



Government of **Western Australia**
North Metropolitan Health Service
Mental Health, Public Health and Dental Services



Youth Mental Health submission to the Productivity Commission Draft Report for the Inquiry into the Social and Economic Benefits of Improving Mental Health

FINAL

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1.0 Introduction

Youth Mental Health, North Metropolitan Health Service (NMHS), Department of Health, Western Australia involved carers, young people and clinical staff in the review of the Productivity Commission Draft Report; Overview, Volume 1 and Volume 2.

The response focused on key areas that are important for young people, their families and their communities.

The Draft Report is comprehensive and makes many recommendations that require serious consideration and implementation.

This submission needs to be reviewed with regard to the Youth Mental Health submission no. 99, that was made in April 2019.

2.0 Youth Needs

Youth Mental Health (NMHS) Department of Health, Western Australia identify that young people have specific needs and that these have not been addressed in the Productivity Commission Draft Report. In particular, there is a lack of adequate mental health services for young people, particularly people aged 16 and 17 years of age.

Youth Mental Health supports the focus on young people as there is significant potential to improve economic outcomes across the lifespan if young people receive appropriate care.

2.1 Comorbidities

The impact comorbidities have on people are only briefly referenced, yet they have a significant effect on health outcomes.

Physical health and substance use are discussed; however eating disorders are not adequately addressed in the report. This is a critical issue that needs further attention to reduce the detrimental impact it has on the lives of young Australian's, their families and the communities they reside.

2.2 Suicide Prevention

Suicide Prevention requires a comprehensive approach. It is noted that when the National Youth Suicide Prevention Strategy ceased and reverted to a generic approach, the number of suicides for youth increased.

Significant input and funding is required to reduce the rates of youth suicide (Overview Report, page 51). Suicide results in a profound and direct and indirect economic cost. The Informing Youth Suicide Prevention for Western Australia report (attached) makes a number of recommendations that we support.

2.3 Youth Specific Beds

There is a recommendation (Overview Report, page 60, Draft Recommendation 8.2) that beds for children and adolescents should be separate to adult mental health wards.

There is no mention however of youth specific inpatient beds.

In Western Australia, Perth Children's Hospital admits young people only up to the age of 15 years 11 months and 30 days.

Youth specific beds for 16 to 24 year olds make a big difference to the treatment of young people as they provide a therapeutic space for young people in a similar age cohort.

A member of the Youth Mental Health Youth Reference Group stated that "*It saved my life*" referencing being able to be admitted to a youth specific unit as opposed to an adult mental health unit.

We strongly support the implementation of more youth specific inpatient beds in Western Australia.

3.0 What is required for better recovery?

3.1 GP Support

Increasing psychiatric advice to General Practitioners (Overview, Page 62, Draft Recommendation 5.1) is supported and could be strengthened with more Consultation-Liaison services available to GPs and community managed organisations through community mental health clinics and Psychiatrist outreach. (Overview Report, page 62)

3.2 Aboriginal Workforce

Youth Mental Health (NMHS) have employed Aboriginal Mental Health professionals for over 20 years (YouthLink article attached).

Whilst all staff need to be competent in working with diverse culture, Youth Mental Health support recommendations to increase the Aboriginal and Torres Strait Islander workforce and career pathways in mental health (Overview Report, page 65).

3.3 NDIS

A more efficient response to National Disability Insurance Scheme applications is required. The time frame is currently 9 months for the assessment process. This should be reduced to a 2-4 week time frame (Overview Report, page 69).

3.4 Employment and Education

The Individual Placement and Support (IPS) model of employment support is well evidenced for assisting people with mental health issues obtain and maintain competitive employment. Youth Mental Health supports the direct employment of IPS employment specialists into community mental health services (Overview Report, page 74).

The support for young people with mental health issues to remain in education is lacking.

Teachers and lecturers are positioned to identify concerns relating to the social and emotional wellbeing of students, however with limited training and access to professional assistance they are lacking in necessary skills.

We support the implementation of better training for educators to be aware of and identify mental health issues with better pathways to accessing care across primary, secondary and tertiary education services.

This could be provided by partnerships with local mental health agencies or embedded in continuing professional development for education staff.

The promotion of utilising online services is supported, provided they were vetted and had access to speaking with suitably trained clinicians (Overview Report, page 84-88).

The treatment of international students and refugees should be based on clinical presentation not billing or healthcare status (Overview Report, page 90).

3.5 Housing

Housing is a key pillar of recovery. Currently there is chronic inadequate access to suitable, affordable permanent housing.

A young person from a Youth Mental Health service states *“You can’t do any of the higher functioning things without a safe place to live”*.

The high cost of housing is another issue for young people with mental health issues especially for those on low income and benefits such as Youth Allowance.

The Independent Living Program in Western Australia was seen as an exemplary program, providing over 200 units of accommodation for people with mental health issues from the 1990s at affordable rent. Access to funding for white goods and psychosocial support was also provided. This met a basic need for many people.

The WA Housing Commission White Paper that capped the amount of social housing to be provided, and did not prioritise the homeless, was predicted by experts to increase the rates of homelessness in Western Australia. Homelessness rates have increased in WA in recent years. Priority for the homeless population should be enacted by legislation.

We support the increase in supply of affordable secure housing for young people in Western Australia, with those people experiencing, or at risk of, homelessness given priority (Overview Report, pages 75-76)

3.6 Justice

There are inadequate resources available for people experiencing mental health issues who have contact with justice services, including young people.

This has been highlighted in a number of significant reports in Western Australia (Youth Forensic Report - attached) and we would support the implementation of improving resources in this area (Overview Report, page 77)

4.0 Coordinated System

The navigation of the siloed and fragmented mental health system in Western Australia has long been an issue for consumers and carers.

Often families are advised to search for agencies to provide support to their loved ones only to find that the service is unable to meet their needs.

The linking in with agencies should be done by the receiving service to reduce this burden on consumers and families.

Investment in online service platforms to integrate services at a State level would improve the experience of consumers, families and referrers and reducing the gaps in accessing the right service is supported.

The amalgamation of Mental Health and Alcohol and Other Drug (AOD) services in Western Australia under the WA Mental Health Commission has not materialised into better service integration.

Youth Mental Health supports the integration of mental health and AOD services to provide a more comprehensive service for young people and their families who are experiencing these co-occurring issues (Overview Report, page 104)

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 has yet to implement many of the recommendations and is a major concern to Youth Mental Health.

The Productivity Commission recommendation on the governance of mental health needs further work. A national and state approach to this area would be a positive achievement to ensure that individuals who experience mental health difficulties, receive the support they need to have a meaningful life.

The Youth Mental Health Report that was provided to the Western Australian Mental Health Advisory Council is available upon request. It outlines that a number of reforms in Western Australia are required, and are outlined in the WA Mental Health Plan.

5.0 Conclusion

One of our young people stated,

“I support the overall Productivity Report, particularly the focus on quality of life. This is extremely important”.

Youth Mental Health (NMHS) look forward to the recommendations of the final Productivity Commission Report being implemented across Australia, in all states and jurisdictions.