



## The Social and Economic Benefits of Improving Mental Health Productivity Commission Issues Paper

### Child and Adolescent Health Service Submission

The Child and Adolescent Health Service (CAHS) Child and Adolescent Mental Health Services (CAMHS) in Western Australia (WA) provides recovery-focussed mental health programs to infants, children and young people from 0 – 17 years of age with severe and complex mental health issues. These services may be metropolitan based, or state-wide; all focus on the strengths and needs of the family, offering choice and working together. Within CAHS there are three main directorates: Community, Specialised services and Perth Children’s Hospital (PCH) CAMHS.

CAHS welcomes the opportunity to provide input into the Productivity Commission’s Inquiry into the role of improving mental health to support economic participation and growth.

#### Structural weaknesses Identified in Past Reviews

The complexity of Commonwealth/state relations acts as a barrier to designing good care for people with mental illness. The Australian mental health system is currently fragmented, with poor integration between public, private and non-government organisations. The current funding of mental health where the Commonwealth, State and Territory Governments all have responsibility for mental health creates an environment of cost shifting and blame and fragmentation of governance and reform. It is an environment that is difficult for clinicians to navigate, let alone consumers and families when they are unwell. A more simplified governance structure, under one system with stable funding would promote accountability, improve stability and reduce the gaps and duplications in services which is currently seen.

The creation of Public Health Networks by the Commonwealth Government has resulted in a separate Commissioning body for federal funded programs and services. Many Commonwealth funded programs are not evaluated or assessed for evidence prior to expansion. For example, Headspace Services have been expanded despite evaluations showing limited benefits<sup>1, 2</sup>.

The creation of the WA Mental Health Commission (MHC) in 2010 resulted in the commissioning of public mental health services being removed from the WA Department of Health (DoH) to the new Commission. CAHS hold the view that this has not resulted in streamlined, easy to navigate service or greater mental health outcomes for consumers.

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<sup>1</sup> Hifferty F, Cassells R, Muir K, et al. (2015). *Is Headspace Making a Difference to Young People’s Lives? Final Report of the Independent Evaluation of the Headspace Program (SPRC Report 08/2015)*. Sydney, University of New South Wales, Social Policy Research Centre.

<sup>2</sup> Rickwood, D.J., Mazzer, K.R., Telford, N.R., et al. (2015) Changes in psychological distress and psychosocial functioning in young people visiting headspace centres for mental health problems. *Medical Journal of Australia*, 202, 537-542.



WA health services have experienced numerous reviews recently, for example:

- The Stokes Review into admission, transfer and discharge practices in WA public mental health services (2012).
- Review of Safety and Quality in the WA health system (2017).
- The Sustainable Health Review to prioritise the delivery of patient-centred, high quality and financially sustainable health care in WA (2018).
- Review of the Clinical Governance of Public Mental Health Services (2019, current review).

From these reviews there has been limited expected outcomes and/or timeframes for completion. In addition, there has been no specific funding allocated for the implementation of any recommendations.

In WA, the MHC's Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 is largely unfunded and guides investment only. It is dependent on the financial capacity of the State and the wider mental health sector for implementation.

The 'Mental Health Clinical Governance Review' in WA is currently underway with an expected due date of 30 June 2019. Clinical Governance of the public mental health system in WA is currently shared across separate agencies and statutory entities, including Health Service Providers (HSP), DoH, MHC, Office of the Chief Psychiatrist (OCP), and other non-operational statutory entities such as the Mental Health Tribunal, Mental Health Advocacy Service and the Health and Disability Services Complaints Office, which have different service provision, regulatory, assurance and facilitation roles and responsibilities. This independent review will investigate the following focus areas; current clinical governance areas, lack of clarity/gaps/duplication, fragmentation/interface, effectiveness, efficiency, support for quality improvement and innovation, learning culture, and opportunities for clinical governance improvement/reform.

### Specific health concerns

The Sustainable Health Review Interim Report (2018) highlights the need to place much more emphasis on a young person's first 1000 days to promote a healthy life. Indeed, the WA Government recently identified Improving the health and wellbeing of children in the early years as a key priority.

We know that one in six Australian children and young people aged between four and 17 years of age experience a mental health problem. Longitudinal studies indicate at least 6% of children less than the age of 5 years have mental health problems requiring a tier three or four service. It is well established that early detection, assessment and intervention of mental health problems in infancy and early childhood is more successful and cost effective than treatment when symptoms become more severe. However, there is currently no comprehensive, specialist, multidisciplinary service providing infant and early childhood mental health assessment and intervention to Western Australian (WA) families. Specific, ring-fenced funding would ensure infants and young children with severe and/or complex mental health difficulties receive assessment and intervention at the optimal time, reducing the need for costly and longer-term mental health treatment in the future.

Assertive community mental health services have been implemented in other Australian states and internationally to support people experiencing a mental health crisis. Evidence indicates that assertive outreach models can conservatively be estimated to reduce suicide rates by 20% and bring a return on investment of \$1.80 for every dollar invested.<sup>3</sup> There is currently no Tier 4 intensive community-based program in the Perth metropolitan area for children and young people with acute mental health issues.

In addition to this, there are some groups more at risk of mental health problems than others. These include children in out-of-home care, Aboriginal children, children in the justice system, children with gender dysphoria and children with co-morbid conditions. These groups require additional specialist and culturally sensitive service provision.

The State-wide Specialist Aboriginal Mental Health Service (SSAMHS) within CAHS aims to improve the mental health outcomes for Aboriginal infants, children and their families by providing access to culturally appropriate mainstream services and developing and strengthening interagency partnerships as well as improving community awareness of mental health issues. The service provides holistic, culturally appropriate, evidence-based assessment and interventions and seeks to develop the Aboriginal Mental Health Workforce. Data on referrals and ongoing care of Aboriginal children and young people by Community CAMHS clinics found:

- 2.1 times as many referrals of Aboriginal children and young people go to clinics with SSAMHS workers compared to those without; and
- 2.7 times as many activations of Aboriginal children and young people at clinics with SSAMHS workers compared to those without. CAHS proposes that all mental health services have a SSAMHS worker who is provided support, training, mentoring and supervision by a senior Aboriginal Mental Health Worker.

### Health workforce and informal carers

Providing quality specialist assessment and intervention to families in rural and remote areas, as well as outer metropolitan suburbs, requires creative solutions and an increase in technological investment to enable platforms such as telehealth to be most effective. Currently CAMHS state-wide acute and specialised services provide comprehensive assessment and intervention to children and young people from all over WA as inpatients and/or outpatients via telehealth. The state-wide CAMHS services are 5A Mental Health Inpatient Unit, Child and Adolescent Hyperactivity Disorders Service (CAHDS), Pathways, Eating Disorders Service and Gender

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<sup>3</sup> KPMG and Mental Health Australia (2018) Investing to Save, The Economic Benefits for Australia of Investment in Mental Health Reform. Available at <https://mhaustralia.org/publication/investing-save-kpmg-and-mental-health-australia-report-may-2018>

Diversity Service. Metropolitan based clinicians provide consultation and liaison services to Western Australia Country Health Service (WACHS) colleagues.

Continued professional development and training is imperative to support and maintain evidence based best practice within a service. Psychoeducation can also help to support consumers and carers in the community. The use of telehealth, simulation and other methods of delivery is important.

It is essential that consumers and carers are included in the co-design of services initially and have opportunities to provide input on a regular basis. This ensures programs are developed to provide maximum support and benefit.

## Housing and homelessness



Young people cannot feel mentally healthy without stable and safe housing. Homeless young people are less likely to stay engaged with school, find jobs, get access to rental housing and maintain friendships. They are more likely to experience depression, poor physical health, substance abuse and mental health problems. Without the right support, many will struggle with homelessness their entire lives.

Not having a home also puts people on the margins of society where they encounter prejudice and find it difficult to access mainstream services. When someone experiences homelessness, they are often denied the opportunity to participate in the community in a meaningful way.

Programs in WA that support young people impacted by homelessness and have a mental illness are Youth Reach South and Youth Link, both public mental health services. These programs do not service regional WA.

The length of stay in inpatient mental health facilities is often increased for young people with accommodation issues or homelessness. Commissioning of mental health services should focus on keeping children at home and supporting families.

There is a need for respite services for families where children have ongoing severe and complex mental health issues. Anecdotally where families have access to respite care, this can reduce the need for frequent acute inpatient stays.

The Department of Child Protection and Family Support have a significant role in supporting young people who are homeless.

Mental illness, alcohol and other drug issues, and unemployment all impact on housing and accommodation.

## Social services

There is a need to increase integration between Mental Health and Social Services. It is currently unclear how mental health and the National Disability Insurance Scheme (NDIS) will work creating a disconnect between mental health services and what is happening with the roll out of NDIS in WA. Additional time was recently provided (December 2018) to WA for people to transfer from the WA scheme to the nationally delivered NDIS.

## Social participation and inclusion

Populations at higher risk for mental illness are:

- Aboriginal people – Services need to be informed by, provided by and culturally safe for Aboriginal people
- People who are homeless
- People who are victims of trauma and abuse, and domestic violence
- People who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning (LGBTIQ)
- People with Neurodevelopmental Disorders (NDD) such as Autism, Attention Deficit Hyperactivity Disorder, Foetal Alcohol Spectrum Disorder, Intellectual disability
- Children in care
- Children with chronic mental health conditions.

## Justice

Mental health difficulties which begin early in life can become more severe over time and persist into adulthood. Children with mental health problems are at higher risk for educational failure, drug and alcohol problems, family violence and criminal activity involving contact with the justice system.

Approximately 65% of juveniles involved in the justice system have mental health difficulties, significantly higher than in the general population<sup>4</sup>. It is CAHS view that the forensic mental health system should be governed by Mental Health rather than Justice, especially for children and young people in WA. At the very least, the justice system should provide trauma informed care and have adequate skills and training in mental health, for example crisis prevention and de-escalation techniques. This should include policy and organisational level strategies to take into account the specific needs and sensitivities of those who have experienced trauma, including intergenerational trauma.

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<sup>4</sup> WA Mental health, alcohol and other drug services plan 2015-25

CAHS has identified some clear gaps in WA mental health services, mental health supports which, if initiated early in life, may be effective in reducing contact with the justice system. For example:

- Infant Mental Health Services (IMHS):
  - CAHS and WACHS have submitted a proposal to the MHC for the funding of a state-wide IMHS using a 'Hub and Spoke' model based on national comprehensive 'gold standard' services.
- Services for children and young people with NDD and co-morbid mental health issues
  - Children and young people are being diagnosed with NDD's at an increasing rate. Coordinated care and a multi-disciplinary approach is required to support for these children and young people and their families.
  - In WA, there are gaps in service provision and the demand for services across the spectrum exceeds capacity.
  - A review of services for this population is needed.
- Forensic mental health services for children and young people.
- Step Up/Step Down services for children and young people, including those who require intensive and assertive community management of severe and complex mental health issues.

## Child safety

Anecdotal feedback from CAHS staff highlights the difficulty in activating child protection systems to become involved when there are low level concerns about a family. There appears to be limited opportunities for early intervention and prevention when families are having difficulty. Programs such as the Child Protection and Family Support Parent Support Service can be helpful for such families.

## Education and training

In partnership with health teams and schools, the School of Special Educational Needs: Medical and Mental Health (SSEN:MMH) provides educational support for government and non-government school students whose physical or mental health prevents them from successfully participating in their enrolled school program. The SSEN:MMH recognises the challenges children and adolescents can have remaining engaged with education and the rights of all children to receive education (United Nations General Assembly). In 2017, SSEN:MMH provided teaching, liaison and transitional support to approximately 3000 students receiving mental health care in DoH settings throughout Western Australia.

Mental health and wellbeing promotion and prevention initiatives such as KidsMatter and MindMatters are largely managed by non-government organisations, both at state and national levels. CAMHS are not commissioned to provide training to external agencies but are often called upon to supplement programs provided by tier one and two agencies. In particular, training and education on managing risk, acuity and complexity in a school setting is lacking.

CAHS have identified there is a mis-match between education and training at universities and skills required in the public sector. Training in mental health is severely lacking and should be reviewed.



For example, there is no specific mental health training for nursing staff. This creates difficulties when recruiting staff for the mental health inpatient unit.

## **Mentally healthy workplaces**

As a trauma informed and values-based service CAHS is committed to offering support for staff working with families, children and young people with severe and complex mental health issues. Procedures and policies are in place to ensure the mental health of staff is not negatively impacted by vicarious trauma, particularly in acute inpatient settings. Individual performance reviews, clinical supervision and programs such as Speaking Up For Safety provide opportunities for monitoring of individuals and teams health and safety. In addition, CAHS has access to Employee Assistance Programs for self-referral to external counselling.

Other strategies to support mentally healthy workplaces that are in use in CAHS include:

- Promoting Professional Accountability Program: evidence-based framework which builds a culture of safety and reliability within healthcare organisations;
- Support for managers and leaders in healthcare; and
- Values based organisation including clear objectives of supporting staff.

Strategies such as a combination of health and wellbeing benefits such as flexible working hours, gym memberships, and health insurance are strengths of the non-government organisations.

## **Regulation of workplace health and safety**

Workplace characteristics which can increase or decrease mental ill-health among employees include:

- Workplace physical environment: CAHS operates from many different facilities, many of which were built 40-50 years ago. These buildings now present major occupational health and safety issues and are no longer 'fit for purpose', particularly following significant and sustained population growth. There is consistent negative feedback about facilities, with parking, accessibility and age of building not conducive to a welcoming, recovery-focused environment.
- Relationships: support by management, culture of collegial respect and team approach.
- Program related: developmentally appropriate, staff who believe in and support the service they are providing.
- Risk and safety: including vicarious trauma, exposure to workplace aggression and violence.
- Organisational culture: Values based, flexible working arrangements, supportive of staff and families.
- Cohort of patients/families: including acuity and complexity, ability to make positive change.

It is important to have clearly defined policies and procedures to support and enhance these characteristics. Programs such as 'Speaking Up For Safety' facilitate processes for reporting and acting on issues which may impact on employee and consumer health and safety.

## Coordination and integration

The complexity of Commonwealth/state and territory relations acts as a barrier to ensuring strong clinical governance of services provided to people with mental illness. The fragmented funding and governance streams do not encourage integration between public, private and non-government organisations. The system creates an environment of cost shifting and blame and fragmentation of governance and reform.

The Fifth Mental Health Plan calls for Primary Health Networks to create Regional Mental Health Plans in collaboration with State and Territory Governments and stakeholders. It is unclear whether Regional Plans will create improved integration and services. Oversight of clinical and corporate governance rests with the service providers and Commonwealth, State and Territory Government's commissioning agents.

There is considerable oversight of the clinical governance of public mental health services provided by a number of mechanisms such as accreditation of services, data collection and reporting, clinical incident management and reporting, policy and procedures, activity data and outcome measures.

## Funding arrangements

Different funding models across state and federal governments mean services are often commissioned in a way that may be disconnected from current systems, creating silos within mental health care. Anecdotally, there has been considerable feedback to CAHS that consumers and their families find this system very hard to navigate. The roll out of the nationally delivered Disability Insurance Scheme (NDIS) is the most recent new system for WA families.

## Measurement and reporting outcomes

CAHS agrees with the principle that outcome measures are important. However, CAHS recommends changes to the current system including:

- More appropriate measures needed; patient reported, clinically relevant, recovery oriented, culturally appropriate and increased use of digital platforms;
- Clearly defining what the outcome measures are used for;
- Use of Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) scores linking to Mental health funding is problematic; and
- The use of arbitrary numbers, for example intellectual quotients, as a cut off for services is unhelpful.