

PROJECT EVIDENCE

PROJECT EVIDENCE for Mental Health Promotion. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[9] Mental Health Promotion

- a) Community awareness programs
- b) Mental Health consultation to agencies
- c) Training

[9 b] Mental Health consultation to agencies

In addition to direct clinical casework, there are several other ways in which specialized mental health expertise can be made available to agencies dealing with young people and their families.

These include:

- Case discussion of difficult cases. (We refer to this as '**Secondary Consultation**').
- Brief assessment of clients to assist agencies with their case management. (We refer to this as '**Primary Consultation**').
- Program Development to enhance the mental health component of the agency's case management. (We refer to this as '**Tertiary Consultation**').
- In-service **Professional Development**.

Secondary Consultation

Consultants from Child and Adolescent Mental Health Services may have useful insights into the behavioural and emotional disturbances of young clients of consultee agencies. Case discussions may enable the consultant to bring another perspective to understanding the case, with new possibilities for management.

The consultation process creates a space for people to think about their work in a different way and to reflect upon possible solutions. This assists them to consolidate their own expertise without interfering with their relationship with the client (which sending the young person to a new professional tends to do). This is particularly crucial when there are already multiple people involved in a case, and the management is in danger of fragmentation.

It is possible for these sessions to be provided to individual professionals, but experience indicates it is desirable for them to be conducted as staff group sessions. This is because the process of sharing ideas and expertise that already exists within the consultee agency is an effective method of enhancing skills and working relationships within the team.

Primary Consultation

On rare occasions it is necessary for a brief psychiatric assessment to be undertaken to assist agency staff in the management of their case. This may occur, for example, if there is some odd behaviour that raises a question which can only be answered by a consultant with specific expertise not available within the agency. A brief assessment may be able to answer the question in a way that enables continuing care without the need for referral out.

The major problem with such assessments is that, although brief, they are much more time-consuming than case discussion. They require a pre-briefing, an hour or more with the young person (and/or carers), followed by a discussion of conclusions, and a further period of writing up the findings (because of legal responsibility for the opinion).

Primary consultation should be a brief assessment to answer a specific question for the consultee. If comprehensive assessment and treatment is needed, referral should be made for that purpose, avoiding primary consultation because it could interfere with that process.

Tertiary Consultation

When an agency has a high percentage of its young clientele showing significant degrees of emotional disturbance, there is likely to be some benefit from enhancement of the mental health dimensions of its programs. Review of the program aims and procedures from a mental health perspective could result in valuable gains of efficiency and effectiveness.

Changes of policies and procedures within an agency are the responsibility of the senior staff of the agency. Tertiary consultation requests must be approved by senior staff, preferably through direct discussion between the Chief of the agency and the Coordinator of our Community program. This is to ensure that an appropriate consultant is selected, and appropriate guidelines are established for the consultation.

Professional Development

In-service professional development can be assisted by our consultants in a variety of ways. The commonest way is by discussion of problems in secondary consultation sessions. Sometimes specific educational sessions on topics such as 'School Refusal' or 'Depression and Suicide' may be more useful. Occasionally, workshops can be arranged for more complex needs such as implementation of behaviour modification programs.

Arrangements

Preliminary discussion of prospective consultancy services should be directed to the Director of the specialist Child and Adolescent Mental Health Service of the region, who should arrange for an appropriate staff member to confer.

Regular service projects should specify:

- The *aims and objectives* of the proposed consultancy, including a statement of *desired outcomes*,
- The composition of the consultee group,
- The time, place, and duration of meetings,
- The identity of the consultant and the agreed format of the consultations,
- Any procedural matters, such as prior supply of information, and means of communication.

A Contract, outlining the commitments arising from the negotiations, should be drawn up for signing by both agencies. The usefulness of the consultancy service should be periodically reviewed in the light of the *desired outcomes*.

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