



**Restructure Consultation Paper  
SESLHD Child & Adolescent Mental Health  
Services (CAMHS)**

August 2025



Comments or feedback on this proposal can  
be submitted in writing to

General Managers Office

SESLHD-GeneralManagersOffice-  
MentalHealth@health.nsw.gov.au

## Version Control

Version Number	Date (DD/MM/YYYY)	Details of Changes	Author (Name and Position Title)
V.1	08/01/2025	Initial Draft	Dr Claire Gaskin (CAMHS Clinical Director)
V.2	18/3/2025	Incorporating feedback from GM and HR Business Partner	Dr Claire Gaskin (CAMHS Clinical Director)
V.3	15/4/2025	Incorporating further feedback from GM, HR Business Partner and CAMHS Clinical Director	Dr Claire Gaskin (CAMHS Clinical Director)
V.4	12/05/2025	Incorporating further feedback from CAMHS Clinical Director and Senior Executive	Dr Claire Gaskin (CAMHS Clinical Director)
V.5	23/5/2025	Incorporating feedback from CAMHS Clinical Director	Dr Claire Gaskin (CAMHS Clinical Director)
V.6	30/5/2025	Incorporating feedback from GM	Dr Claire Gaskin (CAMHS Clinical Director)
V.7	10/6/2025	Incorporating feedback from Director of Nursing, Mental Health.	Dr Claire Gaskin (CAMHS Clinical Director)

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## 1. Overview of SESLHD Child & Adolescent Mental Health Services (CAMHS)

### 1.1 Background

Child and Adolescent Mental Health Services (CAMHS) in South Eastern Sydney Local Health District (SESLHD) provide specialist mental health care for 0-18 yr olds and their families and caregivers. Teams are community based and are located at multiple sites across the Northern and Southern sectors of the district (Prince of Wales Hospital, Kogarah and Caringbah Community Health Centre).

Multidisciplinary teams, with oversight from psychiatrists, provide evidence-based, high quality and person centred clinical care to children, young people, families and carers who present with significant and complex mental health challenges. A defining feature of CAMHS services is the utilisation of a family inclusive model of practice that recognises developmental stages, and the importance of activating systems that support the child or young person, to produce the best possible outcomes.

CAMHS works closely with other agencies in the paediatric service provision space for ongoing care such as community health, paediatrics, general practitioners, education, and child protection agencies, while also maintaining strong partnerships with youth mental health services such as headspace.

In 2022, the NSW Ministry of Health introduced statewide funding for new community based mental health services to be established in 11 LHD's, for children and adolescents (0-17 years) and their families / caregivers experiencing acute mental distress (Safeguards teams). In SESLHD there are two Safeguards teams operational, covering northern and southern areas of the District. This funding was also supported by a statewide model of care that stipulated the need for these teams to be embedded within existing CAMHS structures.

In addition to this, a review of service delivery across the District in 2024 was conducted as part of a Clinical Redesign project looking specifically at improving access to mental health services for children under 12 and their families. Data from this review highlighted significant clinical variance with regards to service structure and delivery for this cohort. Of note and concern is the issue of equitable access with almost five times as many children under 12 being referred to services in the north of the District when compared with the south. There is also a concern when considering access for Aboriginal children and families with referrals for this population representing 12% of total referrals in the north, and only 4% in the south (data reflects activity in FY 22/23 – FY23/24).

There is a current Youth Mental Health initiative occurring, focused on enhancing services provided via headspace and targeting increased complexity in the 12-25 years age group. This initiative will require collaboration with CAMHS leadership across the District to ensure clarity and consistency for CAMHS service provision given multiple points of overlap in service provision and age range.

In 2024, a restructure of the Child and Adolescent Psychiatry Consultant workforce was completed that saw a transfer of line management from site Clinical Directors to the District Child and Adolescent Clinical Director (T24/53705). The purpose of this restructure was to support capacity building within the Child and Adolescent psychiatry workforce to ensure specialist psychiatry is available, equitably, across the District. Additionally, this structure supports the Child and Adolescent psychiatry workforce to work collaboratively to develop models of working using best evidence and to contribute their expertise District wide. This structure supports child and adolescent medical staff engagement in training, teaching and service delivery across the District, preventing siloing of skills and expertise. The structure addresses well-being by encouraging inclusion and collaborative leadership, and minimising isolation of the CAMHS medical staff in the District. This structure supports the streamlining of recruitment of specialist medical staff and is and is seen as an important component of the District wide CAMHS psychiatry retention strategy.

The proposed restructure of the broader CAMHS services in SESLHD aligns with this Psychiatry Consultant workforce restructure and the age specific approach to service provision reinforced by Ministry of Health through allocation of funds in the Safeguards model. District wide operational oversight of CAMHS services supports enhanced clinical governance and enables improved collaboration across the sites, ensuring consistent service models and equitable care. The overarching District wide model of care currently being developed will serve as the roadmap for service delivery. The proposed operational management structure will allow the leadership team in CAMHS to collaboratively develop services, utilising their knowledge of this population. There will be a more coordinated response to strategic opportunities in this area, including opportunities to work more effectively with other Directorates where services overlap, such as PACH, who have a District based operational management structure. It is anticipated that this proposed restructure will ensure CAMHS leadership is present at both District and site-based governance and other key performance meetings, ensuring accountability and strengthening governance.

This proposed restructure supports the development and implementation of a district wide model of care that is evidence-based and developmentally appropriate to ensure high quality service provision that minimises clinical variance and supports positive long term mental health outcomes for children, young people and their families. It supports improved resource allocation through opportunities for enhanced workforce training and development, with a view to improving staff experience, and minimises operational barriers to building capacity in the CAMHS space to support increasingly complex presentations to these services.

### 1.1.1 Programs & Teams

#### **District Wide Services**

##### **Got It!**

Got It! is a District specialist school-based mental health early intervention service which aims to reduce the frequency and severity of conduct problems at a time when intervention is likely to be most effective and prevent the development of severe behaviour problems in young children from Kindergarten to Grade 2 (5-8 years).

##### **Safeguards**

The Safeguards Team is a dedicated CAMHS resource providing care to children and adolescents aged 0-17 years experiencing acute mental health distress. The Team is community-based and provides rapid, mobile, intensive and flexible short-term delivery of interventions to resolve mental health crises. They provide extended hours mental health services and partner with relevant health services to ensure support is available 7 days a week to young people and families while in crisis.

##### **School-Link**

The School-Link initiative is a partnership between NSW Health and the Department of Education and Training (DET). It provides a framework to support child and adolescent mental health services, schools and Technical and Further Education (TAFE) to work collaboratively on early identification of children and adolescents with mental health issues and facilitating early access to appropriate services.

#### **Site Specific Child & Adolescent Mental Health Services (CAMHS)**

CAMHS are specialist mental health services for consumers under 18 years old or consumers who are currently still attending school. CAMHS provides comprehensive assessment, individual and family based therapeutic intervention and short to medium term therapy to children, adolescents and their families and carers who are experiencing moderate to severe emotional, behavioural and associated social difficulties. Individually tailored and family focused interventions are employed to improve the wellbeing of the consumer and address maintaining factors in the environment. Close links are maintained with Child, Youth and Family Services (Population & Community Health) and Sydney Children's Hospital Network (SCHN). External referrals are made through the State Mental Health Telephone Access Line (SMHTAL) (e.g. from general practitioners, school counsellors and

families). Internal referrals can be made direct to the CAMHS team (e.g. from SESLHD hospital and community services, other LHD CAMHS or inpatient units, Headspace). Interventions range from behaviour management, cognitive based therapy, family therapy, group interventions, dialectical behavioural therapy and medication where appropriate.

In the South of the District, Sutherland and St George CAMHS teams provide support to children and young people aged 0-18 years (if still attending high school) and their families / caregivers. These teams also provide in-reach consultation to the local paediatric wards, Psychiatric Emergency Care Centre (PECC) units, and adult inpatient units where appropriate.

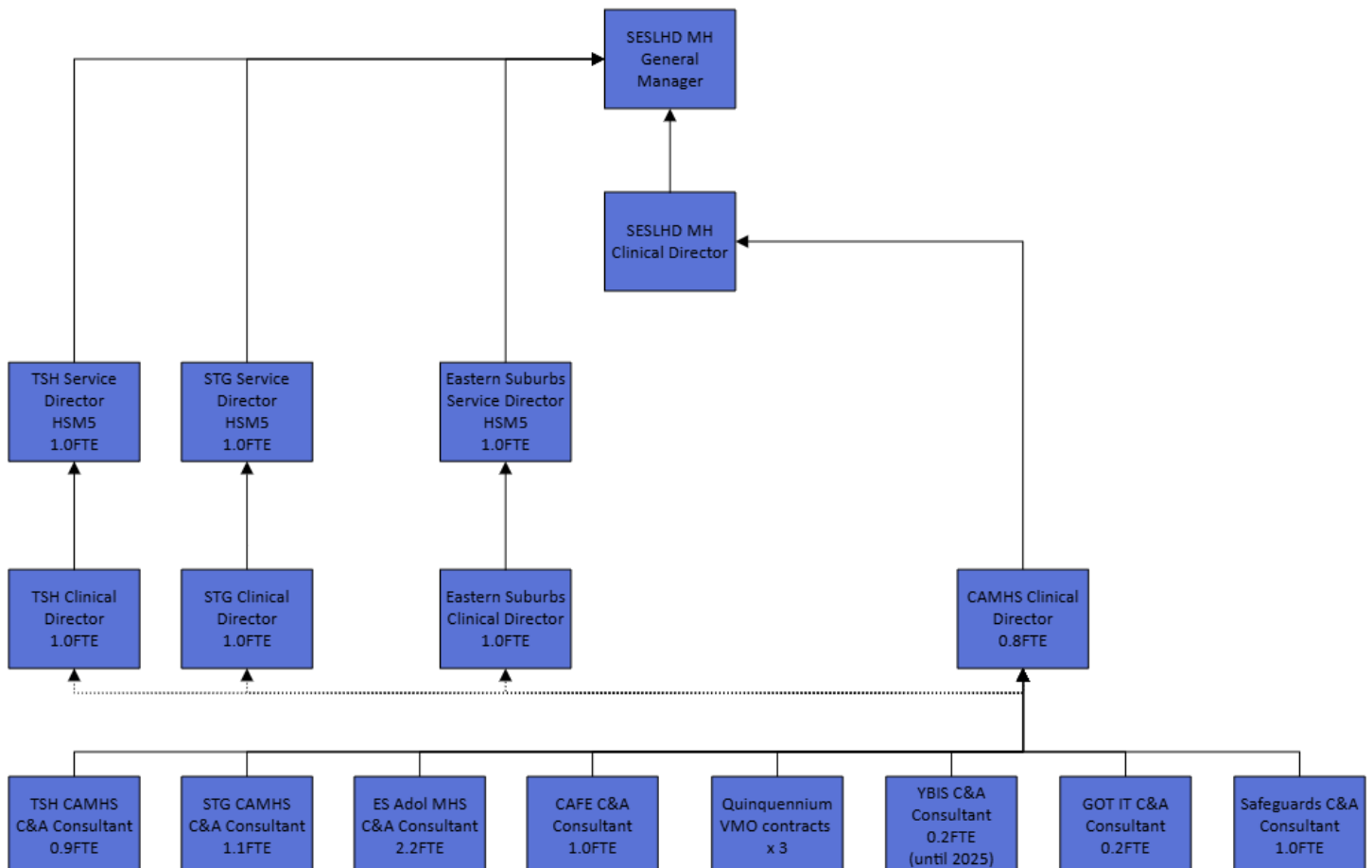
In the North of the District, mental health service provision is divided across two teams:

- Child & Family East (CAFÉ), supporting 0–12-year-olds and their families / caregivers who are exhibiting significant emotional, behavioural, social or relational difficulties. This service was formed in partnership with Eastern Suburbs Mental Health Service and Population and Community Health (PaCH). Governance of this service sits primarily with PaCH, however there is a component of clinical and medical FTE provided by Mental Health Services
- Eastern Suburbs Adolescent Service, providing specialist mental health support to 12–18-year-olds and their families / caregivers, as well as in-reach consultation to PECC units and the POW hospital and adult inpatient units where appropriate.

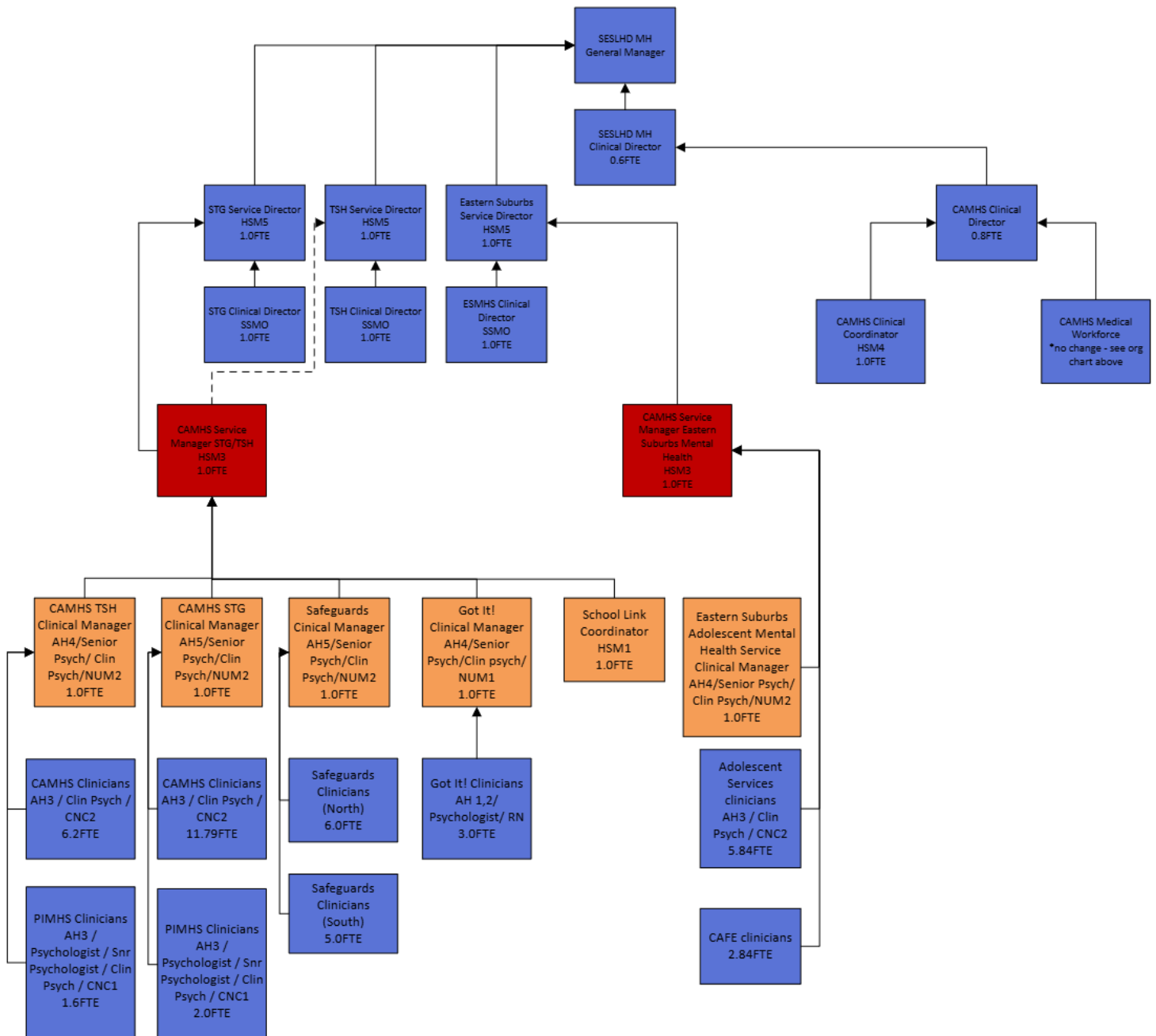
## 1.2 Current Organisation Structure

### 1.2.1 Current Organisation Charts

#### CAMHS Medical workforce



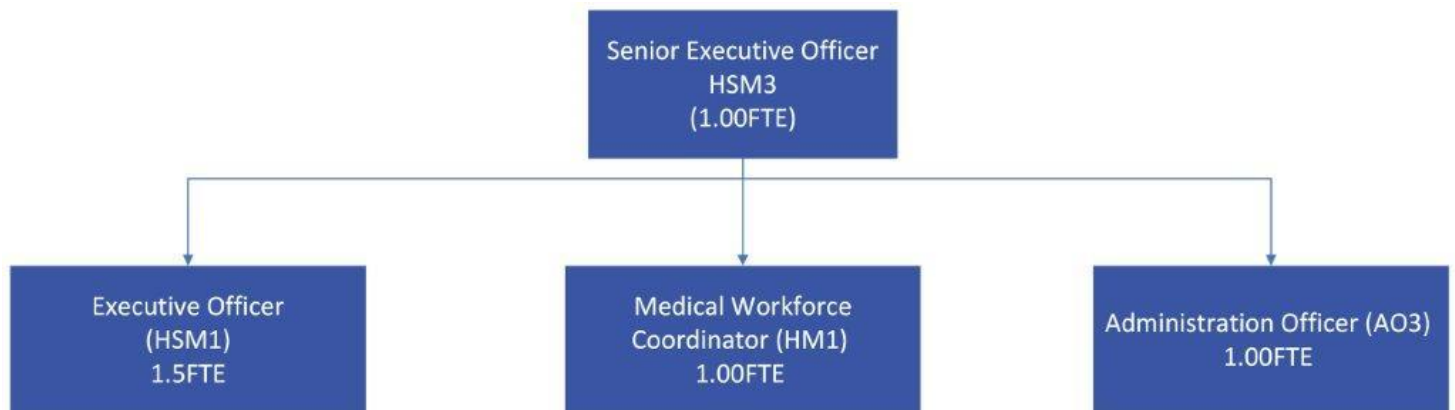
## CAMHS Workforce



**RED** = Affected positions

**ORANGE** = Changes to reporting line

**Office of the General Manager MHS**



**1.3 Case for Change**

As highlighted in the National Children’s Mental Health and Wellbeing Strategy, poor mental health during childhood leads to poor physical, social and emotional outcomes as an adult, with 50% of adult mental health issues emerging before the age of 14. In 2023, there were 94 deaths by suicide among children and adolescents (aged 17 and below) with the majority occurring in those aged 15–17 (71.3%) (Australian Institute of Health and Welfare, [aihw.gov.au](http://aihw.gov.au)) with approximately 13.6% of Australian children aged 4-11 years having a diagnosed mental illness.

The First 2000 Days Framework highlights the importance of early intervention in maximising physical, cognitive, social and emotional health as an adult. Ensuring access to developmentally appropriate, evidence based, early intervention mental health services for this population is therefore crucial in reducing long term impacts and improving overall health and wellbeing outcomes for children, young people and their families. In turn, there is also a positive impact on the health system by reducing the burden on resources and limiting spiralling costs of long term and chronic care [4].

The NSW Government has also acknowledged the need for more specialised treatment for children and adolescents aged 0-17years with the Ministry of Health announcing a significant funding boost in 2021 to create Safeguards Teams. These teams were created in recognition of the increasing presentations of children and young people experiencing acute mental health distress and are embedded within existing CAMHS services to provide rapid, innovative and developmentally appropriate care. SESLHD Safeguards commenced operation in 2022 in the south of the district, with a second team recently commenced operations in the north of the district in January 2025.

A review of CAMHS services in SESLHD was conducted in 2024 involving feedback from staff, stakeholders and families. High level process mapping revealed that 87% of issues identified related to the first three steps of the consumer journey (intake, assessment and treatment phases of care). Findings indicated that there was significant clinical variance across the district, with families and referrers feeling unclear about what constituted an appropriate referral to CAMHS, and that the referral criteria were unclear and applied inconsistently (often

related to service demand and perceived capacity). Staff reported that they struggled to delineate behavioural and mental health issues across the age span, that there were challenges evident in collaboration with stakeholders, and that there were limitations to the provision of best practice care.

This review also highlighted the significant gap in service provision for the Aboriginal community, with per capita data indicating that it is approximately six times more likely for Aboriginal children and young people to present to the Emergency Department for mental health support when compared with the non-Aboriginal population. Alarming, this does not translate to ongoing engagement with CAMHS with numbers of referrals considerably lower – representing only 4% of total referrals within CAMHS. SESLHD's Aboriginal Health Plan 2024-2026: Healthy Mob, Strong Community, aspires to improve equity of access to high quality healthcare for Aboriginal people, ensuring services are evidence-based, co-designed and underpinned by SESLHD's values of collaboration, openness, respect and empowerment. It is intended that this restructure will allow greater clarity and definition around CAMHS services with a view to providing more targeted and culturally safe interventions to this population.

With the advent of the recent Youth Mental Health Initiative funding within Headspace targeting increased complexity in the 12-25years age group, it has been identified that CAMHS services across the district (working with 0-17years age group) need to be clearer regarding their model of care and defining service delivery. Clarity around service criteria and scope of service is crucial to aid in helping children, young people, parents/caregivers and stakeholders to better understand what support is available to them across the district, thereby resulting in a more efficient and effective experience of accessing services.

Additionally, within SESLHD, CAMHS services are structured differently between the north and south of the district, something that contributes significantly to clinical variance and inequity of access to services, particularly for children aged 0-12yrs. In the north of the district, service to this population is provided by Child & Family East (CAFÉ) - a specialist under 12's mental health service governed by Population & Community Health (with 2.84FTE of MH staffing). Over the past 2 financial years (2022/2023 – 2023/2024), almost 5 times as many children under 12 were referred to services in the north versus the south, with referrals for this age group making up only 9% of referrals to CAMHS in the south of the district.

The SESLHD Health Care Services Plan 2023-2033, demands a focus on equitable access regardless of location or circumstance, and sustainable models of care that put the patient at the centre. It is hoped this proposed restructure will contribute to SESLHD's commitment to equitable access by addressing the four mission statements set out in this plan:

- Continuously improve care that optimises the patient experience and outcomes.
- Enhance care in the community.
- Deliver safe, integrated and comprehensive, person-centred care; and
- Develop models for the delivery of specialised services at scale

Notably, SESLHD do not have any adolescent mental health inpatient beds available, meaning a majority of increasingly complex and challenging young people and their families are being managed in community settings. With community-based treatment being the most trauma informed and developmentally appropriate approach wherever possible, it demands an even more robust organisational structure within community based CAMHS teams to support and facilitate effective treatment and management in the community. Given the lack of identified adolescent mental health beds in this district, children and young people experiencing acute mental illness requiring hospitalisation are often admitted to various locations such as paediatric wards, Psychiatric Emergency Care Centres (PECC) and adult psychiatric inpatient wards. It is therefore essential that CAMHS has a simplified pathway of operational clinical oversight across the District to ensure that care is provided in a coordinated and timely way, wherever the child, family or young person presents.

The proposed CAMHS restructure in SESLHD involves the creation of a District-wide Child and Adolescent management and leadership team that can effectively and sustainably respond to the current and predicted needs of the population and adapt to the current health reform agendas in Australia. The proposed SESLHD MHS restructure of CAMHS services aligns with the National Children's Mental Health and Wellbeing Strategy, and the first 2000 days Framework through its focus on equity, prevention and early intervention for children and young people. A District-wide model for CAMHS service delivery would reduce the operational barriers to

collaborative working with the introduction of one management team, enabling rapid response, and more efficient implementation of service enhancement and development. As an organisation, the provision of consistent services that best meet the needs of this population is a crucial element of service delivery with potential risks to patient safety and organisational reputation if not addressed. It is anticipated that this proposed restructure will ensure CAMHS leadership is present at both District and site-based governance and other key performance meetings, enhancing opportunity, ensuring accountability and strengthening governance.

As well as enhancing clinical consistency and ensuring simpler escalation pathways for both clinical and non-clinical issues, the structure proposed will also provide the staff base in CAMHS greater opportunity and equity in professional development opportunities. With greater cohesion of service design and delivery there are more opportunities for cross-pollination of skills and utilisation of staff with specialist skills and training to contribute not only clinically but also strategically. This is a key factor in the recruitment and retention of highly trained staff which is a significant and well recognised challenge in the current workforce climate.

## 2. Proposed Organisation Structure

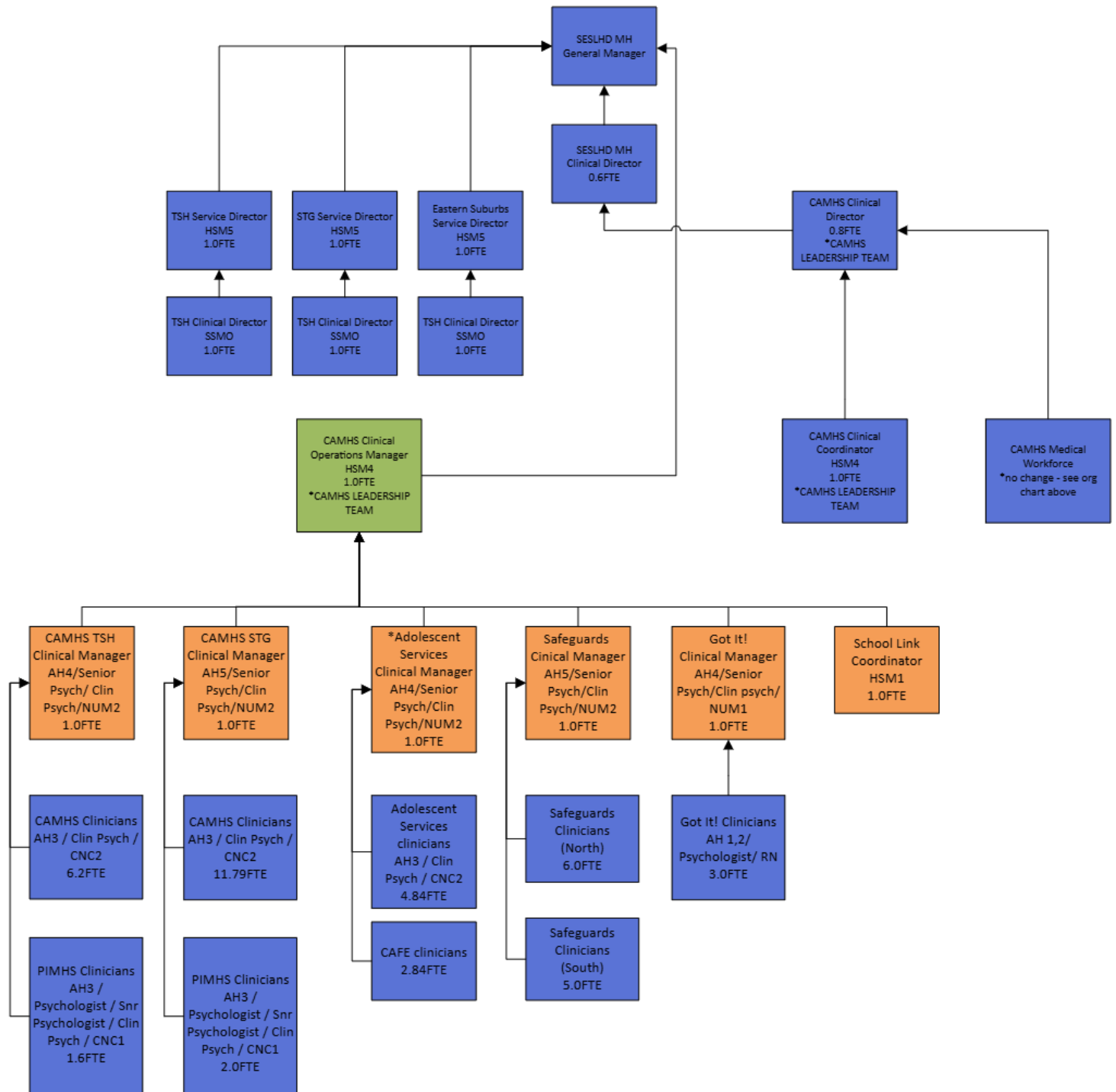
This proposed restructure will be within existing budget.

The creation of a HSM4 Clinical Operations Manager is proposed, via the deletion of existing CAMHS Service Manager STG/TSH (HSM3, 1.0 FTE). The CAMHS Service Manager ESMHS (HM3, 1.0 FTE) is a temporary position which will not be continued.

The proposed CAMHS Leadership Team will also require the creation of an administration role to support this functionality, that would be embedded within the Mental Health Service workforce.

## 2.1 Proposed Organisation Chart

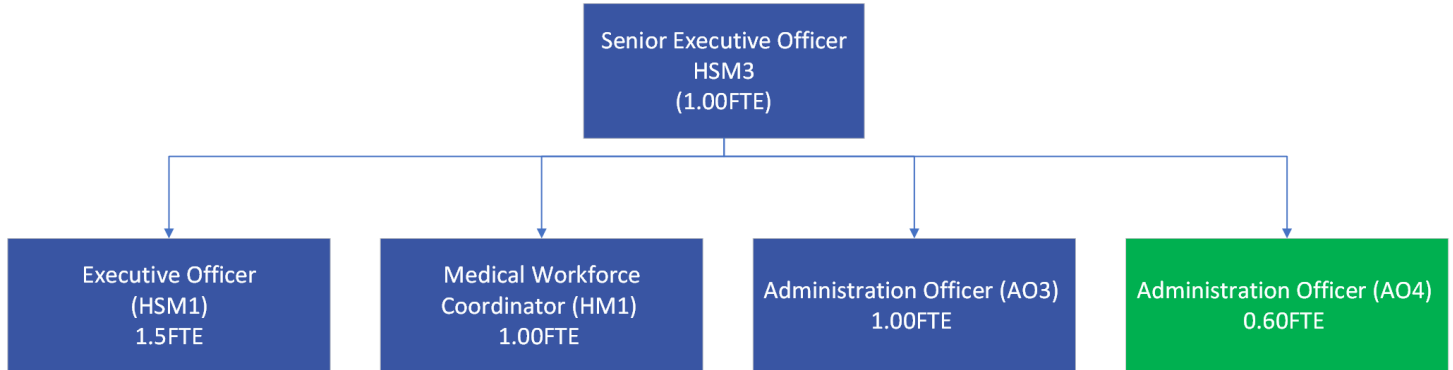
### CAMHS Workforce



**GREEN** = New positions

**ORANGE** = Changes to reporting line

**Office of the General Manager MHS**



**GREEN** = New position to support CAMHS administration.

**3. Clinical Governance**

	Meeting	Attendees / Representation	Frequency
<b>CAMHS</b>	Morning Huddle	All CAMHS staff All Safeguards staff All medical staff	Daily
	Case Review Meeting (CRM)	All CAMHS staff All Safeguards staff All medical staff	Weekly
	CAMHS Senior Leadership Meeting	CAMHS Clinical Director CAMHS Clinical Operations Manager CAMHS Clinical Coordinator	Weekly
	CAMHS Management Meeting	CAMHS Clinical Director CAMHS Clinical Operations Manager CAMHS Clinical Coordinator STG CAMHS Clinical Manager TSH CAMHS Clinical Manager ESAMHS Clinical Manager Safeguards Clinical Manager Got It! Clinical Manager	Weekly
	Staff Meetings	All CAMHS staff All Safeguards staff All medical staff	Monthly
	CAMHS Consultant Meetings	All CAMHS SMO & VMO	Monthly
	CAMHS Steering Committee Meeting	CAMHS Clinical Director (Chair) CAMHS Clinical Operations Manager CAMHS Clinical Coordinator Rotating representation CAMHS Clinical Managers Rotating representation CAMHS Medical staff Rotating representation CAMHS Nursing staff	Bi-monthly

		Rotating representation CAMHS Allied Health Staff	
<b>SITE BASED</b>	CAMHS / SCHN Acute Referrals Meeting	ESAMHS Clinical Manager	Weekly
	STG Clinical Governance	STG CAMHS Clinical Manager	Monthly
	STG Work Health & Safety	STG CAMHS WH&S Rep	Monthly
	STG iiMS Meeting	STG CAMHS Clinical Manager	Monthly (as required)
	TSH Clinical Governance	TSH CAMHS Clinical Manager	Monthly
	TSH Work Health & Safety	TSH CAMHS WH&S Rep	Monthly
	TSH iiMS Meeting	TSH CAMHS Clinical Manager	Monthly (as required)
	ESMHS Clinical Governance	ESAMHS Clinical Manager	Monthly
	ES Work Health & Safety	ESAMHS WH&S Rep	Monthly
	ES MHS iiMS Meeting	ESAMHS Clinical Manager	Monthly (as required)
	CAMHS / SCHN Processes Meeting	CAMHS Clinical Operations Manager	Fortnightly
	CAMHS SCHN Acute Referrals Meeting	ESAMHS Clinical Manager	Weekly
	CAMHS / headspace (Hurstville & Miranda)	STG CAMHS Clinical Manager TSH CAMHS Clinical Manager	Bi-monthly
	CAMHS / headspace (Bondi Junction)	ESAMHS Clinical Manager	Monthly
<b>DISTRICT</b>	SESLHD MHS Clinical Council	CAMHS Clinical Director	Monthly
	SESLHD MHS Clinical Governance Committee	CAMHS Clinical Director CAMHS Clinical Operations Manager CAMHS Clinical Coordinator	Monthly
	SESLHD MHS Comprehensive Care Committee	CAMHS Clinical Coordinator	Monthly
	SESLHD Mental Health National Standard 4 Committee (Medication Management)	CAMHS Clinical Director	Monthly
	Mental Health Senior Executive Meeting	CAMHS Clinical Director CAMHS Clinical Operations Manager	Monthly
	SAER Meeting	CAMHS Clinical Operations Manager	As required
	SESLHD MHS e-health Committee	CAMHS Clinical Operations Manager CAMHS Clinical Coordinator	Monthly
	SESLHD MHS Document Development and Control Committee	CAMHS Clinical Coordinator	Monthly
	SESLHD MHS Education, Training and Workforce Committee	CAMHS Clinical Director	Bi-Monthly
	Towards Zero Suicide Committee	CAMHS Clinical Coordinator	Monthly
	SESLHD MHS Morbidity & Mortality Meeting	CAMHS Senior Leadership Team Representative	Quarterly
	SESLHD MHS Research Committee	CAMHS Clinical Director	Monthly

## 4. Proposed changes to Positions

### 4.1 Positions for Deletion

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	CAMHS Service Manager (STG/TSH) HSM3 1.0 FTE	Deletion of position	Filled	Y
2	CAMHS Service Manager (Eastern Suburbs MHS) HSM3 1.0FTE	Deletion of position - discontinuance of temporary position currently funded to November 2025	Filled (temp full time until Nov 2025)	N

### 4.2 Positions with Changes to Reporting Lines

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	STG CAMHS Clinical Manager	Change in reporting line only	Filled	Y
2	TSH CAMHS Clinical Manager	Change in reporting line only	Filled	Y
3	Adolescent Services Clinical Manager	Change in reporting line only	Vacant	n/a
4	Safeguards Clinical Manager	Change in reporting line only	Filled	Y
5	Got It! Clinical Manager	Change in reporting line only	Filled	Y
6	School Link Coordinator	Change in reporting line only	Filled	Y

### 4.3 New Positions

No.	Position Title	Summary of Proposed Change
1	CAMHS Clinical Operations Manager HSM4 1.0FTE	District wide Clinical Operations Manager for CAMHS reporting to General Manager MHS
2	Admin Officer 4 0.6FTE	Creation of AO4 role to support CAMHS leadership team, reporting to Senior Executive Officer, Office of the General Manager

## 5. Consultation

The SESLHD Child and Adolescent Mental Health Services (CAMHS) Restructure Consultation Paper and revised position descriptions will be released for consultation for two weeks. The CAMHS Clinical Director will have discussions with all members of the teams who are directly impacted by the proposal during the consultation period.

The SESLHD CAMHS Restructure Consultation Paper will be tabled at the SESLHD Mental Health Executive Meeting and circulated to CAMHS staff for comment. The SESLHD CAMHS Restructure Consultation Paper will also be circulated to site based Clinical Directors and Service Directors for comment.

The CAMHS Clinical Director will consider feedback from all affected staff members as well as the Mental Health Senior Executive. Written feedback will be collected by the Office of the General Manager.

The Health Services Union (HSU), The New South Wales Nurses and Midwives Association (NSWNMA) and the Australian Salaried Medical Officers' Federation (ASMOF) will be notified of the proposal and provided with the Restructure Consultation Paper, as well as an opportunity to comment on the proposal.

## 6. Employee Assistance Program

Staff are reminded of the availability of the Employee Assistance Program through Converge on 1300 687 327. This number is answered 24 hours per day, seven days a week to facilitate enquiries, booking requests and to provide assistance.

## 7. Restructure Timeframe

Task	Documentation/Task	Timeframes (Indicative) Week Commencing
Restructure Consultation documents completed	Restructure Consultation Paper	16 June 2025
Initial consultation period / awareness discussions with Executive	Meet with General Managers	4 August 2025
Consultation period with staff and unions commences	Restructure Consultation Paper and draft position descriptions	5 August 2025
Consultation period closes	-	At Close of Business Monday 18 August 2025
Feedback reviewed and considered.	Restructure Consultation Paper Feedback from consultation	18 August 2025
Final consultation document incorporating any changes identified during consultation circulated	Restructure Consultation Paper (Final)	18 August 2025


Written advice issued to affected staff	Letters to advise of 'affected status'	18 August 2025
Grading of new positions, if applicable	New position descriptions submitted to District Grading Committee(s)	25 August 2025
Process of filling positions in the new structure	Letters to advise of matching to positions	8 September 2025
Recruitment to vacant positions	Through merit selection recruitment process	1 October 2025
Permanent employee(s) not matched to permanent or temporary position commence job seeking support within SESLHD and referred to Workforce mobility Placement team (WMP) at Premiers department.	WMP to seek suitable positions within other Government agencies	20 October 2025

## 8. Position Descriptions

No.	Document description	Internal Ref.
1	CAMHS Clinical Operations Manager	T25/33270
2	Administration Officer	T25/34873

## 9. Endorsement

### Executive Sponsor

<b>Name</b>	Christopher Hay
<b>Position Title</b>	General Manager, Mental Health Services
<b>Signature</b>	
<b>Date</b>	13 June 2025

