GOVERNMENT OF
WESTERN AUSTRALIA

Infant, Child and Adolescent (ICA) Taskforce Implementation Program

Early Psychosis: 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 presenting with symptoms of early psychosis and at risk of future psychotic disorders, and their families and carers. This document has been developed in line with the Early Psychosis Prevention and Intervention Centre (EPPIC) Model of Care[1] and the Australian Clinical Guidelines for Early Psychosis[2] – world-leading frameworks for models of specialist early intervention in psychosis care. Further, it has been informed and shaped by the expertise of those with lived experience, clinicians, researchers, and service providers.

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.[3] Under this Model of Care, children experiencing early psychosis will have access to a range of general and specialised mental health supports that promote early intervention, general wellbeing, and functional recovery. This will be achieved through:

- **Establishment of a statewide Early Psychosis Leadership Centre (EPLC) to provide education, capability uplift and expert advice.** The EPLC will provide education, leadership, capability support, and training to improve community awareness, upskill mental health clinicians, and increase access to early intervention supports.
- **The 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 have increased capabilities to support children with early psychosis 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 specialise in caring for children with signs of early psychosis.
- **A partnership approach that builds the capability of the broader system to support these children in the community.** The EPLC and Community ICAMHS will work with primary care settings, schools, and other services to improve detection, prevention, and early intervention in psychosis through education, community liaison and outreach. Note: this acknowledges the need for a partnership approach with existing youth early psychosis services that provide leading intensive treatment programs in the Perth metropolitan area.

[1] H Stavely, F Hughes, K Pennell, P D McGorry, R Purcell; EPPIC Model and Service Implementation Guide, Orygen Youth Health Research Centre, Melbourne 2013.
[2] Early Psychosis Guidelines Writing Group and EPPIC National Support Program, Australian Clinical Guidelines for Early Psychosis, 2nd edition update, 2016, Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne
[3] 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 0-18 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 what it saw as the essential functions of the Community ICAMHS Model of Care to address the challenges identified by children, families and carers with living and/or lived experience of mental health issues, clinicians, system leaders and the broader WA community. This included: a consultation liaison and shared function to improve the capacity of primary mental health services to support children with mental ill-health; enhanced capacity to support children with complex, co-occurring and specialised needs; a continuous, flexible and recovery-oriented approach to care; and a single point of entry for all children, families and carers.

Based on these key functions, this Model of Care was developed through the establishment of a Working Group that was responsible for designing the key features of the Community ICAMHS Model of Care, with support from relevant good practice models in other jurisdictions and a review of existing capabilities in CAMHS resources across WA. The Working Group provided a forum for people with knowledge and experiences of ICA mental health services to share their expertise to inform the design and development of this Model of Care, with a broad range of voices including clinicians, children, families, and carers with lived and/or living experience of mental health issues, and other system leaders. To ensure a broad reach, a survey was subsequently 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 (page 6). These principles apply to all ICA mental health services and are intended to guide how all models of care, including the Early Psychosis 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 early psychosis mental health care will be delivered across the ICA mental health system. It is not intended to define specific approaches, provide clinical advice, or outline specific workforce, infrastructure or other resource requirements. Further, it is not intended to provide guidance for specific regions, districts or communities. For these communities, this Model of Care provides an overarching framework

that can be adapted to address local needs. It is recognised that this Model of Care is a living document; it will evolve over time to reflect new research, and findings from monitoring and evaluation activities.

A note on language and terminology

The intention of this document has been to use language that is clear and inclusive. However, it is recognised that there is not always consensus around the language associated with 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, 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: Case for change

2.1 Early psychosis

Psychosis refers to the symptoms in which there is a misinterpretation and misapprehension of the nature of reality[4], that is, an experience where a person is unable to distinguish between what is real and what is not. This may manifest as confused thinking, delusions, auditory and/or visual hallucinations, and changed emotions or behaviour. In some cases, the experience is short-term, and may be a response to recent trauma, medical treatment, sleep deprivation and more, while in others it can be linked with specific mental health conditions. Conditions associated with psychosis include but are not limited to schizophrenia, schizoaffective disorder, bipolar disorder, medication-induced psychosis and, in some cases, severe depression.

There are a range of factors that can be linked to the development of a psychotic disorder in children and young people. These factors can generally be categorised into three main groups: biological, psychological, and social. Biological factors are associated with genetics and biochemistry and may be present from birth. Social factors are related to a young person's immediate environment and sociocultural background. Psychological factors relate to a young person's upbringing, emotional experiences, and interactions with other people. External factors such as trauma, stress, or drug and alcohol use can trigger an episode of psychosis.

'Early' psychosis refers to the early course of a potential future psychotic disorder and more specifically, the prodrome and the period up to five years from first entry into treatment for a psychotic episode[5]. Early warnings signs of psychosis amongst children and adolescents can include vivid, bizarre thoughts and ideas; trouble thinking clearly or concentrating; fear or suspicion; atypical, disorganised behaviour; a decline in self-care or personal hygiene; a worrisome drop in academic performance. These signs can progress to positive symptoms, such as delusional thoughts and hallucinations, and negative symptoms, such as diminished emotional expression and cognitive decline.

Early intervention in psychosis has been increasingly adopted as a way of reducing the long-term impact of the condition, reducing the time to recovery, or supporting recovery, and reintegration[6]. Early psychosis intervention models of care are generally aimed at two cohorts:

- those with who are at Ultra High Risk (UHR) of developing psychosis, and

[4] Albiston, D., et al. *Australian clinical guidelines for Early Psychosis*, Orygen, The National Centre of Excellence in Youth Mental Health 2010,
[5] Early Psychosis Guidelines Writing Group and EPPIC National Support Program, Australian Clinical Guidelines for Early Psychosis, 2nd edition update, 2016, Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne
[6] McFarlane et al, *Clinical and Functional Outcomes After 2 Years in the Early Detection and Intervention for the Prevention of Psychosis Multisite Effectiveness Trial*, 2015, Schizophrenia Bulletin vol. 41

- those who have had their First Episode of Psychosis (FEP).

A young person is considered UHR of developing psychosis if they meet a set of impaired functioning criteria, combined with other biological factors such as genetic predisposition. A FEP is the first time a person experiences a psychotic episode. A FEP does not necessarily indicate that someone has a psychotic disorder, in fact, more than three quarters of psychotic experiences don't progress to a diagnosable illness.

The symptoms of early psychosis are often frightening for the person experiencing them and are misunderstood by those around them. The impact of a first episode of psychosis on a young person and their family can be devastating, particularly when they remain undiagnosed for a long period of time. Almost universally, psychosis is accompanied by a grief process which affects all those in contact with the young person. Without specialised treatment, there can be a long delay before a young person manages to access appropriate care for early psychosis, and during this time the problems they experience can intensify. These delays can be very damaging to a child experiencing symptoms of early psychosis because their maturation is often put on hold, their social and family relationships are strained or severed, and their vocational prospects are derailed.

Secondary problems such as substance abuse, unemployment, and behavioural problems may develop or intensify and the illness itself may become more deeply entrenched[7]. Some of the key developmental tasks that can be interrupted include experimenting with and forming an independent identity, individuating, and separating from parents, exploring sexuality, and finishing school. When these processes are interrupted, a young person must return to them later in life before they are able to progress developmentally[8]. Families and carers are similarly affected, as their child may regress to a level of dependency belying their age. Treatment generally involves a combination of medication and individual therapy, family therapy, and specialised wraparound programs.

2.2 Case for change

Detection and treatment of early psychosis in childhood significantly reduces the likelihood of developing a psychotic disorder later in life

Children experience a range of social and physiological changes as they transition from childhood into adolescence. Because of this, the symptoms of early psychosis can be difficult to distinguish from normal adolescent behaviour. This compounds the existing challenges associated with addressing early psychosis, particularly in rural and regional areas. Early identification of psychotic symptoms limits the negative impact that psychosis can have on a young person's life and optimises the pathway to recovery. Accordingly, there is a need for the

[7] Orygen, *EPPIC (Early Psychosis Prevention & Intervention Centre*, 2019, https://oyh.org.au/our-services/clinical-program/continuing-care-teams/eppic-early-psychosis-prevention-intervention
[8] Early Assessment and Support Alliance, *Impact of Psychosis on Family Members*, 2016, https://www.easacommunity.org/index.php

current ICA mental health system to provide age-appropriate supports that minimise disruption to the young person's life and enable them to better meet the developmental challenges of youth and young adulthood. If this change does not occur, their dependence on mental health services later in life places additional strain the young person, their families, and carers, in addition to the public mental health system. Increasing the capabilities of community mental health services to identify and treaty cases of early psychosis will greatly benefit the wellbeing of children, families, and carers in WA, as well as the broader health system.

Many young people experience barriers to accessing appropriate care due to stigma and a lack of awareness of available supports

The ICA public mental health system does not effectively meet the needs of children with complex, co-occurring or specialised needs, as specialised capabilities are insufficient and statewide services are increasingly difficult to access. While access to mental health care is currently challenging for all children, finding support for illnesses requiring specialist treatment such as early psychosis is even more difficult. There are a range of Commonwealth-funded psychosis services available, however these typically prioritise people in the later stages of psychosis and can be exclusive to those in metropolitan areas. No statewide ICA mental health service exists to improve health outcome for children and adolescents across WA. This gap in service must be addressed with a specialised statewide resource to cater for all infants, children, and adolescents experiencing symptoms of early psychosis.

In addition to these service barriers, there are range of social and structural barriers to service access. Young people that are at greater risk of trauma exposure, such as those in contact with the justice system or out-of-home care are far more vulnerable to early psychosis, however, often face unique barriers to accessing care. Misinformation, fear, and stigma surrounding psychosis is discourages children and families from seeking out and accepting help early; Psychosis is a particular target for discrimination because of its distinctive symptoms, disruptive behaviour, and perceived dangerousness[9]. In the current mental health system, negative stigma attached to early psychosis because of a lack of knowledge is preventing young people from receiving treatment until their illness has significantly progressed. Increasing the capabilities of local mental health services to educate and inform families and communities about early psychosis will vastly improve the long-term wellbeing of affected young people.

There is little integration between the services that deal with the psychosocial issues facing children and families, leading to incomplete community care

Early psychosis services need to utilise partnerships with other organisations to assist in the provision of service to support young people for early intervention, and to have a seamless and appropriate integrated provision of care. In the current ICA system, support for young people with early psychosis is heavily siloed across mental health services, primary health care, and community services. This fragmentation leads to an ill-defined care pathway which does not

[9] Link BG, Cullen FT, Frank J, et al., *The social rejection of former mental patients: understanding why labels matter*, Am J Sociol, 1987

meet the needs of young people and their families and can exacerbate negative stigma around early psychosis. Partnerships and established links can enhance the quality and breadth of the service offered and can occur in a variety of forms. Examples may be partnerships with drug and alcohol services, youth services, and Aboriginal community-controlled health organisations. Integrating these services across WA will promote evidence-based treatments to support the health needs of young people suffering from symptoms of early psychosis. There is a need to identify opportunities for partnership between specialist expertise and primary health care to augment existing services for children and youth with early psychosis.

3 Overview of the ICA Early Psychosis Model of Care

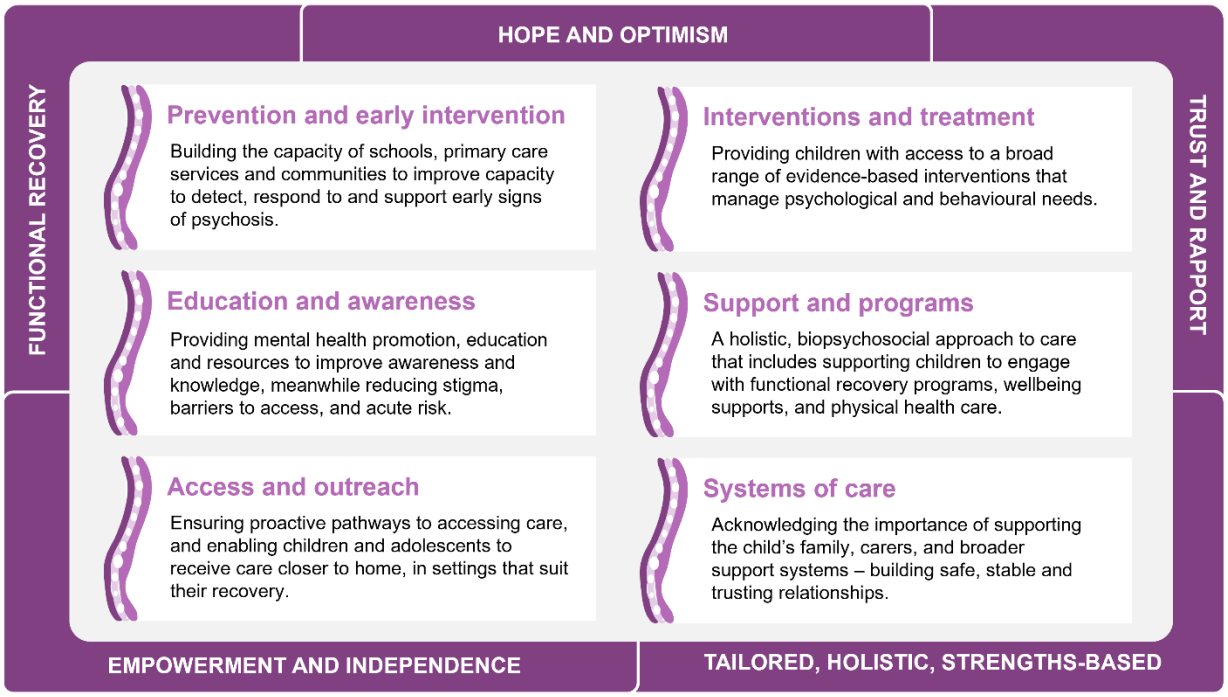
3.1 What is the ICA Early Psychosis Model of Care?

This Model of Care represents a whole of system approach to recovery-oriented, community-based care, support and treatment for children and adolescents with early psychosis needs, their families, and carers. The vision of this Model is consistent with the EPPIC Model of Care for specialist early intervention in psychosis and the Clinical Guidelines for Early Psychosis. More specifically, this Model outlines how the ICA public mental health system will:

- **Improve access** to appropriate mental health care for children and adolescents who present with early psychosis and their families and carers.
- **Enhance capability** of mental health professionals in responding to the treatment needs of children and adolescents presenting with early psychosis.
- **Strengthen the connectivity** between community-based generalist services and specialised services to provide integrated and holistic care.

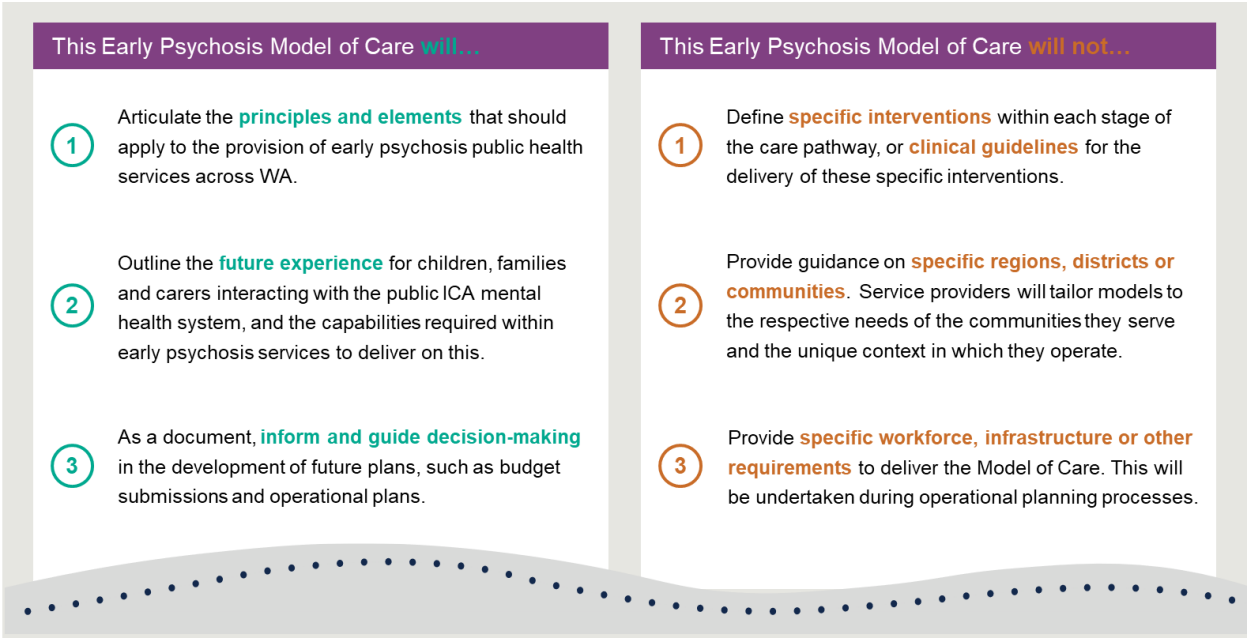
In line with best practice frameworks, this Model of Care comprises **six key service delivery features** that will deliver improved outcomes for children with signs of early psychosis across WA – supported by **five underpinning principles** of care. A summary of these key features is outlined in Figure 3 overleaf and provide the foundation for the remainder of this document.

Figure 3 | This Model of Care comprises six key features of care



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 Early Psychosis Innovation Unit (see Section 4.2). The objectives and limitations of this Model are shown in Figure 4 below.

Figure 4 | Objectives and limitations of the Early Psychosis Model of Care



3.2 Model of Care's outcomes

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

Figure 5 | Early Psychosis Model of Care intended outcomes

Outcomes that Early Psychosis mental health care is seeking to achieve for…	
 **Children, families and carers**	Promote **awareness and education** of early psychosis, reducing stigma and encouraging those at risk to seek treatment early.
	Early identification of those who are vulnerable and at risk of developing a first episode of psychosis or have experienced a first episode of psychosis.
	Reduce the **risk of transition** to an enduring, diagnosable psychotic disorder.
	Restore the **normal developmental** of those who are at risk of, or have experienced, a first episode of psychosis as early as possible.
	Minimise the impact of a first episode of psychosis on the family system through the provision of education, support and care.
 **Staff working with complex trauma**	Staff working with children, families, and carers feel supported and **empowered** to deliver expert care.
	Increased capabilities to deal with specialised needs such as early psychosis, involving **upskilling** and **greater resourcing.**
	A setting that acknowledges the **complexity** of the **environment** they are working in and recognises the importance of **staff wellbeing**. Access to specialist support and emotional support, particularly in regional and remote communities.
 **The broader ICA mental health system**	Strengthen the **connectivity** between mental health services, community-based generalist services and specialised services.
	A more **systemic 'wrap-around' approach**, enhancing the trauma-informed care that is provided in primary and specialist mental health settings.
	Reduce stigma around early psychosis in the community through education and capability uplift of local services.

4 Early Psychosis Model of Care in practice

4.1 Who is this Model of Care for?

This Model of Care is for all **children and adolescents at risk of developing psychotic disorders, or those have experienced a first episode of psychosis**. This includes children and adolescents who are at risk of or have experienced functional decline through behavioural, physical, psychological, cognitive, or mood-related symptoms. This reflects a broad approach to defining early psychosis that acknowledges psychotic symptoms seem to form a continuum of experiences and can vary significantly according to risk and mental ill-health. While this encompasses a range of presentations and experiences, best practice frameworks[10] indicate that this can be typically grouped into two key cohorts across varying stages of risk.

Table 1 | Children and adolescents who will be supported under this Model of Care

Cohort	Stages or examples
AT RISK MENTAL STATE FOR PSYCHOSIS (ARMS) ***The mental state that is thought to place the child or adolescent at risk of developing a psychotic disorder.***	Those who are at **increased risk of psychosis due to a family history** of psychiatric illness and/or psychotic disorders.
	Children identified as being at **ultra-high risk (UHR)** of psychosis – who experience a period of moderate but subthreshold or non-specific psychotic symptoms[11].
FIRST EPISODE PSYCHOSIS (FEP) ***The first time a child or adolescent experiences a psychotic episode***	Children and adolescents in the **acute phase of early psychosis**, which can be characterised by the presence of psychotic features such as delusions, hallucinations, and formal thought disorder.
	Children and adolescents in the **early recovery stage of first episode psychosis**, whereby they are trying to understand the disorder and prevent future relapses.
	Children and adolescents who have experienced an **incomplete recovery**, in which premorbid levels of functioning are not reached after onset of FEP.
	Children and adolescents who recover from FEP and then subsequently experience **one or multiple relapses** of functional decline or psychotic symptoms.

[10] Early Psychosis Guidelines Writing Group and EPPIC National Support Program, *Australian Clinical Guidelines for Early Psychosis, 2nd edition update*, 2016, Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.
[11] This extends to those who meet criteria including presumed genetic vulnerability (Trait), or a recent history of Attenuated Psychotic Symptoms (APS) or Brief Limited Intermittent Psychotic Symptoms (BLIPS).

While this demonstrates a broad range of complex situations, there should be flexibility in the intensity of supports available to meet the needs of children experiencing early psychosis, as well as their families and carers. The ICA public mental health system will achieve this by providing a broad range of mental health supports that cater to the functional needs of children, aligned to the clinical staging model (see Section 4.3.2 for more detail). This will draw on the capabilities and partnership of Community ICAMHS, a future Early Psychosis Leadership Centre (EPLC), and other relevant services, including existing Commonwealth-funded early psychosis youth services (see Section 4.2.3).

Note: alcohol and other drug (AOD) use is not seen as exclusion criteria for this Model of Care, that is, these children will still be supported to access the mental health care they need, with supported access to AOD services where required.

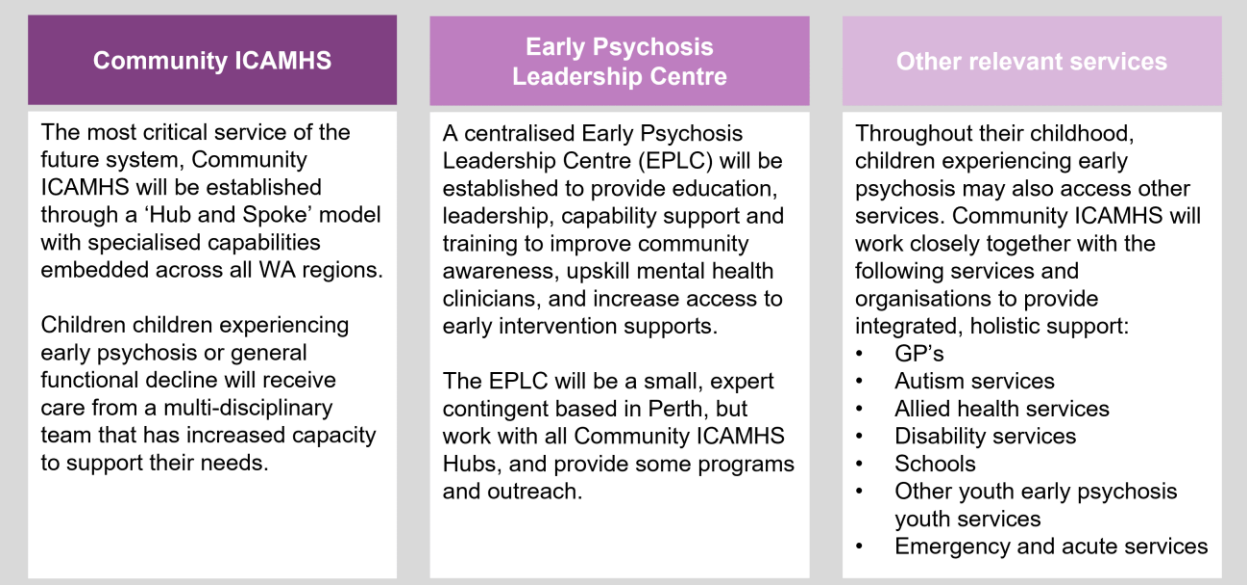
Note – intersection with target cohorts of other Models of Care

As noted earlier, some children and adolescents experiencing early psychosis present with non-specific symptoms or challenges, which could be the result of a number of conditions. As a result, children and adolescents who may seemingly present with attenuated or frank psychotic symptoms may actually have other interrelated needs that can be better addressed by other evidence-based approaches to supporting children with specific conditions, disorders, or needs. Regardless, these children will be supported to access specialised care that meets their needs in the future ICA public mental health system.

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

This Model focuses on describing how children experiencing early psychosis will be supported by the ICA public mental health system and other services, described in Figure 6 below.

Figure 6 | Who will provide care to children experiencing early psychosis?



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 experiencing early psychosis – to access specialist expertise that will be embedded locally, and access support from a range of statewide specialised services where required. This acknowledges the diversity of needs facing children experiencing early psychosis, and the potential physical, behavioural, cognitive, or other challenges that are impairing the functioning and wellbeing of these children and adolescents.

Community ICAMHS will be delivered by re-organising all current child and adolescent mental health services (i.e. CAMHS services provided by WA Country Health Service [WACHS] and Child and Adolescent Health Service [CAHS]) into area-based 'networks' at the regional and/or sub-regional level. 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 experiencing early psychosis. 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. All hubs will have liaison capabilities to work with schools, primary healthcare, and other services.

For children and adolescents at risk of psychotic disorders in any community across WA, Community ICAMHS will provide comprehensive, evidence-based, and risk-appropriate mental health supports that best reflect the needs of the child and their networks through their childhood. This includes a broad range of specialised, more intensive supports that are not available in primary care settings, including systemic therapy, evidence-based diagnostic tools, behavioural therapy, health promotion, and mental health care coordination (see Section 4.3.2). This will be informed by a 'clinical staging' approach to care that guides the logic and sequencing of interventions to support recovery. This will be based on the extent of progression of a disorder at a particular point in time, but also where a child lies currently along the continuum of the course of an illness.

This approach assumes that treatments that are offered earlier in the course of an illness have the potential to be safer, more acceptable, and more effective than those offered later in the course of disorder. This is a capability that Community ICAMHS staff will be supported to upskill in, led by the EPLC. For example, Community ICAMHS staff will receive training to assess the at-risk mental state of children through the Comprehensive Assessment of At-Risk Mental States (CAARMS), in addition to other Mental State Examinations (MSE). These evidence-based methods focus on assessing risk of development of psychotic disorders through identification of threshold and subthreshold psychotic phenomena and other symptoms and signs which occur in the psychotic prodrome, including negative, dissociative, and 'basic' symptoms. Specific treatment and support considerations can be found in Section 4.3.2.

Hubs

In all Community ICAMHS Hubs, children experiencing early psychosis will benefit from three components of specialised support, beyond what is available to all children, families, and carers requiring mental health support through ICAMHS:

- Generalist mental health workers and other practitioners with improved knowledge of early psychosis and risk-appropriate care, achieved through **training, supervision, and education** from EPLC experts.
- A **distributed Early Psychosis 'Practice Lead'** with expertise in supporting children experiencing early psychosis. This person will lead the care of all children in that area who require evidence-based support, while also providing general mental health support to the broader ICA cohort in that hub.
- For children with highly complex needs, **supported access** to input and/or care from **the EPLC, and other statewide services that can provide specialised support for children experiencing early psychosis**. The EPLC may provide support to Community ICAMHS staff and advise appropriate courses of care, which may include accessing other statewide specialised services which provide support specific to conditions, disorders, or other challenges.

Note – guidance on general approach to early psychosis versus stage-specific approaches

Guidance throughout this document aligns to the Clinical Guidelines for Early Psychosis as a best-practice approach to supporting all children experiencing early psychosis[12].
At a more detailed level, the Clinical Guidelines specify distinct approaches to treatment for each type or stage of early psychosis, which should be leveraged in more detailed planning documents.
However, there are some common principles of care that apply across all stages of early psychosis (including both ARMS and FEP groups). This Model of Care articulates both general principles, and some stage-specific guidance – acknowledging that these should be clearly delineated at service delivery level to ensure appropriate care is being provided.

Local clinics, or 'spokes'

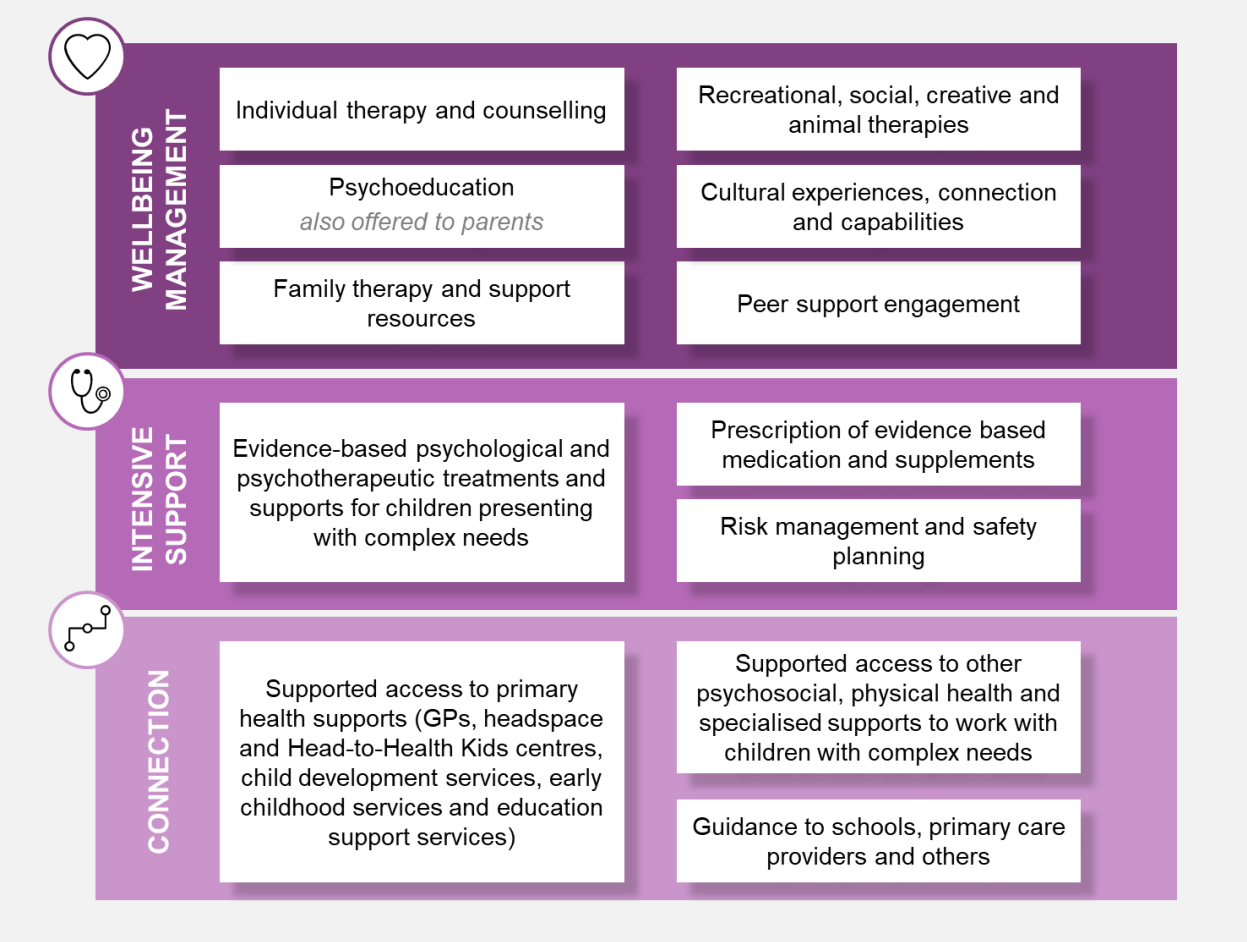
It is recognised that for some children, families, and carers, a Community ICAMHS local clinic may the best place for them to receive care. For children supported in a Community ICAMHS local clinic, they will be assigned a care coordinator within the clinic who provides both care coordination and some general wellbeing management supports. The Early Psychosis 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 experiencing early psychosis?

Children and families are offered a broad range of options for clinical supports, embedded into local Community ICAMHS clinics. Throughout their childhood as long as is needed, children and families should have access to a broad range of mental health supports to meet their recovery goals and wellbeing needs (Figure 7). While some of these services and supports may be physically located in regional 'hubs', they will be accessible to all communities in some form. All children accessing Community ICAMHS will have access to a multi-disciplinary team that includes but is not limited Aboriginal Mental Health Workers (AMHW), 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 broader social and cultural wellbeing needs. These teams will develop treatment plans with children, families and carers, which can include a range of supports identified in Figure 7.

[12] Early Psychosis Guidelines Writing Group and EPPIC National Support Program, Australian Clinical Guidelines for Early Psychosis, 2nd edition update, 2016, Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.

Figure 7 | Supports offered by Community ICAMHS



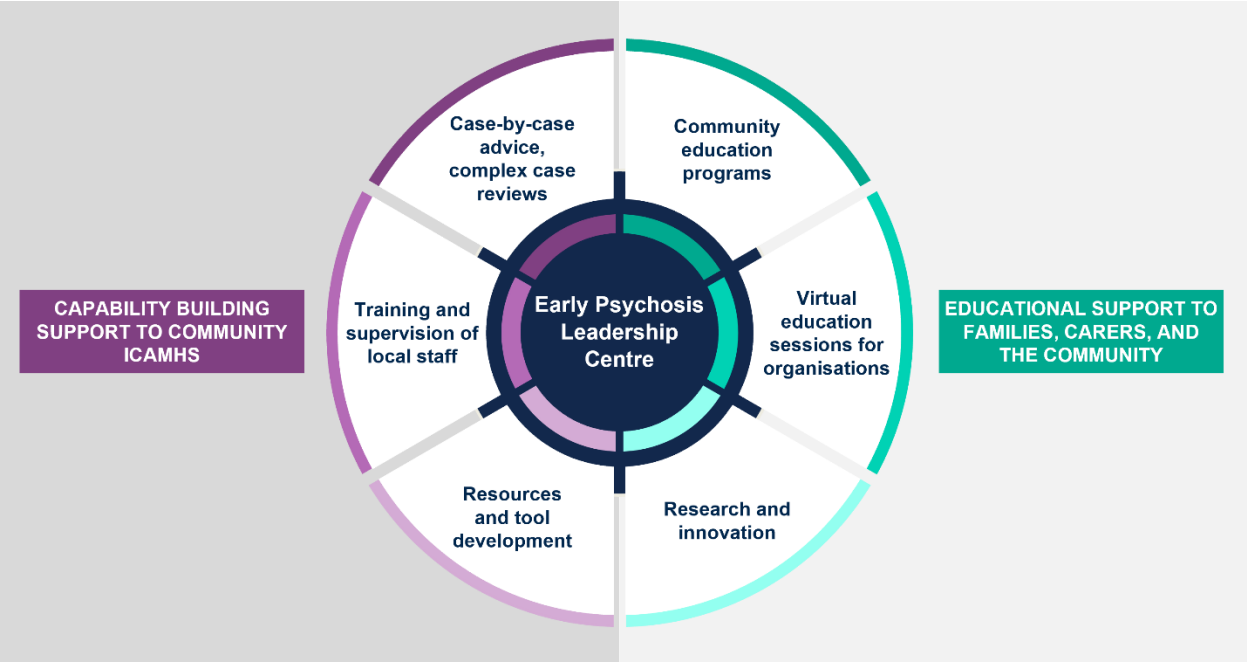
The supports listed below should be applied through a 'clinical staging' lens when supporting children experiencing early psychosis. That is, ICAMHS will need to sequence how and when interventions are offered to this cohort, focusing on first supporting recovery and return to premorbid levels of functioning, and then improving education and independence.

4.2.2 Specialist support – a new Early Psychosis Leadership Centre

This Model of Care requires the establishment of an **Early Psychosis Leadership Centre (EPLC),** which will drive the capability of the ICA public mental health system in providing targeted support to children experiencing early psychosis. The EPLC will comprise a small, expert contingent of clinicians that specialise in early psychosis mental health care for children and adolescents, and their families and carers. The EPLC will provide education, leadership, capability support, and training to improve community awareness, upskill mental health clinicians, and increase access to early intervention supports. The EPLC will not focus on intensive treatment of complex cases, as the majority of evidence-based treatments and interventions can and will be delivered locally by Community ICAMHS, or other statewide services (see Section 4.3.2) for more detail on the core supports that children experiencing early

psychosis require, and how Community ICAMHS can deliver these). The key functions of the EPLC are outlined in Figure 8 and discussed in more detail below.

Figure 8 | Core functions of the new EPLC



Note –EPLC hybrid model

The EPLC need not be confined to a specific location, as it can comprise staff from a range of locations and predominantly be delivered by a virtual team under a hybrid service delivery model. This is largely due to no intensive treatment component, as well as the importance of attracting a sustainable workforce pipeline of suitable experts. EPLC staff will be 'linked' to a hub – such that the individual clinician will be responsible for nurturing a strong relationship with staff and will oversee early psychosis care for that Community ICAMHS area network.

The EPLC's role in providing capability support to Community ICAMHS

The majority of capabilities required to support children experiencing early psychosis will be integrated within Community ICAMHS and primary care settings, given the expertise of multi-disciplinary teams in providing holistic wellbeing supports. While this means the EPLC will not provide any direct intensive treatment to children experiencing early psychosis, it will have a critical leadership and oversight role to ensure the ICA public mental health system is equipped to respond to these children's needs. This includes:

- **Case-by-case and advice and supported assessments.** For more complex cases, the EPLC can provide case-by-case advice to all Community ICAMHS staff either virtually or face-to-face as is appropriate. This can be to all staff, but with a particular focus on

supporting each hub's Early Psychosis Practice Lead. In some cases, EPLC clinicians can co-lead mental state examinations or biopsychosocial assessments.

- **Training and supervision of local staff.** The EPLC will provide dedicated training to Community ICAMHS Practice Leads to support them to undertake assessments and deliver a range of evidence-based early psychosis care. Through rotational visits to each hub, EPLC staff will provide clinical supervision to Community ICAMHS staff, incorporating reflective practices and be provided in one-on-one and group settings.
- **Resources and tool development.** The EPLC will develop resources, tools, and information that Community ICAMHS can use to build the capability of its own staff, but also of primary care services, schools, and other settings in the early identification, support, and management of children with signs of, or at risk of early psychosis. This could include tailored resources for hub Primary Mental Health Teams to utilise.

Note – resources and tool development

While the EPLC represents an area of specialist expertise in early psychosis, it should work closely with existing youth early psychosis service (e.g. headspace). This is to ensure close working relationships, development of best practice education tools and resources, and improve the overall capability of the broader system.

The EPLC's role in providing educational support to families, carers, and the community

The EPLC will also play an important role in delivering a model of care that improves awareness in the community of risks and education around early psychosis, thereby improving access to care. This includes:

- **Community education.** The EPLC will develop parent/carer friendly resources (e.g. information booklets, handbooks, etc.). These resources should include general information about early psychosis and self-help strategies for parents and carers to use. These resources can be shared with Community ICAMHS Hubs and clinics, community-based mental health services, hospitals, primary care, schools, and others.
- **Virtual education sessions for organisations.** The EPLC will support community organisations and primary care providers with education and training to increase their capacity and capability to identify and manage child and adolescent early psychosis needs through development of online toolkits and modules. These can be 'rolled out' locally by Primary Mental Health Teams through Community ICAMHS.
- **Research and innovation**. The EPLC will conduct research and/or support research and innovation projects related to early psychosis. These activities and projects should inform the development of any relevant training and education programs, and educational resources.

4.2.3 Other services

Throughout their childhood, children experiencing early psychosis may also access other services, particularly those in a primary care setting. This is because many key features or components of early psychosis treatment across all phases have a particular focus on low-

intensity support (e.g. metabolic monitoring and physical health, sexual health, goal setting, alcohol and other drug education). Community ICAMHS will work closely together with a range following services and organisations to provide integrated, holistic support:

- **Primary care and local community services.** Community ICAMHS will work with local GPs, NGOs, allied health services, and other community-based health and mental health services (including Aboriginal Community Controlled Health Organisations (ACCHO) and AOD services) to provide collaborative support and shared care to children with early psychosis needs. In many cases, children under the care of Community ICAMHS can receive some physical, behavioural, and emotional supports from primary care settings, enabling Community ICAMHS to focus on providing care coordination and more intensive mental health supports only.
- **Organisations that support children in other settings.** Community ICAMHS will work with agencies that support children in other settings who may require early psychosis support. This includes building the capacity of schools, the justice system, and child protection services to better children at risk of early psychosis through improved detection capabilities and education around early psychosis.
- **Acute and emergency services.** Note: first contact with mental health services for children experiencing early psychosis may occur in the context of crisis or deteriorating functioning. Community ICAMHS will house Acute Care and Response Teams to provide safe crisis response options for these children but will also establish strong relationships with local EDs.
- **Other Youth Early Psychosis Services.** There are some metropolitan-based youth early psychosis services, which this model considers. This includes but is not limited to: three Early Intervention in Psychosis Services (Bentley, Fremantle, Armadale), the RUAH Early Psychosis Youth Centre (Cockburn), and the headspace Early Psychosis (hEP) Program. While Community ICAMHS will not formally integrate service provision with these services, it will develop relationships to ensure evidence-based care and smooth transitions

Other Youth Early Psychosis Services

Note: this Model of Care acknowledges the expertise and capabilities of existing youth early psychosis services in the Perth Metro area, many of which provide intensive treatment programs. Strong working relationships are required between Community ICAMHS, the EPLC, and these services to ensure:

- Children under the care of other youth early psychosis services can be easily referred into Community ICAMHS if required.
- Children under the care of Community ICAMHS can be supported to access local early psychosis programs (e.g. headspace) if that expertise is available and will best meet their needs in an intensive treatment format.
- The EPLC is working closely with these services to build capability of the overall system.

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

Primary Mental Health Teams (PMHT) in local clinics will support GPs, schools, counsellors, and other community-based services across each region - providing consultation liaison and shared care to provide capability building and improving coordination between services. PMHTs will act as the 'bridge' between Community ICAMHS and primary and secondary health services in all regions by increasing the capability of local services to meet demand and facilitate early intervention, ultimately reducing excessive referrals into Community ICAMHS clinical support teams.

This means that children experiencing early psychosis may receive some of their care from local services or organisations, but through coordination by Community ICAMHS. These services will be supported to provide care under a holistic model, ensuring engagement with the child is hope-filled, responsive to trauma, and culturally safe.

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

The following section describes how a child experiencing early psychosis, family members and carers may access and receive care from Community ICAMHS, primary care, the EPLC and other specialised supports, across three broad stages: access; support; and transition. These stages are not necessarily a linear process; for example, children, families, and carers may go back and forth between the access and support stages. Each stage includes both the general key features of Community ICAMHS that children will access, as well as specific considerations to cater to the needs of children at risk of, or experiencing, early psychosis.

Note – guidance on general approach to early psychosis versus stage-specific approaches

Many considerations throughout this section align to the Clinical Guidelines for Early Psychosis as a best-practice approach to supporting all children and adolescents experiencing early psychosis[13]. While in some paragraphs the clinical staging model is referenced to indicate risk-appropriate supports based on the child's needs or circumstances, many of the 'specific considerations' throughout this section are intended to be used as guide across all stages of early psychosis. At a more detailed level, the Clinical Guidelines specify distinct approaches to treatment for each type or stage of early psychosis, and so these guidelines should be referenced when more operational planning is undertaken to implement this Model of Care.

[13] Early Psychosis Guidelines Writing Group and EPPIC National Support Program, Australian Clinical Guidelines for Early Psychosis, 2nd edition update, 2016, Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.

4.3.1 Access

Community ICAMHS will identify and receive requests to provide mental health care to a child, family and carer, 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.
- 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. Community ICAMHS will ensure early detection and easy access to services – reducing the duration of untreated psychosis (DUP) and leading to early and sustained benefits and improved social functioning.

All referrals for children with mental health issues will come through to the Community ICAMHS Hubs from various sources (e.g. GPs, schools, community-based services, etc) and channels (e.g. online, in-person, over the phone) – including children presenting with psychotic symptoms or an at-risk mental state. Where possible, the Hub Intake Management Team should notify the local Early Psychosis Practice Lead of the child's circumstances if the child is presenting with psychotic symptoms or those of functional decline (see Section 4.1 for examples), and discuss any relevant measures that should be taken, as the Practice Lead will lead the provision of this child's care upon intake. Note: there should be a 'low threshold' to assessing the at-risk mental state of children and adolescents. That is, the Intake Management Team can use the 'CAARMS domains' such as the positive subscales[14] that consider the large range of signs or concerns in which children may be experiencing early psychosis, including: positive and negative symptoms, cognitive changes, emotional disturbances, negative symptoms, behavioural or physical changes, and general psychopathology.

[14] Comprehensive Assessment of At-Risk Mental State (CAARMS) is the dominant method of identifying children with an at-risk mental state who may require assessment and treatment under this Model of Care.

A broad range of referral pathways 'in' will be complimented by assertive outreach and education to improve understanding of early psychosis and how to detect it earlier in the course of illness. Key systematic reviews into early psychosis have indicated that longer DUP is both a marker and an independent risk factor for poor recovery outcomes in children and adolescents. Therefore, reducing DUP through streamlined access to Community ICAMHS supports is critical to attaining early and sustained benefits in reducing the severity of illness and improving social functioning. Community ICAMHS and the EPLC will have a critical role in providing assertive outreach and education to potential referrers, including families and carers, primary care settings, schools, justice services, and other settings. This is critical to building local familiarity of Community ICAMHS supports and promoting earlier detection of early psychosis through education around understanding early warning signs of functional decline. In particular, primary health care professional should be competent in eliciting and recognising the early clinical features of psychotic disorders[15].

Development of resources on early psychosis to support education of potential referrers

As per Section 4.2.2, the EPLC will develop educational resources for the general public and key partners within the system to support an uplift in capability around identifying early signs of psychosis, and how to access support proactively within the community. This could also include virtual programs such as targeted campaigns for GPs, social workers, and school nurses, as well as provision of information to all healthcare staff.
Note, in practice this could be streamlined under the existing Orygen EPPIC Model, such that WA ICA public mental health system could support access to Orygen training packages to reduce the investment required at a WA level.

Community ICAMHS resources to support timely access

Primary Mental Health Teams will be critical in enhancing connections between primary care settings and Community ICAMHS – ensuring timely access to care. If required, children experiencing acute psychotic symptoms and/or other risks associated with psychosis, can access crisis response care from an Acute Care and Response Team (ARCT), before being referred into ongoing support from a local Community ICAMHS.

[15] Early Psychosis Guidelines Writing Group and EPPIC National Support Program, Australian Clinical Guidelines for Early Psychosis, 2nd edition update, 2016, Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.

Specific consideration #2. Timely, comprehensive, ongoing, and evidence-based assessments will allow Community ICAMHS to begin therapeutic engagement and treatment with the child and establish rapport.

Upon entry to Community ICAMHS, children with suspected symptoms of early psychosis should access a thorough, broad, and holistic assessment process that is recovery-focussed, and embedded in principles of best practice clinical guidelines, as soon as possible (i.e. within 48 hours). Within the specific context of early psychosis, the purposes of assessment include engaging the young person to develop a therapeutic alliance and gaining information to enable formulation of the child's difficulties and personal context. Given that assessment can be a form of early treatment in its own right, assessment for children experiencing early psychosis should be an ongoing process and incorporate strategies to promote ongoing engagement. Assessment should occur as quickly as practicable for all cohorts of children experiencing early psychosis, but particularly for those who have experienced FEP.

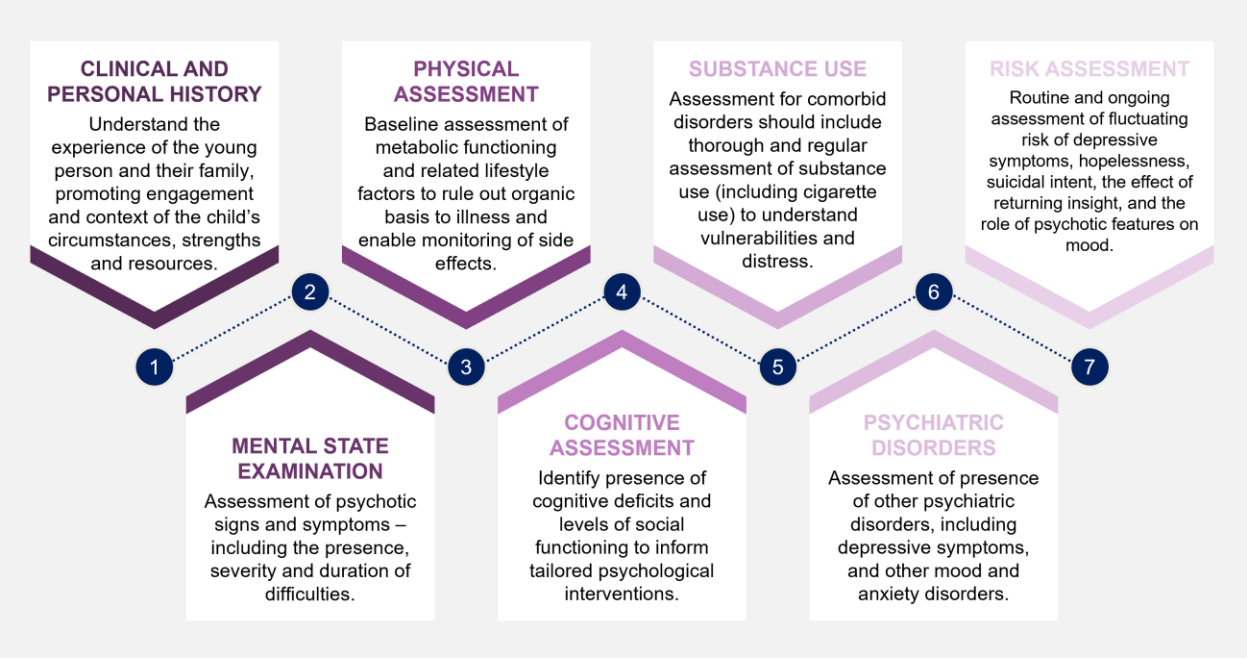
Rapport and timing of the assessment

Note: first contact with mental health services for children experiencing early psychosis may occur in the context of crisis or personal disaster. Therefore, although it is important that the assessment thoroughly cover the domains detailed above, this should not occur at the expense of developing a therapeutic relationship.

All children presenting with possible psychosis should have a comprehensive biopsychosocial assessment by the Early Psychosis Practice Lead (with optional support from EPLC), either in person or virtually. The assessment process should also consider kinship systems and who should be involved in the assessment process to balance the child's safety with the importance of understanding their holistic needs. Given the existing relationship, this may include the referrer – as this may support a more holistic understanding of the child's current functional needs. The assessment process comprises many key domains, including those in Figure 9 overleaf.

Figure 9 | The assessment process for children experiencing early psychosis will be multi-dimensional, tailored, and

ongoing



4.3.2 Support

Community ICAMHS will plan and deliver care to the child, family and carer, and will coordinate involvement of other services and organisations to best meet their needs.

General key features of Community ICAMHS

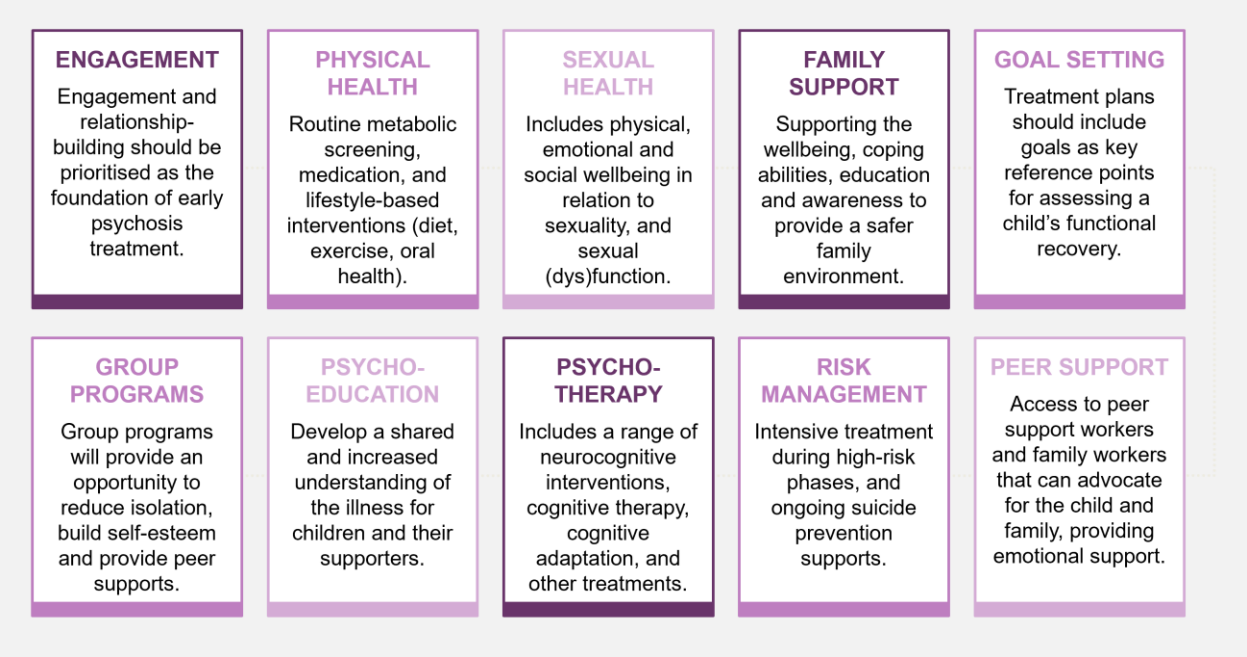
- A care plan will be developed in collaboration with the child and family to establish their support needs and recovery goals.
- Children and families are offered a broad range of options for clinical supports, embedded into local Community ICAMHS clinics.
- Treatment and support from Community ICAMHS can be delivered in multiple settings to promote equitable access and mental health outcomes.
- A young person should experience ongoing communication and transparency throughout their care with Community ICAMHS.
- Community ICAMHS will adopt a flexible, continuous, and recovery-oriented approach to supporting children, families and carers.

Specific consideration #1. Community ICAMHS will leverage the EPLC and existing youth early psychosis services to ensure access to a broad range of therapeutic treatments and supports that are focused on returning to premorbid levels of functioning

Many key features or components of early psychosis treatment apply regardless of phase of psychotic illness. Many of these reflect good clinical practice with all children and adolescents

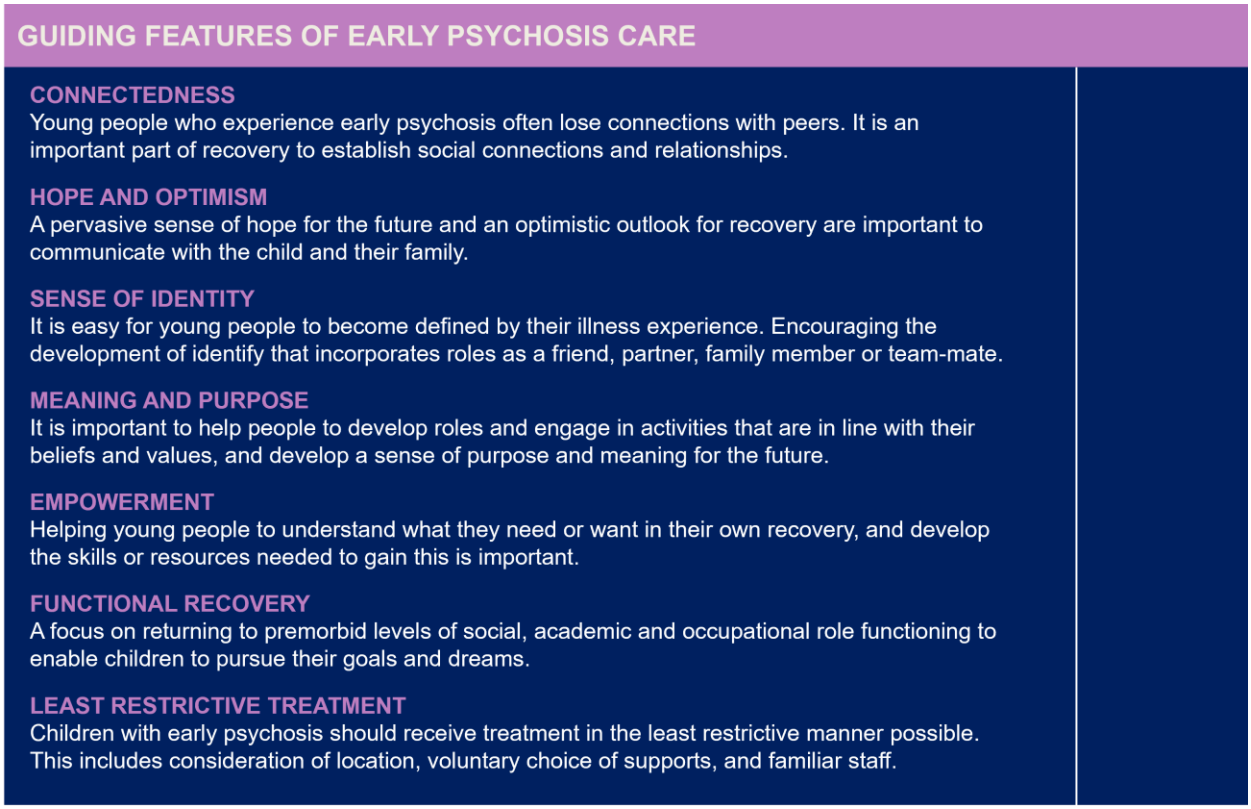
accessing mental health supports – meaning that Community ICAMHS can provide the bulk of mental health supports to children experiencing early psychosis (with training from the EPLC). Building on the list of available treatments and supports available to all children accessing Community ICAMHS (see Figure 7), Figure 10 below outlines the core components of care for children experiencing early psychosis.

Figure 10 | Components of care for children and adolescents experiencing early psychosis



These should be underpinned by a range of core evidence-based principles of care for children with early psychosis (see Figure 11).

Figure 11 | Principles that should inform care planning for children with early psychosis



Coordinating care between Community ICAMHS and other services

Given that some supports listed above are less intensive in nature, there is an opportunity for some of these supports to be provided by primary care services closer to home. At the care planning phase, joint process should be undertaken by Community ICAMHS coordinators and primary care services with prior relationships with the child and family to understand who provides what aspects of care.

For example, it could be determined that a GP provide metabolic monitoring and physical health support, enabling Community ICAMHS to focus on psychotherapy treatments.

Other statewide specialised services

Depending on need, Community ICAMHS can support children to access a range of statewide specialised services that provide targeted support and treatment for early psychosis symptoms. This may include the Eating Disorders Service, the Complex Attention and Hyperactivity Disorders Service, Touchstone (personality-related needs), Pathways (age-appropriate support for children aged 5 – 11), or others. This may also include supported access to specialised AOD services, given the associated risks of drug-related harm arising from early psychosis and functional decline.

Other Early Psychosis Services

The headspace Early Psychosis (hEP) Program and other Commonwealth-funded services have been identified as leading specialised intensive treatment programs for children experiencing early psychosis in Perth. This Model of Care does not intend to replace existing services, which can continue to lead intensive treatment in the metropolitan area if appropriate. ICAMHS will play a critical role in bridging gaps in care, which may require capabilities at a local Community ICAMHS level, particularly in regional areas.
Community ICAMHS should have an ongoing and communicative working relationships with headspace and other youth early psychosis service providers to support existing service delivery and reduce silos.
In some cases, Community ICAMHS may provide some mental health supports, but support the child and family to access other Commonwealth-funded youth early psychosis services as part of their care plan. Importantly, this would enable the child to receive intensive treatment if required, but with ongoing communication and support from Community ICAMHS throughout their childhood.

Specific consideration #2. A clinical staging model should be applied to ensure risk-appropriate interventions that will maximise recovery outcomes and promote engagement

The clinical staging model differs from conventional diagnostic practice by defining the course of illness as a continuum. In this context, it assumes that treatments offered earlier in the course of an illness have the potential to be safer, more acceptable, and more effective in preventing or delay progression of illness or functional decline. Community ICAMHS will adopt a clinical staging lens to supporting the needs of children experiencing early psychosis, which will informing the logic and timing of interventions offered to children, families, and carers. Table 2 below outlines how Community ICAMHS might apply the clinical staging model to supporting children experiencing early psychosis, aligned to the example target cohorts that were introduced in Section 4.1.

Table 2 | Community ICAMHS will stage interventions according to risk or severity of symptoms

Cohort	Stages or examples	Potential interventions
AT RISK MENTAL STATE FOR PSYCHOSIS (ARMS) ***The mental state that is thought to place the child or adolescent at risk of developing a psychotic disorder.***	Those who are at **increased risk of psychosis due to a family history** of psychiatric illness and/or psychotic disorders *(the 'pre-morbid phase')*	Indicated prevention of FEP ▪ Improved mental health literacy ▪ Family education ▪ Drug education ▪ Brief cognitive skills training
	Children identified as being at **ultra-high risk (UHR)** of psychosis – who experience a period of moderate but subthreshold or non-specific psychotic symptoms.	Indicated secondary prevention of FEP ▪ Formal mental health literacy ▪ Psychoeducation ▪ Cognitive behavioural therapy ▪ Substance use work (cessation or harm-reduction) ▪ Omega-3 fatty acids ▪ Antidepressant agents or mood stabilisers
FIRST EPISODE PSYCHOSIS (FEP) ***The first time a child or adolescent experiences a psychotic episode.***	Children and adolescents in the **acute phase of early psychosis**, which can be characterised by the presence of psychotic features such as delusions, hallucinations, and formal thought disorder.	Early intervention for FEP ▪ Psychoeducation ▪ Cognitive behavioural therapy ▪ Substance use work ▪ medication ▪ Antidepressant agents or mood stabilisers ▪ Vocational rehabilitation
	Children and adolescents in the **early recovery stage of first episode psychosis**, whereby they are trying to understand the disorder and prevent future relapses.	
	Children and adolescents who have experienced an **incomplete recovery**, in which premorbid levels of functioning are not reached after onset of FEP	Early intervention for FEP As for above, but with additional emphasis on medical and psychosocial strategies to achieve remission, prevent relapse, 'early warning signs' strategies, and long-term stabilisation.
	Children and adolescents who recover from FEP and then subsequently experience **one or multiple relapses** of functional decline or psychotic symptoms.	

Note: this is indicative only, and is intended to provide guidance for future operational planning. The focus of this Model of Care is predominantly on best-practice guidance across all stages of early psychosis.

4.3.3 Transition

When it is safe and suitable to do so, Community ICAMHS will support children to transition into other settings, ensuring continuity of care.

General key features of Community ICAMHS

- All handovers must be well-communicated with the child and their family, as well as future service providers.
- Transition from Community ICAMHS should be gradual, with contingency plans in place to ensure continuity of care.
- Community ICAMHS will support clear transitions into youth and adult settings.

Specific consideration #1. While children experiencing early psychosis may fluctuate in terms of mental state and wellbeing, 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 experiencing early psychosis. As mentioned in Section 4.3.2, ARMS and FEP children and adolescents 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 needs increasing or decreasing periodically. Regardless of whether a child is at risk, is in crisis, or is recovering well and requires less support – Community ICAMHS will always be an available point of contact for the child and their family. This means that while a child may 'transition' to receiving the majority of their care from a community-based mental health provider or other service (e.g. a local GP focussing only on physical health monitoring), 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.

5 Delivering the Early Psychosis 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 mental health needs and have increased capabilities to support children experiencing early psychosis – alongside other intensive treatment services. That is, through capability building support and training, children will receive the majority of their general and specialised supports in a Community ICAMHS setting. This will require Community ICAMHS and the EPLC to nurture strong relationships with a range of services and organisations both within and outside of the ICA public mental health system - ensuring a partnership approach to working with existing Commonwealth-funded youth early psychosis services that can provide intensive treatment in Perth. Examples of these services and organisations are listed in Table 3.

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 3 | Examples of services and organisations that Community ICAMHS and the CTU may work with to provide integrated care to children with complex trauma needs

Examples of services that Community ICAMHS may interact with *(listed in alphabetical order):*
Services within the ICA public mental health system
Acute Care and Response Teams
CAMHS Crisis Connect
Child and Adolescent Forensic Services (CAFS)
Child Development Services
Child Safe Spaces
Complex Attention and Hyperactivity Disorders Services (CAHDS)
Emergency Departments (Eds)
Gender Diversity Service (GDS)
Inpatient wards
Pathways
Perth Children's Hospital (PCH)
Touchstone

Examples of services that Community ICAMHS may interact with *(listed in alphabetical order):*
Youth and/or adult mental health services
Regional Mental Health Services (MHS)
Strong Spirit Strong Mind Youth Project (SSSMYP) – Outreach Model of Service
Youth Axis
Youth Community Assessment and Treatment Team (YCATT)
Youth Focus
Youth Link
Youth Reach South
Other Early Psychosis Services
Early Intervention in Psychosis Services (EIPS Bentley, Fremantle, Armadale)
headspace Early Psychosis (hEP) Program
PaRK
RUAH Early Psychosis Youth Centre
Other services and organisations
Community Health Services
Community organisations
Department of Communities, including Child Protection and Family Support, Housing, Community services, etc.
Department of Education
Department of Justice – Youth Justice Services (including Banksia Hill Detention Centre)
Disability service providers
Non-government organisations (NGOs)
Out-of-home-care (OOHC) providers
Paediatricians
the Peel, Rockingham, Kwinana (PaRK) Service
Primary care (e.g. GPs, ACCHOs, Aboriginal Medical Services (AMS), etc.
Private mental health services
Police
Schools (e.g., school counsellors, psychologists, school health nurses and teachers).
School Health Services
Schools of Special Educational Needs (SSEN)
Sexual Health Services
Telethon Kids Institute – Youth Mental Health Team

5.2 Workforce

Investment in a highly trained, sustainable workforce is required to deliver this Model of Care. This includes both investment in roles and capabilities at the Community ICAMHS level, as well as the establishment of the new EPLC.

5.2.1 Resources

As discussed throughout this document, children with early psychosis needs will receive the majority of their care from Community ICAMHS through a multi-disciplinary team. The following sub-sections outline the general workforce that will be available to children and families in Community ICAMHS, and then the specialised roles that will support the needs of children with complex psychotic symptoms.

Note – Generalist Community ICAMHS mental health workforce

Each Community ICAMHS area will be staffed by a large, multi-disciplinary team with the skills, experience, and capabilities to provide various evidence-based therapies and treatments to children, families, and carers. This team will include clinical roles, care coordinators, a strong contingent of peer workers, Primary Mental Health Teams, and Acute Care and Response Teams as well as a strong non-clinical contingent including social and peer workers.

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

As noted in Section 4.2.1, Community ICAMHS will embed specialised resources to ensure children with early psychosis 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 4 below outlines three key workforce requirements for this Model of Care.

Table 4 | Specialised roles and responsibilities for this Model of Care

Role	What will they provide	How will this work
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 early psychosis, undertaking relevant evidence-based approaches to care, and	▪ EPLC will provide resources and capability building support to Community ICAMHS Hubs. ▪ It is recommended that EPLC staff be 'linked' to a single Community ICAMHS Hub. This will build relationships and allow

Role	What will they provide	How will this work
	engaging with this cohort in a safe and effective manner.	oversight over capability building in each hub.
A distributed Early Psychosis Practice Lead	▪ Each hub will have a member of the ICAMHS team from any range of clinical roles that either has expertise in early psychosis, or is supported to be the main point of contact for care of children with these needs, ▪ The Practice Lead will still spend the majority (e.g., 60-80%) of their time providing general mental health support to a range of children, but will then spend their remaining time (e.g., 20-40%) leading the provision of care for all children that come through Community ICAMHS with concerns of psychosis.	▪ This Practice Lead will receive ongoing support, supervision, and training from EPLC staff. ▪ They will also have direct access to EPLC staff for case-by-case advice in highly complex cases and have the option to bring in shared care.
EPLC	▪ A centralised Early Psychosis Leadership Centre (EPLC) will be established to provide education, leadership, capability support and training to improve community awareness, upskill mental health clinicians, and increase access to early intervention supports. ▪ The EPLC will be a small, expert contingent of clinicians from across the State, who work with all Community ICAMHS Hubs, and provide some programs and outreach.	▪ See Section 4.2.2 for key functions ▪ See Section 5.2.4 for key workforce requirements

5.2.2 Key roles

Care coordinators

Care coordinators support the child, family and carers navigate and coordinate the care they receive from Community ICAMHS and other services and organisations. They are a point of contact for when the child, family and carers need support. They will be assigned to a child,

family and carer at the point of referral. In instances where immediate linkage is not possible, the Intake Team may need to provide interim care coordination support.

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

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

Practice Leads

As previously mentioned, all Community ICAMHS Hubs will have embedded specialised capabilities, further to the generalist capabilities of their multi-disciplinary teams. Practice Leads represent a critical point of specialised expertise at a local level in supporting children with early psychosis. They can be appointed to a member of the multi-disciplinary team who either has dedicated experience or associated capabilities with supporting children with early psychosis, or is supported to receive intensive training and upskilling from the EPLC. 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 early psychosis. Further, the Practice Lead would receive dedicated support, shared care and consultation liaison options and training from the EPLC – 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 the clinical staging model.

Workforce profile

To ensure Community ICAMHS is delivered and supported by clinical and non-clinical staff who can meet the needs of children with early psychosis and their families and carers, these spaces need to employ a workforce that reflects the diversity of the community it serves. This includes:

- a strong pipeline of AMHWs
- cross-cultural workers in all Community ICAMHS settings
- employment of people with lived experience of mental health issues (as mentioned above)
- a diverse range of people including those who are LGBTQIA+, Aboriginal and Torres Strait Islander and ethnoculturally and linguistically diverse (ELD)
- dual-skilled mental health and AOD clinicians.

Children and families who can see themselves reflected in the staff of the service will be much more likely to engage and trust the service with their recovery and be willing to access these spaces in the future, if required.

5.2.3 Competencies

Clinical expertise

As discussed throughout Sections 3 and 4, this Model of Care is underpinned by a number of key evidence-based frameworks to providing holistic, recovery-focused care to children experiencing early psychosis. These frameworks and associated capabilities will be seen as critical capabilities for the EPLC and will form the basis of capability building support to Community ICAMHS. These include:

- A shared understanding and ability to practically adopt the **guiding principles of ICA early psychosis care**: connectedness, hope and optimism, sense of identity, meaning and purpose, empowerment, functional recovery, least restrictive treatment.
- A strong adherence to the **Australian Clinical Guidelines for Early Psychosis**, and evidence-based approaches to care for all stages of early psychosis.
- Undertaking **multi-dimensional approaches to assessment** that align to the holistic needs of children experiencing early psychosis.
- Application of the **clinical staging model** to treatment and care planning, so to align supports with children's most imminent needs.
  Support **improved early detection capabilities** in primary care and school-based settings through education around early warning signs and indicators.

Soft skills

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

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

By recruiting a workforce who possess soft skills and share similar values with children, families and carers who access mental health support via Community ICAMHS and the EPLC, these teams will be able to establish a reputation within the community as a trusted and approachable provider of mental health support for children experiencing complex trauma. Further, it is expected that Community ICAMHS and CTS staff will have knowledge of the broader system,

and the interfaces between mental health supports and adjacent settings including community and primary health, the AOD sector, justice, schools, and more.

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

5.2.4 Early Psychosis Leadership Centre

As mentioned in Section 4.2, investment will be required to establish the EPLC, which will drive the capability of the ICA public mental health system in providing targeted support to children experiencing early psychosis. The EPLC will comprise a small, expert contingent of clinicians that specialise in early psychosis mental health care for children and adolescents, and their families and carers. Not: given the hybrid model that the EPLC will operate under, these clinicians can be from across WA to ensure recruitment is focussed on the best possible expertise, and virtual consultation can occur.

To deliver the excellence and learning functions of the EPLC, administrative, research, and training staff will be required.

5.3 Infrastructure

Physical infrastructure is a critical component in enabling the delivery of mental health care to children with early psychosis 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 early psychosis 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 effective early psychosis. Early Psychosis Practice Leads will receive tailored support from EPLC including training, on-the-job supervision, case-by-case advice, and co-working opportunities with EPLC specialists. EPLC will also lead the development of general training materials and information resources for all Community ICAMHS staff that include information on early psychosis, effective ways of engaging with and supporting children with these 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 considerations for the EPLC

- 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 EPLC.
- Creating opportunities for WA Primary Health Alliance (WAPHA), Health Service Providers and other primary health care stakeholders to discuss optimal approaches for GPs and others to work with the future EPLC.
- It is recommended that the EPLC work closely with existing Commonwealth-funded early psychosis services to build capability across the entire system.

- Beyond professional development, training, and supervision, EPLC will also develop resources to support an improved understanding in the broader system of early psychosis, supports and recovery. This may include: research articles, FAQs, a service directory, and on online portal component. 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 5 below contains a list of the key terminology used within this document.

Table 5 | Key terms used within this document

Term	Its intended meaning and use
ACCHO	Aboriginal Community Controlled Health Organisation.
ACRT	Acute Care and Response Teams
AMHW	Aboriginal Mental Health Worker.
AMS	Aboriginal Medical Service.
AOD	Alcohol and other drug.
ARMS	At-Risk Mental State for Psychosis.
CAARMS	Comprehensive Assessment of At-Risk Mental States
CAFS	Child and Adolescent Forensic Service
CAHDS	Complex Attention and Hyperactivity Disorders Service
CAHS	Child and Adolescent Health Service.
Carer	A person who provides care to another person, such as a child who is living with mental ill-health. They may have statutory responsibility for a child, be a family member who supports a child in their family or be another peer or community supporter.
CDS	Child Development Services
Children/Child	Any person who is under the age of 18. This term is sometimes used to describe all infants, children and adolescents aged 0-17 years of age.
Clinicians	Professionals engaged in the provision of mental health services, including but not limited to Aboriginal mental health workers, administrative staff, allied health workers, nurses, paediatricians, psychiatrists, psychologists, and others.
Clinical supervision	Experienced health professionals providing guidance and oversight to less experienced health professionals.
Community ICAMHS Hub	A central ‘Hub’ in each region within WA that leads the provision of mental health supports and is a single point of entry for all children, families and carers.

Term	Its intended meaning and use
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.
DUP	Duration of untreated psychosis
EIPS	Early Intervention in Psychosis Services
ELD	Ethnoculturally and linguistically diverse.
EPLC	Early Psychosis Leadership Centre
EPPIC	Early Psychosis Prevention and Intervention Centre
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.
FEP	First Episode of Psychosis.
GP	General practitioner
hEP	Headspace Early Psychosis Program
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.
LGBTQIA+	lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse peoples
Mental ill-health	This is a broad term that is used to include mental health issues, mental health needs, and mental illness. It relates to an experience of mental health issues impacting thinking, emotion, and social abilities, such as psychological distress, in addition to diagnoses of specific mental health disorders, such as depression and anxiety.
Model of care	A model of care broadly defines the way health care is delivered. It outlines the care and services that are available for a person, or cohort as they progress through the stages of a condition or event. The following definition of a model of care can be used: an overarching design for the provision of a particular type of health service that is shaped by evidence-based practice and defined standards.

Term	Its intended meaning and use
NGO	Non-government organisations
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.
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.
PMHT	Primary Mental Health Team
Service Guarantee	The Service Guarantee outlines what children, families and carers will expect to experience in their interactions with the ICA mental health system.
Shared care	Shared care involves two or more services working together to deliver coordinated care.
SSEN	Schools of Special Educational Needs
Staff	People who work within the ICA mental health system.
UHR	Ultra-High Risk of Psychosis.
WACHS	WA Country Health Service.
WAPHA	WA Primary Health Alliance

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