Child and Adolescent Mental Health Service (CAMHS)

Vision and guiding principles and Charter of rights and responsibilities

Consultation report

April 2014
Executive Summary

The consultation took place to gain the views and opinions of children, young people and those with a lived experience of mental health issues; including carers and siblings of young people with a mental health issue. Views and opinions were sought about the adaptation of the CAMHS Vision and Guiding principles documentation, and the creation of a CAMHS Charter of Rights and Responsibilities. The consultation also contributed to meeting recommendations from the National Safety and Quality Health Service Standards: Standard 2 Partnering with Consumers also contribute to meeting the recommendations of the National Mental Health Service Standards, in particular Standard 1 Rights and Responsibilities.

Participants from Rockingham Community CAMHS, Shenton Pathways CAMHS and two Perth Metro Headspace Centres were invited to be involved and were sent an information pack. The information pack provided an overview of CAMHS, explained the purpose of the consultation and gave the opportunity to complete an online survey relating to the CAMHS Vision and Guiding Principles. Consultations were held during of an evening and within previously scheduled group meetings. They were approached in the style of focus groups, with informal questions prompting discussion and comment. Prior to discussions, participants were given the opportunity to complete a paper based survey relating to the Vision and Guiding Principles documents.

Four main themes emerged from the feedback provided by participants:

1. **Easy to understand, non-discriminatory and jargon-free language**  
Participants wanted to be able to understand the information within the documents in a way that was meaningful to them. They wanted language that was jargon-free, and didn’t include words which they disliked or found discriminatory. One participant stated: “Totally appropriate for the health workforce,…totally gobbledygook for anyone else”.

2. **A Charter that is specific to the unique needs of families that use mental health services**  
Participants wanted their own Charter that reflected their unique needs as families of mental health services. They felt that other Charters weren’t specific to their needs, and didn’t include important details such as receiving therapeutic, recovery orientated care, and the importance of informed consent and partnership. One participant stated: “Things are different for CAMHS families”.

3. **A Charter that is applicable to consumers and carers of the service**  
Most participants disliked there being so many different Charters that could apply to them. They found this confusing, repetitive and believed it reduced impact. Participants felt that having one Charter, which contained information that was applicable to the whole family using the service would increase clarity - however it
was noted by some that perhaps the use of different graphics when printed could be used to increase appeal.

4. Consumers and carers value the importance of participating and being heard

It was clear from consulting with young people, carers and those with a lived experience of a mental health issue that there was a high value and appreciation from being consulted with. Feedback through evaluation forms, and through informal feedback during and after the consultation emphasised the importance of consumer and carer participation when decisions are being made within a service. One carer, when talking about why being consulted with was important following the consultation stated “It’s really important….it’s an excellent reminder of the importance of ‘relationships’ in this work. Relationships often determine effective or ineffective intervention. Too often the bureaucratisation of services is at the expense of the ‘relationship’. For me, this is the glue that holds it all together”.

A total of eight recommendations are included in the report. One recommendation relates to the development of a new version of the CAMHS Vision and Guiding Principles document, and a new CAMHS Charter of Rights and Responsibilities. Draft documents have been developed using direct quotations and suggestions from participants, and is written in easy to understand, recovery-focused and jargon-free language (Appendix F and G).

The other seven recommendations relate to information obtained during the planning of the consultation and from additional feedback from participants during the consultation. Considerations for future consultations have also been listed.
Contents

Executive Summary ........................................................................................................... 3
1. Introduction .................................................................................................................. 6
2. Background .................................................................................................................. 7
Objectives ....................................................................................................................... 7
Consultation process ....................................................................................................... 7
Participants ..................................................................................................................... 9
3. Feedback and results ............................................................................................... 10
   CAMHS Vision ........................................................................................................... 10
   CAMHS Guiding Principles ....................................................................................... 11
   CAMHS Charter of Rights and Responsibilities ..................................................... 15
4. Conclusion .................................................................................................................. 19
5. Recommendations ..................................................................................................... 20
   Considerations ........................................................................................................... 21
Appendices ..................................................................................................................... 21
   Appendix A Understanding readability scores .......................................................... 22
   Appendix B Participant Information Pack ................................................................. 22
   Appendix C – Pre-consultation online survey ............................................................. 27
   Appendix D – Discussion points ............................................................................... 28
   Appendix E – Consultation evaluation form ............................................................... 29
   Appendix F - Draft CAMHS Vision and Guiding Principles for families .................. 32
   Appendix G - Draft CAMHS Charter of rights and responsibilities .......................... 34
1. Introduction

In 2008 the Australian Commission on Safety and Quality in Healthcare (ACSQ) developed the National Patient Charter of Rights with the intention of being applicable to ‘all patients receiving care or the type of health service involved’.

The ASCQ developed the Charter targeted at the whole population of the healthcare sector, with the view that this Charter could be modified according to particular contexts. The ASCQ gave permission to organisations to freely adapt the Charter as required depending on their individual needs.

Currently multiple versions of Charters of Rights apply to both consumers and carers. For example, among others there is a Child and Adolescent Health Customer Charter for families, a Western Australian Health Public Patients Charter and Western Australian Carers Charter. The need to discover whether a CAMHS specific Charter, which met the needs of CAMHS families, was identified and consultations took place.

Prior to the possible development of a Charter, it was considered that there was an opportunity to also discover whether the Vision and Guiding Principles document, a document developed for staff members outlining the vision and ethos of CAMHS, would be relevant for consumers and carers of the service, and this formed part of the consultation. The current staff version of the Vision and Guiding Principles document has a Flesch Reading Ease test score of 36.4 and a Flesch-Kincaid Grade Level test 13.9. Both these scores indicate that the reader would need to have high literacy ability to read and understand the document.

Consultations were planned in the form of focus groups and took place during April 2014 and the feedback obtained from participants will form the basis of the recommendations of the report.
2. Background

The Child and Adolescent Mental Health Service actively seeks the views and opinions of children, young people and parents/carers and ensures their voices are heard when decisions are made about CAMHS services. CAMHS encourages and facilitates the participation and involvement of children, young people and parents/carers, consumers and non-consumers, to enhance and improve service delivery within the organisation.

Objectives

The aim of consultation was to gather information, suggestions and views from children, young people and parents/carers who have either:

- received a service from CAMHS in the past;
- currently receive a service from CAMHS;
- received any mental health service, currently or in the past;
- have a lived experience of a mental health issue.

The main purpose of the consultation was to develop a set of rights and responsibilities that are applicable and relevant to the consumers of the Western Australian Child and Adolescent Mental Health Service (CAMHS). In order to develop a Charter that was consistent with CAMHS Vision and Guiding Principles, this document was also consulted upon. The original CAMHS Vision and Guiding Principles document gave a Flesch Reading Ease (FRE) test score of 36.4, and a Flesch-Kincaid Grade Level test score of 13.9. Both these scores indicate the reader would need to have high literacy ability to read and understand the document (Appendix A).

The desired outcome of the consultation was a CAMHS Vision and Guiding Principles document that is easy to understand and accessible to children, young people and parents/carers of CAMHS services; and a Charter of Rights and Responsibilities that’s is user friendly, accessible and relevant to consumers of Western Australian CAMHS services.

Consultation process

Relevant active consumer and carer groups within from CAMHS and from Non-Government Organisation (NGO) consumer groups were identified and contacted. It was identified that young people between the age of 12 and 25 would be involved in the consultation, recognising the value of feedback from young people who have transitioned from a child mental health service. This criteria also accommodated members of Headspace who may have had a lived experience of a mental health service and had valuable feedback to give i.e. May have sibling who is using/has used a mental health service. Parents and carers of CAMHS services were either current or past consumers.
Group managers were asked to speak with their members about whether they would like to be involved in the consultation. Consultations were held at the following locations:

- Rockingham CAMHS Youth Advisory Group – 27 March 2014
- Shenton Pathways Carer Advisory Group – 27 March 2014
- Headspace Fremantle Youth Reference Group – 26 March 2014
- Headspace Osbourne Park Youth Reference Group – 31 March 2014

Prior to the consultation an information pack (Appendix B) was given to all participants and to the organiser of each group, prior to the consultation. The information pack outlined what the Child and Adolescent Mental Health Service is, gave an overview of why we were consulting with children, young people and carers, and introduced the CAMHS Vision and Guiding Principles. Within this information pack, participants were asked to give feedback about the CAMHS Vision and Guiding Principles via an online survey (Appendix C) or by email. The information pack also provided participants with relevant resources giving further information about consumer rights and responsibilities they could visit prior to the consultation. Children, young people and parents/carers were given the opportunity via the information pack, to seek support from CAMHS in understanding the material and making an informed decision as to whether they wanted to participate.

Consultations were facilitated by a CAMHS staff member, with the support of the group’s usual facilitator. The CAMHS staff member attended Shenton CAMHS, Fremantle Headspace and Osbourne Park Headspace consumer/carer groups, advised participants of confidentiality, explained how the information they give would be used and obtained verbal consent.

Consultations at the groups, with the exception of Rockingham CAMHS consumer group followed the same structure:

- The opportunity to read the information pack and complete the Vision and Guiding Principles survey for those participants who hadn’t previously done so.
- Introductions to each other, to CAMHS and the purpose of the consultation explained.
- Ground rules ensuring all participants felt safe sharing their views and opinions.
- Activity 1 – What are rights and responsibilities?*
- Activity 2 – Current Charters of Rights and Responsibilities – likes and dislikes, suggestions and additions for CAMHS*
- Activity 3 – ASCQ Charter headings*
- Activity 4 – Discussion questions (Appendix D)*
- Evaluation form completion including a section where participants could provide their contact details if they would like to be contacted by CAMHS in the future to participate in similar activities* (Appendix E).
Participants

Age

A total of twenty people participated in the consultation. Seven of these people completed the Vision and Guiding Principles part of the consultation, and twenty participated in the Charter of Rights and Responsibilities part of the consultation across the four locations.

Table 1 Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 9</td>
<td>0</td>
</tr>
<tr>
<td>10 - 15</td>
<td>0</td>
</tr>
<tr>
<td>16 - 19</td>
<td>8</td>
</tr>
<tr>
<td>20 - 29</td>
<td>10</td>
</tr>
<tr>
<td>30 - 39</td>
<td>0</td>
</tr>
<tr>
<td>40 - 49</td>
<td>1</td>
</tr>
<tr>
<td>50 - 65</td>
<td>1</td>
</tr>
<tr>
<td>Over 65</td>
<td>0</td>
</tr>
</tbody>
</table>

Gender

In total, there were 4 (20%) participants identified as Male, 15 participants (75%) identified as Female and 1 participant (5%) identified as Other.

Table 2 Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Culture

Participants were asked to define their cultural background in their own words. Thirteen participants answered this question. Eight participants described their cultural background as Australian. Other responses included Australian grandmother; Hippie Australian; African Australian Multicultural and European

Current relevance to CAMHS

Participants gave information about how they identified themselves in relation to CAMHS and/or to mental health. Participants were able to tick more than one box if they identified with more than one option. Three staff members were present at the Headspace consultations and also participated in discussions. As people who
regularly consult with users of mental health services, their views have also been included in demographics and findings.

Table 3 Current relevance to CAMHS

<table>
<thead>
<tr>
<th>Member of staff</th>
<th>Child or young person who is using/has used a CAMHS service</th>
<th>Parent or carer who is using/has used a CAMHS service</th>
<th>Another family member of someone who is using/has used a CAMHS service</th>
<th>Someone who has a lived experience of a mental health issue</th>
<th>A member of the general public</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

3. Feedback and results

The original CAMHS Vision and Guiding Principles document was consulted on. Words from each statement were identified that participants didn’t understand and/or thought needed to be changed.

CAMHS Vision

- We are committed to the pursuit of healthier lives for children and young people experiencing mental health issues.

Seven participants gave their opinion as to whether this statement could be improved and made easier to understand. Six (86%) participants thought this statement could be improved and made easier for families to understand. One (14%) participant thought the statement did not need to be changed.

Words participants didn’t understand or thought should be changed were: ‘pursuit’ and ‘committed’

Suggestions of how the sentences could be made easier for families to understand included:

“We are here to support children and young people facing mental health issues”

“Exactly the same just an easier word than pursuit”

“Maybe strive or aim instead of pursuit”
CAMHS Guiding Principles

- Services will be available to infants, children and young people.

Seven participants gave their opinion as to whether this statement could be improved and made easier to understand. Two (29%) participants thought that this statement could be improved and made easier for families to understand. Five (71%) participants thought the statement did not need to be changed.

Words participants didn’t understand or thought should be changed were: ‘services’, ‘available’ and ‘infants’.

Suggestions of how the sentences could be made easier for families to understand included:

“Possibly change the term infants”

“Help will be available to infants and young people”

- Priority will be given to those with severe mental health illnesses.

Six participants gave their opinion as to whether this statement could be improved and made easier to understand. Three (50%) participants thought that this statement could be improved and made easier for families to understand. Two (33%) participants thought the statement did not need to be changed. One participant (17%) was unsure.

Words participants didn’t understand or thought should be changed were: ‘severe’, ‘priority’ and ‘mental health illnesses’

Suggestions of how the sentences could be made easier for families to understand included:

“Priority is given to those facing severe mental health issues”

“Complex? Severe sounds grim”

“Severe mental health problems/issues”

“Priority will be given to those with acute mental health issues”

- A multidisciplinary and integrated mix of specialist mental health services will be provided that addresses physical, emotional, social, cultural and educational needs.

Seven participants gave their opinion as to whether this statement could be improved and made easier to understand. Seven (100%) of participants thought this statement could be improved and made easier for families to understand.

Words participants didn’t understand or thought should be changed were: ‘multidisciplinary’, ‘integrated’, ‘specialist’ and ‘mix.’
Suggestions of how the sentences could be made easier for families to understand included:

“More layman’s terms…it’s very specialist”

“A number of staff members with different skills and from different backgrounds”

“A team of health professionals working with mental health services will be provided that can assist with physical, emotional, social, cultural and educational needs”

“Multiple/wide range of services will be provided to suit all individuals and their unique requirements”

“A diverse/wide variety of specialist services will be available to help with a child’s needs (no matter what they are)”

- **Services will be child centred, family focussed, collaborative, empowering and goal-centred with the needs of the child and family dictating the type and mix of services provided.**

Seven participants gave their opinion as to whether this statement could be improved and made easier to understand. Six (86%) participants thought that this statement could be improved and made easier for families to understand. One (14%) thought the statement did not need to be changed.

Words participants didn’t understand or thought should be changed were: ‘focussed’, ‘dictating’, ‘centred’, ‘family’ and ‘empowering’.

Suggestions of how the sentences could be made easier for families to understand included:

“Unsure. Less technical”

“Very wordy”

“Services will be tailored to the needs of all individuals/participants and families”

“Collaboration between all services and family networks”

“Just don’t say ‘dictating”

- **Early identification and intervention will be promoted to enhance the likelihood of positive outcomes and to minimise poor mental health outcomes.**

Seven participants gave their opinion as to whether this statement could be improved and made easier to understand. Four (57%) participants thought that this statement could be improved and made easier for families to understand. One (14%) thought the statement did not need to be changed and two participants (29%) were ‘unsure’
Words participants didn’t understand or thought should be changed were: ‘identification’, ‘intervention’ ‘enhance’ and ‘promoted’.

Suggestions of how the sentences could be made easier for families to understand included:

“Unsure. Less technical”
“Very wordy, words possibly too large, not easy for some audiences to understand”
“A focus on early identification will be promoted/prioritised to increase chances of positive”
“Will be promoted to increase the likelihood of good outcomes, and decrease negative MH outcomes”

- **Children and young people will receive services in the most normal, stable environment that is clinically appropriate.**

Five participants gave their opinion as to whether this statement could be improved and made easier to understand. Three (60%) of participants thought that this statement could be improved and made easier for families to understand, one (20%) thought it couldn’t be improved, and one participants (20%) was ‘unsure’.

Words participants didn’t understand or thought should be changed were: ‘clinically’ and ‘appropriate’

Suggestions of how the sentences could be made easier for families to understand included:

“Children and young people will receive services to meet their needs”
“Try to avoid the word 'normal' everyone has different definitions of normal”

- **Families, consumers and carers will be involved in all aspects of service planning, delivery and evaluation.**

Five participants gave their opinion as to whether this statement could be improved and made easier to understand. Three (60%) of participants thought that this statement could be improved and made easier for families to understand, one (20%) thought it couldn’t be improved, and one participants (20%) was ‘unsure’.

Words participants didn’t understand or thought should be changed were: ‘consumers’, ‘involved’ and ‘aspects’

Suggestions of how the sentences could be made easier for families to understand included:

“Too technical”
- Services will be responsive to the cultural, racial and ethnic differences of the populations they serve.

Five participants gave their opinion as to whether this statement could be improved and made easier to understand. Three (60%) of participants thought that this statement could be improved and made easier for families to understand, and two (40%) participants thought it couldn't be improved.

Words participants didn’t understand or thought should be changed were: ‘cultural’ ‘racial’ and ‘ethnic’.

Suggestions of how the sentences could be made easier for families to understand included:

“Services will aim to meet client needs”

- Services are based on contemporary best practice which is ensured by appropriate ongoing workforce development.

Six participants gave their opinion as to whether this statement could be improved and made easier to understand. Five (83%) of participants thought that this statement could be improved and made easier for families to understand, and one (17%) thought it couldn’t be improved.

Words participants didn’t understand or thought should be changed were: ‘contemporary’ and ‘best practice’

Suggestions of how the sentences could be made easier for families to understand included:

“Too wordy and workforce development’ doesn’t make sense”

“We will make sure staff have the up to date skills and knowledge they need to best carer for children”

- The right to client privacy and confidentiality is upheld where safety is not compromised.

Five participants gave their opinion as to whether this statement could be improved and made easier to understand. Four (80%) of participants thought that this statement could be improved and made easier for families to understand, and one (20%) thought it couldn’t be improved.

Words participants didn’t understand or thought should be changed were: ‘confidentiality’ ‘privacy’ and ‘client’.

Suggestions of how the sentences could be made easier for families to understand included:

“Where possible client’s information will be kept confidential unless we believe you are at harm”
Partnerships with schools are critical to ensure that each child's opportunities for learning and development in the school setting are maximised.

No participants gave their opinion as to whether this statement could be improved and made easier to understand.

Reasons why participants thought the document should be changed included:

“Staff understand technical info - consumers will not”

“This way everyone can understand expectations”

“Definitely, the one shown here are totally appropriate for the health workforce, and total gobbledygook for anyone else”

“Young people need language appropriate to them”

CAMHS Charter of Rights and Responsibilities

Defining rights and responsibilities – What do young people and carers/parents think rights and responsibilities are?

Participants of the consultation had specific and individual ideas and opinions about the definition of rights and responsibilities, and what they believed their rights and responsibilities are.

Participants adopted a broad definition of the terms ‘rights’ and ‘responsibilities’, including:

“What you expect from us and what we can expect from you”

Rights and responsibilities available to families of the Child and Adolescent Mental Health Service

Participants of the consultation looked at Charters of rights that are currently used throughout CAHS and CAMHS services: The Australian Charter of Healthcare Rights; The Child and Adolescent Health Services Customer Charter; Children's Hospitals Charter – Child version; Children’s Hospital Charter – Young person version; The WA Carers Charter (Appendix D)
Participants had clear opinions regarding the charters currently available to them, mostly focusing on there being too many Charters that are applicable and the design and content of the current Charters.

“It’s unclear when you have different versions”

“It’s not a good way to explain what our rights are”

“There are too many words (in these charters), no one is going to read it”

“Simple language needs to be used”

“There’s too much information”

- **Having a CAMHS Charter**

Participants were very clear in their opinions that CAMHS should have their own Charter of rights and responsibilities.

“Yes. It sets expectations”

“Yes. It means you can make an informed choice”.

“Things are different for CAMHS families”

- **The length and detail within a Charter**

Opinions varied when participants discussed the length and amount of detail with a Charter. Some participants had the view that a charter shouldn’t be too long and detailed. Other participants said that detail was needed, but it should be formatted so the key points can be read easily.

“Key words should be in bold. Like flash points”

“Should be goal focused and transparent”

“They need to be meaningful to CAMHS families”

- **Different versions of a CAMHS Charter**

Opinions relating to whether there should be different versions of a CAMHS Charter for children, adolescents and parents/carers were also mixed. Some participants believed a single charter should be used for all people within the family. Some of the participants that preferred this option believed that the same words could be used
throughout Charters but different graphics could be used depending on its target audience. Other participants thought it was necessary to have different versions, with different language used for each.

“It would be unclear to have lots of versions”

“The same words could be used, but they could look different”

“Yes there should be different versions so everyone can understand it”

- **How a Charter should be given to families**

Participants made lots of suggestions as to how a Charter could be given to children, young people and parents/carers at CAMHS, but the main theme that emerged was that of being explained their rights and responsibilities verbally. One participant suggested that this should be included within the Charter itself.

“In different formats”

“Posters, and on TV screens in the waiting room”

“It should be given and explained verbally”

“In whatever way they can understand it”

“You have a right to have these rights explained to you”

- **The content of a CAMHS Charter**

When consulting about what should be included in a CAMHS Charter the headings used within the Australian Healthcare Service Charter were used to facilitate discussion.

- **Access**

“Access before, during and after my crisis”

“Knowing help is accessible to me”

“Care that helps with my recovery”

“To be offered help and advice if you don’t meet the criteria for CAMHS”

“Right to know about the referral process”
• Safety
“A second opinion”
“Be safe”
“Risks are taken seriously”
“Protected from physical, verbal and emotional harm”

• Respect
“Be respected”
“Right to develop relationships that has mutual respect”
“Be acknowledged for my journey”
“Diversity in families should be recognized without judgment”

• Communication
“Be heard”
“To speak up and be heard”
“Have services explained in a way I understand”
“Informed consent/decision”
“Be told about medication side effects”
“To be given choices about medications”

• Participation
“To be given options”
“Participate in staff meetings that are about my family”

• Privacy
“Expect information is treated confidentially”
“Right to be told who sees my information”
Comment

“To give feedback about care I’ve received”

“Have complaints heard”

“Participants were asked if there were any other

“Resilience of people should be recognized by the service….their courage recognized”

“You should be able to have your story listened to with belief and without judgment”

Responsibilities within a Charter

Participants were asked what they thought their responsibilities were within CAMHS and in particular whether there was anything they thought was specific to accessing a mental health service.

“Be respectful”

“Give honest information around my health needs”

“Ask questions re. My options”

“Abide by service guidelines”

“Work in partnership”

“Tell staff if you are on medications”

4. Conclusion

Throughout the consultation, it was apparent that each participant had unique views and opinions about the wording of a family Vision and Guiding Principles document, and what they believe their rights and responsibilities are in a CAMHS setting. However, despite the variety in responses, it was clear that children, young people and families want information that is free of jargon, meaningful and recovery orientated but importantly, that they are asked to contribute to the development of such documents and listened to when they provide feedback. One carer, when providing feedback following the occultation stated “
5. Recommendations

1. A new version of the CAMHS Vision and Guiding Principles document has been written, taking into account the views and suggestions of participants of the consultation, and contains jargon-free, easy to read and understand, recovery-orientated language. (Appendix G). A CAMHS specific Charter of rights and responsibilities is written, taking into consideration the views and suggestions of participants of the consultation, and contains jargon-free, easy to understand language, recovery-orientated (Appendix H). The CAMHS Charter is based on the Australian Commission on Safety and Quality in Healthcare’s (ACSQ) National Patient Charter of Rights, but will be adapted to meet the unique requirements of children, young people and families using a CAMHS service.

3. The CAMHS Charter is given and explained to children, young people and parents/carers as soon as possible following contact with a CAMHS service i.e. Before they enter a CAMHS service (posted out with initial letter) and during their contact with a CAMHS clinician.

4. The CAMHS Charter and Vision documents are displayed in areas where children, young people and families are most likely to see and read the information.

5. A statement outlining the right to have these rights explained verbally, or in another way that is understood, is included within the Charter or within the letter accompanying the Charter. If necessary, other services are engaged with to support this.

6. Additional Charter/s of rights and responsibilities will be available and/or provided to children, young people and families at times deemed appropriate or is requested.

7. Staff (and volunteers) are provided with a written statement of the CAMHS Charter and Vision documents, along with the code of conduct, as part of their orientation to CAMHS. Both are also explained in more detail as part of their orientation training.

8. CAMHS Peer Support Workers review both new draft documents and provide feedback prior to their adoption.
6. Considerations

- **Time constraints** – Due to consultations occurring within previously planned and established groups, time for prior planning was limited. Although an information pack was developed and distributed to participants prior to meeting for the consultations, in some instances there was only one week available for participants to read and complete the pre-consultation online survey. This, I believe, impacted the amount of participants who had read the information and completed the survey. In turn, this impacted on the time available within the group sessions, as explanations about CAMHS, the purpose of the consultation and the completion of the survey needed to happen within that space. I would recommend distributing information packs and pre-consolation surveys at least three weeks prior to consulting.

- **Using external organisations for consultation** – Headspace Fremantle and Headspace Osbourne Park were involved in the consultation. During the consultation it became apparent that some participants were students (this accounts for the two participants who described themselves as ‘members of the public’ within the demographic information). Although I am not suggesting it can sometimes be relevant or appropriate to consult with members of the public, there needs to be awareness that students could form part of an established group, and therefore be taken into account when planning the consultation.

Appendices
Appendix A Understanding readability scores

Understand readability scores

Each readability test bases its rating on the average number of syllables per word and words per sentence. The following sections explain how each test scores your file's readability.

Flesch Reading Ease test

This test rates text on a 100-point scale. The higher the score, the easier it is to understand the document. For most standard files, you want the score to be between 60 and 70.

The formula for the Flesch Reading Ease score is:

$$206.835 - (1.015 \times ASL) - (84.6 \times ASW)$$

where:

- **ASL** = average sentence length (the number of words divided by the number of sentences)
- **ASW** = average number of syllables per word (the number of syllables divided by the number of words)

Flesch-Kincaid Grade Level test

This test rates text on a U.S. school grade level. For example, a score of 8.0 means that an eighth grader can understand the document. For most documents, aim for a score of approximately 7.0 to 8.0.

The formula for the Flesch-Kincaid Grade Level score is:

$$0.39 \times ASL + (11.8 \times ASW) - 15.59$$

where:

- **ASL** = average sentence length (the number of words divided by the number of sentences)
- **ASW** = average number of syllables per word (the number of syllables divided by the number of words)

Appendix B Participant Information Pack
About the Child and Adolescent Mental Health Service (CAMHS)

The Child and Adolescent Mental Health Service (CAMHS) provide mental health programs to infants, children and young people up to the age of 18 in community and hospital settings. CAMHS assess and assist children, young people and their families who are experiencing mental health symptoms and haven't responded to other community based supports.

CAMHS is made up of three parts: Community CAMHS, Specialised CAMHS and Acute CAMHS.

Community CAMHS services

These are community services across the Perth metropolitan area, and where most of the children and young people who access a CAMHS service are seen. There are 10 community CAMHS services located in Armadale, Bentley, Clarkson, Fremantle, Hillarys, Joondalup, Rockingham, Peel, Swan and Warwick. Community CAMHS provide assessment and treatment of persistent mental health difficulties in infants, children and young people. Children and families are referred to these services by their treating therapist, specialist, GP, school or other community organisation.

Specialised CAMHS services

Specialised CAMHS services support infants, children and young people with complex mental health needs. Specialised CAMHS Services include Complex Attention and Hyperactivity Disorders Service, an Eating Disorders Program, a Multisystemic Therapy Service and a day, residential and outreach program called Pathways Service.

Acute CAMHS services

Acute CAMHS services are hospital and community-based programs including crisis and emergency response services. Acute CAMHS include: Ward 4H Princess Margaret Hospital, Bentley Adolescent Unit (BAU), Acute Community Intervention Team (ACIT), Acute Response Team (ART), Transition Unit (known as TU), and the Paediatric Consultation Liaison Program.

There are more details about CAMHS at the website.
About this Consultation: The Rights and Responsibilities of Families at CAMHS

The Child and Adolescent Health Service (CAHS), of which CAMHS is a part of, has a Customer Services Charter which outlines the rights and responsibilities for all families using their services. There is also a child friendly Children and Young People's Rights in Healthcare Services Charter produced by the Children’s Hospitals Australia (CHA) and The Association for the Wellbeing of Children in Healthcare (AWCH), available on the CAHS website.

The Australian Charter of Healthcare Rights applies to all health settings and was developed by the Australian Commission for Safety and Quality in Healthcare in 2008.

CAMHS believe a new charter of CAMHS rights and responsibilities might be needed because the ones we use now aren’t specific to the unique needs of families who use mental health services. We believe a new CAMHS charter of rights and responsibilities should be relevant for families’ that are cared for by a public health service and a public child and adolescent mental health service.

What are Rights and Responsibilities?

Rights are the ways people should be treated. Rights also tell people what they can expect from a service and help them participate in decisions that affect their lives.

Responsibilities are how you are expected to act in order to have your rights protected. Responsibilities complement people’s rights, ensuring people use services properly.

Organisations have Charters of Rights and Responsibilities to empower people who use their services, explaining how they are entitled to be treated and what services expect in return.

We want to find out if a new set of rights is needed, and if so, develop a charter of rights and responsibilities in partnership with young people, parents/carers and the families who use CAMHS services that is easy to understand and meaningful to families. When you attend the consultation we will be talking about the rights that we MUST include in a charter and any additional rights you think should be in a CAMHS Charter of Rights.
CAMHS have a Vision and some Guiding Principles that explains what we are about and the way we work, but we’re not sure whether children, young people and families understand this information or if it could be made easier for them to understand. The first part of this consultation is all about this, because we need to get that right before we develop a Charter of Rights.

**Resources**

If you would like to find out more about rights and responsibilities before you attend the consultation you can have a look at the resources below.

If you need help accessing or understanding the information please contact [CAMHS.Participation@health.wa.gov.au](mailto:CAMHS.Participation@health.wa.gov.au).

**Documents**

- **Child and Adolescent Health Services (CAHS) Customer Charter**
- **Children’s Hospitals Australia (CHA) and The Association for the Wellbeing of Children in Healthcare (AWCH) - The rights of every child in healthcare**
- **Children’s Hospitals Australia (CHA) and The Association for the Wellbeing of Children in Healthcare (AWCH) - Older child’s version**
- **Charter of healthcare rights, Australian Commission for Safety and Quality**
- **Your rights under the Mental Health Act, The Office of the Chief Psychiatrist**

**Organisations**

- ARAFMI Carers & Friends Association
- Australian Human Rights Commission
- The Child and Adolescent Health Service (CAHS)
- The Child and Adolescent Mental Health Service (CAMHS)
- Carers WA
- Council of Official Visitors
- Health Consumers’ Council
- The Health and Disability Complaints Office (HaDSCO)
- SANE - Australia
- WA Association for Mental Health
CAMHS Vision and Guiding Principles

We think that the CAMHS Charter of Rights should reflect our Vision and Guiding Principles. The Vision and Guiding Principles of CAMHS ensure that people who work at CAMHS, other organisations and the families who use our services know what we are all about.

We want to know what you think of our Vision and Guiding Principles. We want young people and parents/carers to understand these principles and want to make sure they mean something to them. You can look at the CAMHS Vision and Guiding Principles on the next page.

You can give us your opinion in a couple of different ways. You can:

- Complete a short survey online that's asks about each of the principles. Click here to take the survey.

or

- email your views to CAMHS.Participation@health.wa.gov.au

If you choose to email please think about the following questions when you are giving feedback:

1. Please highlight any words or sentences in the document below that you think young people may not understand. If possible give alternatives to the words we have used.

2. Do you think we should have a separate Vision and Guiding Principles that is written specifically for young people and parents?

3. If yes, why do you think this?

4. Is there anything else you would like to say about the CAMHS vision and guiding principles?
Appendix C – Pre-consultation online survey
(Click image for PDF Survey)

Are you a

- Child/Young Person
- Parent/Carer
- Other

If you are a child/young person, please tell us how old you are:

Have you or a family member ever used a CAMHS service?

- Yes
- No
- Unsure

https://www.surveymonkey.com/...NK_FQ8_COLLECTION?crr=bnz2M12Z1pp%5K%5Kz9F9C%5K%5kXB%5K%5l3hWW%5MAl%5q4q14042014%7122PAM
Appendix D – Discussion points

- Defining rights and responsibilities – What do young people and carers/parents think rights and responsibilities are?

- Rights and responsibilities available to families of the Child and Adolescent Mental Health Service

- Having a CAMHS Charter

- The length and detail within a Charter

- Different versions of a CAMHS Charter

- How a Charter should be given to families

- The content of a CAMHS Charter
Appendix E – Consultation evaluation form

Child and Adolescent Mental Health Service (CAMHS) Consultation evaluation form

Thank you for taking part in this consultation. Please help us by taking a couple of minutes to complete this form. The information that you give us will be used as demographic data within the consultation report and to help us to improve the way we consult with families.

About you

Please tick which best describes you:

A member of staff [ ]
A child or young person who is using/has used a CAMHS service [ ]
A parent or carer who is using/has used a CAMHS service [ ]
Another family member of someone who is using/has used a CAMHS service [ ]
Someone who has a lived experience of a mental health issue [ ]
A member of the general public [ ]

How would you describe your cultural background? (Just use your own words)

________________________

Age (please tick)

<table>
<thead>
<tr>
<th></th>
<th>0 - 9</th>
<th>10 - 15</th>
<th>16 - 19</th>
<th>20 - 29</th>
<th>30 - 39</th>
<th>40 - 49</th>
<th>50 - 65</th>
<th>over 65</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender (please tick)

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
About the consultation

Do you feel you received the information that you needed to participate fully?
- Completely [ ]
- Very much [ ]
- Slightly [ ]
- Not at all [ ]

Did you feel you were able to give your views?
- Completely [ ]
- Very much [ ]
- Slightly [ ]
- Not at all [ ]

How useful did you find the event?
- Very useful [ ]
- Quite useful [ ]
- Slightly useful [ ]
- Not useful [ ]

How enjoyable did you find the event?
- Very enjoyable [ ]
- Quite enjoyable [ ]
- Slightly enjoyable [ ]
- Not enjoyable [ ]

Are there any other comments you would like to make?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for completing this form. Please return it to the facilitator.

Keeping in touch (optional)

If you would like to hear the outcome of the event you have been involved in today, or would like us to contact you about future ways we would like you to be involved, please fill in your contact details below. We won't give these details to anyone and they won't be used to identify you if the consultation.
## Appendix F - Draft CAMHS Vision and Guiding Principles for families

<table>
<thead>
<tr>
<th>Staff version</th>
<th>New family version</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAMHS Vision</strong></td>
<td><strong>CAMHS Vision</strong></td>
</tr>
<tr>
<td>We are committed to the pursuit of healthier lives for children and young people experiencing mental health issues</td>
<td>We are committed to improving the health of children and young people experiencing mental health issues.</td>
</tr>
<tr>
<td><strong>CAMHS Guiding Principles</strong></td>
<td><strong>CAMHS Guiding Principles</strong></td>
</tr>
<tr>
<td>- Services will be available to infants, children and young people.</td>
<td>- Help will be available to infants, children and young people.</td>
</tr>
<tr>
<td>- Priority will be given to those with severe mental health illnesses.</td>
<td>- Children and young people with complex mental health issues will be helped first.</td>
</tr>
<tr>
<td>- A multidisciplinary and integrated mix of specialist mental health services will be provided that addresses physical, emotional, social, cultural and educational needs.</td>
<td>- A team of staff, with a variety of skills, will be provided that can help with a family’s unique needs.</td>
</tr>
<tr>
<td>- Services will be child centred, family focussed, collaborative, empowering and goal-centred with the needs of</td>
<td>- Services that focus on the whole family, with the child at the centre, will be provided by CAMHS in</td>
</tr>
<tr>
<td>the child and family dictating the type and mix of services provided.</td>
<td>partnership, to meet the individual needs of a family.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>▪ Early identification and intervention will be promoted to enhance the likelihood of positive outcomes and to minimise poor mental health outcomes.</td>
<td>▪ Services that identify and help mental health issues early will be promoted to increase the chances of good mental health outcomes, and to minimise negative mental health outcomes.</td>
</tr>
<tr>
<td>▪ Children and young people will receive services in the most normal, stable environment that is clinically appropriate.</td>
<td>▪ Children and young people will receive services which best meet their needs.</td>
</tr>
<tr>
<td>▪ Families, consumers and carers will be involved in all aspects of service planning, delivery and evaluation.</td>
<td>▪ Children and young people and their families and carers will be able give their views about CAMHS services.</td>
</tr>
<tr>
<td>▪ Services will be responsive to the cultural, racial and ethnic differences of the populations they serve.</td>
<td>▪ Services will aim to meet all needs of a family, regardless of their beliefs, race and background.</td>
</tr>
<tr>
<td>▪ Services are based on contemporary best practice which is ensured by appropriate ongoing workforce development.</td>
<td>▪ Services are based on the way current research says will help families the most, and staff are trained to deliver these services.</td>
</tr>
<tr>
<td>▪ The right to client privacy and confidentiality is upheld where safety is not compromised.</td>
<td>▪ Information will only be shared without permission when safety is a concern.</td>
</tr>
<tr>
<td>▪ Partnerships with schools are critical to ensure that each child’s opportunities for learning and development in the school setting are maximised.</td>
<td>▪ We will work with schools to make sure children and young people have the best chance of doing well.</td>
</tr>
</tbody>
</table>
Appendix G - Draft CAMHS Charter of rights and responsibilities

Access
You have the right to:

- Access services that support your needs and recovery
- Advice from CAMHS if we believe another service would help you better

Safety
You have a right to:

- Be safe from all types of harm
- Receive information about your care, including side effects of any medication
- Receive information about the National Standards that protect you from harm and improve our services
- Receive therapeutic care that keeps you safe in the least restrictive environment
- A second opinion

Respect
You have a right to:

- Be treated with respect and dignity
- Develop partnerships that are without discrimination and free from judgement
- Request to receive care from a staff member of your own gender
- Be acknowledged for your journey throughout recovery
Communication
You have a right to:

- Ask questions about your care and have your care explained to you in a way that you understand
- Receive information and be given choices about your care and medication
- Receive information about informed consent
- Be given information in a language you understand
- Be heard

Participation
You have a right to:

- Participate and be involved in your care and plans towards your recovery
- Access advocacy
- Access additional support relevant to your needs and culture

Privacy
You have a right to:

- Protection of your privacy
- Be told who will see your health records and information
- Access your own health records and information in accordance with the law

Comment
You have a right to:

- Be told about the ways in which you can complain about your care
- Complain about your care and have your comments listened to and addressed
- Give compliments about your care
Responsibilities

You have a responsibility to:

- Be respectful towards staff and visitors at CAMHS services
- Give honest information around my health needs, including any medication you are currently taking
- Ask any questions about my care
- Work in partnership with CAMHS by asking any questions you may have, and by telling us any support, religious or cultural needs you may have
- Let us know if you don’t want to follow the care or treatment we have suggested