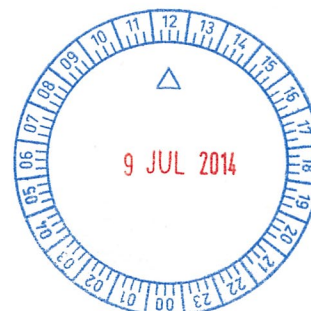




**Deputy Premier of Western Australia
Minister for Health; Training and Workforce Development**

Our Ref: 25-39820

Hon Simon O'Brien MLC
Chairman
Standing Committee on Environment and Public Health
Parliament House
PERTH WA 6000



Dear Mr O'Brien

Thank you for your further letter of 18 June 2014. You have requested a response regarding the supply and demand for mental health beds for children in the metropolitan area and in particular the turn-away rates for admissions in the last two years.

By way of background, the services within Acute Child and Adolescent Mental Health Service (CAMHS) are:

- Bentley Adolescent Unit (BAU):
 - 12-bed state-wide authorised adolescent mental health inpatient unit, serving children and adolescents aged 12-17.
- Ward 4H, Princess Margaret Hospital for Children (PMH):
 - 8-bed state-wide voluntary mental health inpatient unit serving children and adolescents aged 6-15.
- Acute Community Intervention Team (ACIT) (operational in July 2008):
 - Assertive community outreach service that provides intensive community support to young people who could be treated in the community following attendance at an emergency department.
 - Offering alternatives to admission and also assisting in earlier discharge from inpatient units, thereby increasing accessibility to beds.
- Acute Response Team (ART) (operational November 2011):
 - A single point of entry to Acute CAMHS and improved metropolitan community and emergency department access to specialised child and adolescent mental health assessments.
 - 4 main functions: Community assessment team, PMH Psychiatric Liaison Nurse and Statewide CAMHS Bedflow Coordinator.

A number of measures have been implemented in CAMHS to address bed access pressures, including:

- Assertive bedflow management with employment of a Bedflow Coordinator.
- ART in-reach to emergency departments and the community to offer admission diversion and emergency department diversion.
- Hospital diversion through ACIT, offering community alternatives to admission and facilitating early discharge.
- A shared care arrangement between Paediatric Medicine Clinical Care Unit and CAMHS, to allow mental health admissions to medical beds under joint bed-cards in PMH (children under the age of 16).
- Development of guidelines for management of young people aged under 18 in non-CAMHS emergency and inpatient settings.

Admissions to mental health inpatient units are options of last resort and are only indicated in the presence of severe mental illness or significant risk to self or others.

Comparison of the two inpatients units should be carried out with caution. The units assess and treat very different patient cohorts.

- Ward 4H treats a younger cohort, who are mostly still engaged in mainstream education and who mostly live with their parents. The child/family psychological dysfunction may not be that established and the child and family may have a number of resources and strengths at their disposal.
- BAU treats an older cohort, many of whom who have left school, have disrupted family relations resulting in them being estranged from their immediate family members or carers, without social supports and sometimes living independently. Drug and alcohol issues are also more prevalent in this population.

The demand on inpatient mental health beds for children and adolescents will be summarised through the following:

- Bed occupancy rates
- Admission numbers and length of stay
- Bed request data and outcome of bed requests

Bed occupancy rates

Average bed occupancy	BAU	4H
FY 12/13	74.5%	60.5%
FY 13/14	84.2%	80.6%
Jan – Jun 2014 (181 days)		
# days @ 100% occupancy	35	61
% @ 100% occupancy	19.3%	33.7%

Admission numbers and length of stay

Number of admissions	BAU	4H
FY 12/13	344	468
FY 13/14	234	324
Average length of stay (days)		
FY 12/13	10.4	4.7
FY 13/14 (11 months data)	18.5	7

CAMHS bed requests

All requests for admission to a CAMHS bed are processed by ART in consultation with a Child and Adolescent Psychiatrist. All options of treatment are considered, including community treatment and admission is only offered if clinically indicated or if the needs of the young person cannot be met by available community services. Bed requests originate from across the state, the majority arising from emergency departments.

Data has only been reliably collected since November 2012 when the bedflow coordination role was extended to 24 hours per day, 7 days per week. Bed request data excludes admissions from PMH Emergency Department.

2013 Bed requests

- 542 bed requests received (379 from emergency departments)
- 309 admitted (57%)
- Non-admitted outcomes (n= 233):
 - i. ACIT (n=50) – 21%.
 - ii. Community CAMHS (n=81) – 35%.
 - iii. Adult Mental Health Service (n=22) – 9%.
 - iv. Youth Mental Health Service (n= 11) – 5%.
 - v. Private mental health sector (n=21) – 9%.
 - vi. GP and NGO services (n=48) – 21%.

2014 Bed requests (until 30 June 2014)

- 325 bed requests received (212 from emergency departments).
- 221 admitted (68%).
- Non-admitted outcomes (n= 104):
 - i. ACIT (n=27) – 26%.
 - ii. Community CAMHS (n=40) – 39%.
 - iii. Adult Mental Health Service (n=5) – 5%.
 - iv. Youth Mental Health Service (n= 6) – 5%.
 - v. Private mental health sector (n= 4) – 5%.
 - vi. GP and NGO services (n=22) – 20%.

SUMMARY

Between 56% – 65% of young people not admitted, receive ongoing community care through CAMHS. Around 20% of young people not admitted do not require a mental health service.

Between 5-9% of young people not admitted, receive care through the Adult Mental Health System. This includes both inpatient and community services. If admitted to an adult inpatient mental health unit, this would only be considered if the young person is about to turn 18 and through careful and considered negotiation between CAMHS and the adult mental health team.

At times, a young person may occupy an adult mental health bed whilst awaiting transfer to an available CAMHS bed. These occasions are very rare and kept as short as possible. Guidelines have been developed to assist non-CAMHS services in the management of young people in their care.

CAMHS have not kept data about numbers of young people admitted to adult mental health beds awaiting transfer to a CAMHS bed, nor the length of stay in these beds.

In times of 100% bed occupancy, CAMHS (ART) assist in reviewing those young people on the waitlist for a CAMHS bed and prioritising the waitlist in consultation with a child and adolescent psychiatrist. Active attempts are made to identify alternatives to admission. The majority of young people waiting for a CAMHS bed are managed in emergency departments.

If admission is not indicated, CAMHS take all effort to identify or recommend an alternative service to provide ongoing mental health or social intervention. CAMHS do not "turn-away" young people who have been referred for admission, without an acceptable alternative being suggested / recommended to the referrer.

I hope that this information has satisfactorily answered your question.

Yours sincerely



Dr Kim Hames MLA
DEPUTY PREMIER
MINISTER FOR HEALTH

- 7 JUL 2014