchstone will provide resources and capability building support to Community ICAMHS Hubs. ▪ It is recommended that Touchstone staff be 'linked' to a single Community ICAMHS Hub. This will build relationships and allow oversight over capability building in each hub.

5.2.2 Key Community ICAMHS roles

Peer workforce

Lived experience is an integral part of multi-disciplinary care. As such, peer support workers have an important role to play in supporting children, families and carers, both within Community ICAMHS and Touchstone. Their responsibilities may include:

- supporting families and carers to navigate the system or navigating and coordinating the care for the child on the family and carer's behalf
- providing emotional and psychological support to families and carers
- being a safe space for children, families and carers to share their stories
- attending appointments to be 'another pair of ears' and support in the room
- being an advocate and/or champion for the child, family and carers.

It is recommended that the peer workforce comprise a diverse range of lived experiences of mental health issues, with a particular focus on having a peer workforce that can effectively engage with vulnerable and/or diverse cohorts of children and families.

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 and Management 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 personality disorder related needs. They can be appointed to a member of the multi-disciplinary team who either has dedicated experience or associated capabilities with supporting children with personality disorders, or is supported to receive intensive training and upskilling from Touchstone. 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 personality disorders. Further, the Practice Lead would receive dedicated support, shared care and consultation liaison options and training from Touchstone – 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 evidence-based therapies. Note, given the overlap between this cohort and children with complex trauma – there exists an opportunity for these two Practice Leads to work collaboratively at a local level, and indeed work collaboratively with other Practice Leads within Community ICAMHS.

5.2.3 Evolution of Touchstone

It is clear that this Model of Care requires a substantial evolution of the Touchstone service, which may require additional recruitment to occur. However, Touchstone will primarily require a re-orientation of its core functions to have the capacity to still provide intensive treatment, while adopting to a stepped model of care that allows regional capability uplift, support and liaison. Potential strategies to implement this new model of service could include:

- Touchstone may need to **develop capabilities for other interventions**, where relevant.
- Touchstone will inevitably need to **grow its workforce** to meet capacity and capability demands. However, this will particularly need to focus on growing its 'non-medical' workforce, including Aboriginal Mental Health Workers and peer workers.
- Touchstone should develop capabilities to provide virtual psychotherapy for regions.
- Having a **flexible model of service** that allows all staff to balance intensive treatment, occasional shared care in the regions, and capability uplift support to a Community ICAMHS Hub. This could be achieved either through apportioning of time, or through having dedicated staff for the intensive treatment program and dedicated staff for capability uplift support, on rotation.
- **Linking Touchstone staff to a particular Community ICAMHS Hub**. That is, one clinician is 'tied' to a hub for the capability uplift function of their role. That clinician would then build a relationship with the Practice Lead, be available for case-by-case advice, have options to do rotational visits to the hub, and be responsible for general team capability uplift.
- Having a **small contingent of staff dedicated to resource development for a short period of time**. This should be undertaken at a whole-of-state level and should not be done in conjunction with clinical delivery.
- **Adapting the current Touchstone service,** including conducting a rapid review or assessment of its current functionality, so that existing opportunities for improvement of the service can be considered in the plan to transition to a future enhanced service.
- **Forming partnerships with researchers**, such as tertiary education institutions and research institutes to support in building and enhancing the excellence and learning function of the statewide service.

- **Creating opportunities for WA Primary Health Alliance, Health Service Providers and other primary health care stakeholders** to discuss optimal approaches for GPs and others to work with the future service.

Further planning processes will be required to review and define the future state of Touchstone in order to deliver on the key functions articulated in this Model of Care.

5.2.4 Competencies

Evidence-based approaches to care

As mentioned throughout this Model of Care, a dimensional approach to supporting children with personality disorder needs and evidence-based therapies are the most critical competencies to effectively provide care to children with personality disorder needs. In practice, a dimensional approach to care means the workforce is capable of:

- taking a 'dimensional' approach to care that focuses on the longitudinal and holistic needs of the individual, rather than a diagnosis-driven model
- building the capacity to support a broad range of children with personality disorder needs, departing from preferential diagnoses
- acknowledging the broad variety of personality traits and behaviours that can result in functional impairment and distress, rather than being limited to any given definition or strict categorisation
- focusing on functional needs and ensures engagement with the child is hope-filled, responsive to personality disorder needs and is culturally safe.

Soft skills

Community ICAMHS staff must have the soft skills required to effectively support the mental health needs of children with personality disorder needs. 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 Touchstone, these teams will be able to establish a reputation within the community as a trusted and approachable provider of mental health support for children with personality disorder needs. Further, it is expected that Community ICAMHS and Touchstone 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 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 personality disorder 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 staff facilities and resources are required to support staff deliver care – including mobile outreach care.

Digital infrastructure

- Reliable and suitable digital infrastructure will be a key component in enabling staff to perform their roles, whether this be delivering care and treatment via telehealth, or capturing, accessing, and sharing information and resources digitally.
- Children, families and carers will also have access to digital infrastructure such as technology to promote stimulation and engagement, or applications to access appointments, information and online resources.

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 personality disorders mental health care. Personality Disorders Practice Leads will receive tailored support from Touchstone including training, on-the-job supervision, case-by-case advice and co-working opportunities with Touchstone specialists. Touchstone will also lead the development of general training materials and information

resources for all Community ICAMHS staff that include information on personality disorders, effective ways of engaging with and supporting children with personality disorder 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.

Other supports and resources

Beyond professional development, training and supervision, Touchstone will also develop resources to support an improved understanding in the broader system of personality disorders, supports and recovery. This may include:

- research articles
- FAQs
- a service directory of organisations available in different locations
- an online portal component that has information on personality disorders, ways to identify children at-risk, and self-care options.

These resources should be tailored to support service providers, families and carers, and other organisations at various levels of knowledge and capability.

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
AMS	Aboriginal Medical Service
CAMHS	Child and Adolescent Mental Health Services
Carer	A person who provides care to another person, such as a child who is living with mental ill-health
Children/Child	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age
Clinicians	Professionals engaged in the provision of mental health services, including but not limited to Aboriginal mental health workers, administrative staff, allied health workers, nurses, paediatricians, psychiatrists, psychologists, and others
Community ICAMHS Hub	A central 'hub' in each region within WA that leads the provision of mental health supports and is a single point of entry for all children, families and carers
Community ICAMHS clinic	A local clinic or spoke that can deliver care close to home for children, families and carers. The Community ICAMHS Hubs will coordinate and support these clinics
ED	Emergency department
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
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
MBT	Mentalisation Based Treatment

Term	Its intended meaning and use
Mental ill-health	This is a broad term that is used to include mental health issues, mental health needs, and mental illness. It relates to an experience of mental health issues impacting thinking, emotion, and social abilities, such as psychological distress, in addition to diagnoses of specific mental health disorders, such as depression and anxiety
MHC	Mental Health Commission
Model of care	A model of care broadly defines the way health care is delivered, informed by evidence-based practice. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event
NGO	Non-government organisation
OOHC	Out of Home Care
Peer support worker	A peer support worker is someone with lived experience who is there to support the child, families and carers. They may provide emotional and psychological supports; be in attendance at appointments; or be an advocate and/or champion for the child, family and carers
People with lived experience	A child or young person who is or has lived with the impacts of mental ill-health and a person who is or has provided care to a child who is living with mental ill-health
Service Guarantee	The Service Guarantee outlines what children, families and carers will expect to experience in their interactions with the ICA mental health system
SEWB	Social and Emotional Wellbeing
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
The Statewide Model	WA Statewide Model of Care for Personality Disorders
Touchstone	Touchstone is a specialised, intensive day programme for young people aged 12-17 years and their families. The programme works with young people who are struggling to cope with relationships, mood difficulties and impulsive self-harming behaviours

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