

Proposed Restructure – Child Youth Mental Health Team

Dear Member,

Attached is correspondence the HSU has received from the Northern Sydney LHD regarding a proposed restructure of the Child Youth Mental Health team.

Member feedback requested

The HSU industrial team is currently reviewing the potential impacts of the proposed restructure upon affected employees. We are now seeking feedback, views and comments from our members.

Please review the attached documentation and provide comment and feedback by Friday 6th September. You can submit it by email to both Greg O'Donohue at greg.odonohue@hsu.asn.au and Denise O'Shaughnessy at Denise.OShaughnessy@hsu.asn.au with subject line *NSLHD Child Youth Mental Health Team restructure*.

HSU organiser and sub-branch involvement

Your HSU organiser will be visiting your workplace shortly and convening a meeting to discuss the matter with affected employees. The HSU is also seeking expressions of interest from members to be part of the consultative process as a workplace delegate in any upcoming USCC meetings regarding this proposal. The most effective way to deal with these kinds of proposals is by taking into account the concerns of the group, agreeing on a way forward and presenting that united position to management.

Please distribute this newsletter to your work colleagues for their information and comments and encourage them to attend the meeting.

Not a member of the HSU? Now is time to join and have your say! You can join online at www.hsu.asn.au/join or call 1300 HSU NSW and join over the phone.

A union's effectiveness and negotiation power depends upon the strength and density of its membership base. Join your work colleagues today by becoming a member of the Health Services Union and help us continue to protect and improve your working life.

In unity,



Gerard Hayes
Secretary, HSU NSW/ACT/QLD



Mr Gerard Hayes
General Secretary
Health Services Union
Level 2, 109 Pitt Street
SYDNEY NSW 2000

ATTN: Denise O'Shaughnessy

Dear Mr Hayes

I write to inform you of a proposed change to the hours of service within the Outreach Support for Children and Adolescents (OSCA) which is part of the Child & Youth Mental Health Service (CYMHS), Northern Sydney Local Health District. This proposed change will not affect any current staff of the service. Enhanced funding will see an additional three (3) FTE recruited to the service to work a shift of 12:30pm – 21:00pm in order to increase hours of availability for clients of the service.

I invite you to peruse the attached proposal document and welcome any comments you have. Please forward any questions or comments to Amanda Graham, HR Manager MHDA before Wednesday 4 September 2019. Amanda can be contacted on Amanda.Graham@health.nsw.gov.au

Yours Sincerely,

Megan Chiu
Service Director Child & Youth Mental Health Service (CYMHS)

Date: 20/8/19..

Proposal for the Mental Health Reform Enhancement

Child Youth Mental Health Services



Health
Northern Sydney
Local Health District

Version: 4 - Final

Date : August 2, 2019

Version Control

Creation date of initial business case: 24 April 2019

Revision History

Revised by	Date	Revision Control	Revision Reason
Megan Chiu Service Director CYMHS	30.04.2019	1	Document creation
Barry Jones- Clinical Director CYMHS Jane Retalic- Nurse Manager CYMHS	30.04.2019	2	Comments/feedback provided and incorporated
Owen Samuels- Clinical Director MHDA	01.05.2019	3	Comments/feedback provided and incorporated
Andrea Taylor Director NSLHD MHDA	10.5.19	4	Comments/feedback provided and incorporated
Andrea Taylor Director MHDA	2.8.19	5	Final following amendments

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2.0 Summary

NSLHD CYMHS was advised in early March 2019 of new enhancement funding from the NSW Health Mental Health Reform for Child and Youth Mental Health Services (CYMHS). The enhancement funding is recurrent, needs to demonstrate additional staffing and activity and is equivalent to approximately 3 FTE multi-disciplinary clinical (nursing / allied health) staff. The requirements and key performance indicator under Mental Health Reform for the enhancement money are on additional client related provider time (CRPT) which is 3411 hours and a National Weighted Activity Unit (NWAU) of 4719.

CYMHS is experiencing a period of increasing demand for both community routine referrals and acute presentations within the Emergency Department (ED). In October 2018, Griffiths Cowper Consulting (GCC) was asked to undertake a situational analysis, articulate the issues and challenges, and develop options to assist in the management of CYMHS Service demand to better meet the needs of young people. This review provided options to assist with the management of CYMHS service demand including the follow-through process to better meet the needs of young people, and the Cowper Griffiths Review has been considered within this enhancement proposal.

The aim of this proposal is for NSLHD CYMHS to:

- Enhance the ability to provide services to children, young people their families and carers who require an enhanced level of intervention with the aim of minimising presentations to ED and acute mental health inpatient units over extended hours;
- To provide and improve early interventions and access for children, young people and their families particularly focussing on:
 - Group programs for young people unable to cope requiring support in a flexible manner.
 - Improving the accessibility and breadth of available interventions and contacts for young people who require a step-up or step-down approach in a timely manner across extended hours.

3.0 Assessment of needs

NSLHD CYMHS have indicated the need to review ways to support the management of referrals across CYMHS, due to a steady increase in presentations (particularly those of an acute and crisis nature) over the last 3 years. Additionally, clinicians have identified that more resources are being added to manage the acute presentations, resulting in slower response times with to less acute referrals, potentially adding to the number of children and young people presenting to hospital or the community centres in crisis.

A number of data sources indicated that young people often do not attend services during the usual 8:30 to 17:00 business hours. The data reviewed included: times of when young people present to the Emergency Department in crisis¹, uptake of group programs within CYMHS over the last two

¹ NSLHD Data on Emergency Presentations Financial Year 2016-2018

years², and times when young people are most likely to present to CYMHS for regular appointments³. Data around young people attending appointments at CYMHS indicated that young people are most likely to present to CYMHS for regular appointments after school hours and to a lesser extent before school hours. ED presentation data identified that young people present to ED generally between the hours of 12:00 hrs to 22:00 hrs.

NSLHD CYMHS five year experience of directly managing headspace centres also indicated (through direct feedback from the Youth Advisory Group -YAG) that young people often do not seek assistance through services between normal business hours, often wanting services from 16:00 hrs to 20:00 hrs.

Additionally, the Sydney North Primary Health Network (SNPHN) needs assessment identified that 1.6, 15-19 year olds present to NSLHD ED everyday with self-harm or suicidal thoughts. Mental health presentations account for approximately 3.2% of ED presentations with 30% of these ages 15-24 years⁴.

In reviewing these needs and data, it is important that NSLHD CYMHS attempts to review the delivery of service provision for children and young people who may require intensive support, to mitigate the use of EDs and acute inpatient units through flexible and extended hours service provision, as current service provision appears to be out-dated and not meeting the requirements nor responding to feedback from young people.

4.0 Summary of Proposal

The enhanced funding from the MH Reform will be used to build on the Outreach Support for Children and Adolescents (OSCA) Service within CYMHS as a LHD-wide service providing a suite of services for children and young people requiring intensive support. Additional staff will be recruited to work beyond normal business hours within CYMHS (e.g. 12:30pm – 21:00pm).

The rationale for the addition of resources into OSCA was based on the feedback and recommendations provided by GCC which included the following options, with option 3 having the best potential and within the service needs identified above:

1. Remove the specialist role of OSCA clinicians, disband its team structure and move positions to generalist CYMHS teams. While this may supplement CYMHS community teams for a period of time, it removes the current function of providing more intensive support to a number of young people requiring intensive support. If subsumed into CYMHS community the function may probably never be retrieved for special purposes (not recommended).
2. Establish OSCA as an area wide intensive outreach team with clearly defined roles, pathways and targets and incorporate clear outcomes and performance measures as part of ongoing service quality and monitoring.

² NSLHD CYMHS Group Attendance Data between 2014-2018

³ NSLHD CYMHS Review on room bookings and clinician partnership appointment times 2018-2019

⁴ SNPHN Needs Assessment 2016-2017: <https://sydneynorthhealthnetwork.org.au/wp-content/uploads/2016/07/2017-SNPHN-Needs-Assesment-SNPHN17.pdf>

3. To utilise the resources of OSCA as a foundation for the development of a suite of services and interventions for young people require intensive support. This will require review of OSCA's working hours and the establishment of new services and functions over time to include therapeutic groups and step-up step-down services to prevent admission.

The proposed interventions would include:

1. **Individual and family therapy (outreach or within the centres):** To support young people who require an intensive model of treatment or who require outreach support due to difficulties engaging with services within the centre. This group of young people are often a much higher risk and complexity requiring intensive support. The aim of individual and family intervention is also to provide flexible support to the young people and their families who require the step-up or step-down support, thereby reducing the need for inpatient admissions.
2. **Group interventions** determined to support young people who have difficulties coping or who may benefit from a group based intervention/structure.

The structure identified above will aim to:

1. Support children, young people and their families that cannot yet or will not access community CYMHS treatments;
2. Provide more flexible support for children, young people and their families requiring assertive follow up and outreach support;
3. Provide step-up and step-down support from and to inpatient services, to reduce length of stay, the need for admissions/re-admissions and presentations to the ED;
4. Provide intensive support in the community post discharge from inpatient services to assist in transition from inpatient to community-based care;
5. Support and further develop the ongoing coping capacity of young people and families following discharge from community CYMHS treatment.

5.0 Workforce skills and capability

The OSCA team has been set up as a LHD wide service for NSLHD CYMHS since 2013. OSCA is a specialist mental health service within CYMHS that currently provides short-term (up to 4 months) intensive and outreach interventions.

OSCA uses a family focus and offers a multi-disciplinary approach, aimed to provide more intensive work for young people and their families who are experiencing moderate to severe mental health issues.

OSCA Aims and Objectives are to

- offer CYMHS more intensive individual and family outreach work
- reduce avoidable admissions to inpatient services
- reduce child and adolescent mental health presentations at the Emergency Departments
- provide timely and frequent interventions

CYMHS – OSCA Current Service Characteristics

- Step-up: to avoid admission to inpatient settings including Brolga and Coral Tree;
- Step-down: to facilitate early discharge from Brolga, Coral Tree and other inpatient settings (eg: PECC and Paediatric Inpatient Units)
- Provide more intensive family work - OSCA can offer families 2 face to face sessions per week and more frequent phone contact for a period of 4 months.
- Outreach work: to assist families where young people are refusing to attend school, experiencing severe isolation due to mental health symptoms. OSCA can provide regular and on-going home visits to facilitate engagement, support parents/carers to work with young people in their care.
- Working with Families in crisis: families recurrently presenting to LHD Emergency Departments on regular basis where the young person is placing themselves or others at risk of harm; a systemic approach to working with the family in time limited episodes of care

The enhanced money funding will see OSCA establish a number of new services/functions including:

- **Enhancing the current function of the service to operate extended hours**
- **Therapeutic group programs**

The current staffing profile for the OSCA team is 8.4 FTE including Staff Specialist, Registrar and multidisciplinary Nursing / Allied Health clinicians working business hours.

The additional enhancement will include multi-disciplinary clinicians bringing the total FTE **to 11.4 FTE**. The proposed grading for these positions are:

- **3 FTE Clinical Psychologist, Allied Health Level 3 or CNS 2**

6.0 Implementation

Based on the assumption that proposal to utilise the enhanced MH Reform Funding into the OSCA service is supported clinicians will be recruited by the 1 December 2019 with additional components of the enhanced service (eg. Extended hours and therapeutic programs) to be implemented within three months of staff commencing.

It is proposed that an external review will be completed on the implementation at 18 months post with the following areas reviewed:

- Number of consumers referred
- Number of consumers where home visits or outreach as provided
- Number of consumers seen after hours
- Number of young people attending groups
- Client related provider time (CRPT)
- Outcome Measures (Clinical, self-reported and carer reported measures)
- Relationship and systems with the wider CYMHS Community, Inpatient Services and the PECC Unit and Paediatric Unit.

- Self reported and qualitative feedback from consumers/ carers/families

Appendix A: Position Description

POSITION TITLE	Child & Youth Mental Health Service Outreach Support for Children and Adolescents (OSCA) Community Clinician
STAFFLINK POSITION NO.	Position numbers available, depending on discipline
COST CENTRE	J1 MHDA Assertive CYMHS Community Teams CYMHS
CLASSIFICATION	Clinical Psychologist Social Worker Level 3 Occupational Therapist Level 3 Clinical Nurse Specialist Grade 2
AWARD	Health and Community Employees Psychologist (State) Award NSW Health Services Health Professionals (State) Award Public Health System Nurses' and Midwives' (State) Award
REGISTRATION/LICENCE REQUIREMENTS	Relevant registration according to qualification
VACCINATION CATEGORY	Category A
PRE-EMPLOYMENT SCREENING CHECKS	Working With Children and National Criminal Record Check
RESPONSIBLE TO	CYMHS Service Manager via CYMHS Clinical Lead
RESPONSIBLE FOR	Nil
PRIMARY PURPOSE OF THE ROLE	<ul style="list-style-type: none"> • Provide assertive and intensive intervention, and short term care coordination including comprehensive assessment, collaborative goal setting and care planning, intervention and evaluation of care for children, young people and their families who are experiencing acute and complex mental health problems • Work in collaboration with CYMHS OSCA team members in developing and supporting best clinical practices that are associated with assertive outreach services and optimal outcomes for young people and families.
KEY ACCOUNTABILITIES <i>(Maximum of 8)</i>	General <ul style="list-style-type: none"> ▪ Engage, assess and provide evidence informed therapeutic interventions for children and adolescents and their families in a family focused framework. ▪ Contribute to the implementation of systems of care for children and adolescents within CYMHS / MHDA. ▪ Contribute to the ongoing development of the OSCA team's clinical skills in the area of child and adolescent mental health.
	Clinical <ul style="list-style-type: none"> ▪ Provide comprehensive mental health assessment for children and adolescents including family context; ▪ Develop clinical formulations; implement and review appropriate treatment;

	<ul style="list-style-type: none"> ▪ Provide treatment for young people and families allocated according to best practice; ▪ Work collaboratively with OSCA team and service partners on specific services and interventions; ▪ Liaise, consult and discuss relevant clinical matters with other members of the OSCA team and, when required for the effective treatment of children and young people, other services and agencies involved.
	<p>Professional</p> <ul style="list-style-type: none"> ▪ Provide teaching and supervision of relevant discipline specific students and liaise with the university training programs as required; ▪ Contribute to and lead quality improvement and clinical research projects to improve care outcomes for children, young people and families and the quality and efficiency of service delivery. ▪ Participate in regular team and individual clinical supervision which fosters reflective practice and contributes to the development of authentic professional and therapeutic relationships with young people / families /colleagues while maintaining safe and professional boundaries. ▪ Participate in Clinical Review processes to maintain a high standard of Clinical practice. ▪ Attend professional meetings as required. ▪ Actively contribute to CYMHS and OSCA service planning and development
	<p>Administrative</p> <ul style="list-style-type: none"> ▪ Maintain accurate medical records and activity reporting in accordance with current MOH and NSLHD requirements and complete timely clinical documentation, reviews and discharges and activity reporting. ▪ Participate in team meetings and implement key policies and procedures
	<p>General Duties and Responsibilities</p> <ul style="list-style-type: none"> ▪ Comply with NSW Ministry of Health Code of Conduct, CORE Values and adhere to all relevant policies of NSLHD and MHDA; ▪ Adhere to Legislation covered in the Privacy Act and maintain strict confidentiality in relation to young people, families, staff, and workplace and LHD matters; ▪ Adhere to relevant legislation including: NSW -Mental Health Act 2007, Work Health Safety (WHS), Child Protection, Domestic Violence legislation; ▪ Adhere to EEO, Smoke Free Workplace Policy, Bullying and Harassment legislation and other policies and procedures; ▪ Attend all required Mandatory training; ▪ Report any risk identified (eg. WHS, clinical, financial, technology, public image) to the Service Manager and request a Risk Assessment. Participate in risk management activities; ▪ Cooperate with staff members to ensure that duty requirements and standards are being met and maintained; ▪ Undertake other duties as directed by the Service Manager as delegated; ▪ Perform all reasonable tasks delegated to the best of your ability within award provisions and in line with your grading and capabilities.
	<p>Other Information</p> <p>The opportunity to salary package is available. Current NSW Drivers Licence.</p>

	<p>Clinical Psychologist require a master’s degree or higher in Clinical Psychology.</p> <p>CNS 2 must have relevant post-registration qualifications and at least 3 years’ experience working in the clinical area of their specified post-graduate qualification</p>	
<p>KEY CHALLENGES <i>(Maximum of 3)</i></p>	<p>Manage competing demands of care coordination, stakeholder engagement and therapeutic intervention provision</p>	
	<p>To provide evidenced based and client centred intervention in a multi-disciplinary team within a complex environment, changing service delivery models and with increasing service demand and acuity.</p>	
<p>KEY INTERNAL RELATIONSHIPS <i>(Maximum of 3)</i></p>	<p>WHO</p>	<p>WHY</p>
	<p>OSCA Service Manager, Clinical Lead, clinical staff and administrative staff.</p>	<p>Line management; to report on any issues and tasks; plan work and share information.</p>
	<p>LHD CYMHS teams and other Clinical Services eg EDs, Children’s Wards, Adult Mental Health Services etc</p>	<p>Transfer of care; care coordination; consultation</p>

KEY EXTERNAL RELATIONSHIPS <i>(Maximum of 3)</i>	WHO	WHY
	General Practitioners and other health service providers.	Transfer of care; care coordination; consultation
	Schools and School Counsellors, local youth workers, NGOs and Community Services.	Transfer of care; care coordination; consultation
SELECTION CRITERIA <i>(Minimum of 3 maximum of 8)</i>	Consistently demonstrates behaviours that reinforce the CORE Values of our organisation; Collaboration, Openness, Respect and Empowerment. Demonstrates these behaviours with all stakeholders; colleagues, direct reports, as well as our patients and consumers, and those that care for them.	
	Relevant tertiary qualifications in psychology, social work occupational therapy or nursing to match grading of position, and with current registration with AHPRA or respective professional body. Clinical Psychologists must have a postgraduate Masters or Doctorate in Clinical Psychology. For Allied Health Professional classification, experience as a Level 2 clinician. For nursing a CNS 2 must have relevant post-registration qualifications and at least 3 years' experience working in the specified clinical specialty.	
	Demonstrated knowledge and skills in the assessment, formulation and treatment of child and adolescent mental health problems and family relationship problems.	
	Demonstrated experience, knowledge and skills in working systemically with young children and adolescents with mental health problems, their families and their system of care and support, including individual and family intervention and the capacity to do this within a multi-disciplinary team.	
	Demonstrated ability to contribute to or initiate the teaching and learning capacity of the team and where appropriate further afield including student supervision and training, and quality improvement.	
	Computer literacy and demonstrated excellent interpersonal, verbal and written communication skills and sound administrative methods	
	Current NSW Drivers Licence	

JOB DEMANDS CHECKLIST

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment. Identification of possible risk can also assist with the development of a training plan for the occupant to ensure the risks are minimised.

Each position should be assessed at the site as to the incumbent's (or future incumbent's) OHS responsibilities specific to the position. This form is to be completed in consultation with the manager/supervisor of the position being recruited for.

Infrequent: intermittent activity exists for a short time on a very infrequent basis
 Occasional: activity exists up to 1/3 of the time when performing the job
 Frequent: activity exists between 1/3 and 2/3 of the time when performing the job
 Constant: activity exists for more than 2/3 of the time when performing the job
 Repetitive: activity involved repetitive movements
 Not Applicable: activity is not required to perform the job

Physical Demands	Frequency
Sitting - remaining in a seated position to perform tasks	Frequent
Standing - remaining standing without moving about to perform tasks	Occasional
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Frequent
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Infrequent
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	Occasional
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling - remaining in a kneeling posture to perform tasks	Infrequent
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	Infrequent
Leg / Foot Movement - Use of leg and / or foot to operate machinery	Infrequent
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	Occasional
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	Occasional
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	Occasional
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	Infrequent
Reaching - Arms fully extended forward or raised above shoulder	Infrequent
Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body	Infrequent
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	Occasional
Hand & Arm Movements - Repetitive movements of hands and arms	Occasional
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands	Frequent

Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work	Not applicable
Driving - Operating any motor powered vehicle	Occasional
Sensory Demands	Frequency
Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	Constant
Hearing - Use of hearing is an integral part of work performance e.g. Telephone enquiries	Constant
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	Not applicable
Taste - Use of taste is an integral part of work performance e.g. Food preparation	Not applicable
Touch - Use of touch is an integral part of work performance	Not applicable
Psychosocial Demands	Frequency
Distressed People - e.g. Emergency or grief situations	Frequent
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	Occasional
Unpredictable People – eg dementia, mental illness, head injuries	Occasional
Restraining - involvement in physical containment of patients / clients	Infrequent
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	Occasional
Environmental Demands	Frequency
Dust - Exposure to atmospheric dust	Infrequent
Gases - Working with explosive or flammable gases requiring precautionary measures	Not applicable
Fumes - Exposure to noxious or toxic fumes	Not applicable
Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	Infrequent
Hazardous substances - e.g. Dry chemicals, glues	Infrequent
Noise - Environmental / background noise necessitates people raise their voice to be heard	Infrequent
Inadequate Lighting - Risk of trips, falls or eyestrain	Infrequent
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	Infrequent
Extreme Temperatures - Environmental temperatures are less than 15C or more than 35C	Infrequent
Confined Spaces - areas where only one egress (escape route) exists	Infrequent
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	Infrequent
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and	Infrequent

falls	
Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks	Not applicable
Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases	Infrequent