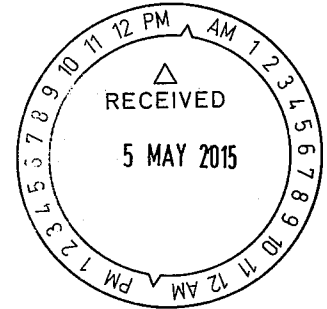




Minister for Mental Health; Disability Services; Child Protection

Our ref: 43-16092



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

Dear Mr O'Brien

PETITION NUMBER 23 – INCREASE NUMBER OF MENTAL HEALTH BEDS IN NEW PERTH CHILDREN'S HOSPITAL – REPORT 40 – RECOMMENDATION 1 RESPONSE

Thank you for the opportunity to respond to the recommendation of the Standing Committee on Environment and Public Affairs' (the Committee) Report 40 regarding Petition Number 23 – Increase Number of Mental Health Beds in New Perth Children's Hospital (Petition 23) (see Attachment).

The Committee findings included in Report 40 outlined that admission to hospital should be a last resort in the treatment of mental health issues in children, and that the 20 beds planned for the Perth Children's Hospital was sufficient providing that community-based subacute care is adequately funded and supported. The Committee recommended that I demonstrate to the Legislative Council how adequate funding and support is to be provided for community-based subacute care.

The 20 beds at the Perth Children's Hospital will provide acute mental health inpatient services for infants, children and adolescents aged 0-15 years. The National Mental Health Services Planning Framework (NMHSPF) and the National Drug and Alcohol Service Planning Model (NDASPM), used to inform the draft Western Australian Mental Health, Alcohol and Other Drugs Services Plan 2015-2025 (the Plan), identify the appropriate care type for this age cohort.

The Plan identifies key community-based priorities which focus on infants, children and adolescents to better meet the needs of this cohort through establishing the optimal mix of services (as informed by the NMHSPF, NDASPM and expert clinical advice).

To help achieve the optimal mix of services, by 2017 the aim is to:

- increase prevention by identifying opportunities to enhance school based programs to incorporate mental health, alcohol and other drug education, and resilience building; and
- boost infants, children and adolescents mental health community treatment services by doubling the provision of community treatment hours of service across the State, of which some of these hours will support the services delivered in Perth Children's Hospital.

The Plan outlines further initiatives over the next ten years for the infants, children and adolescents age cohort as follows:

- dedicated infants, children and adolescents services across major service streams (community support, community treatment, hospital based, and specialised state-wide services) in regional areas;
- establishing a dedicated Children in Care specialised state-wide service;
- establish a specialised service to meet the needs of people with co-occurring mental illness and intellectual and developmental disability, including autism spectrum;
- enhancing on perinatal services (both inpatient and community treatment) which provide service to the children, as well as the mothers;
- enhance the Sexuality, Sex and Gender Diversity service for the infants, children and adolescents age group, as well as establish a similar service for youth and adults;
- establish and enhance eating disorder services for the infants, children and adolescents age cohort, including inpatient beds and community treatment services; and
- increasing the overall resources and services required for the infants, children and adolescents age cohort across all major service streams (which includes almost quadrupling the current community resources available).

The Plan identifies the key priorities to achieve system-wide change towards the optimal mix however it does not identify who (i.e. State Government, Commonwealth Government, through a variety of funding services, the not for profit or private services) will provide the services, or who will fund the change. Funds could come from any or a combination of Medicare Benefits Schedule funds in primary care settings, State or Commonwealth resources found in acute secondary or tertiary care settings, the not for profit and philanthropic funds and in user pays or private health care settings. The implementation of the Plan will commence once Cabinet has provided approval and endorsement of the final Plan. Part of the implementation process will include the development of business cases for the initiatives where required, for Cabinet approval through normal budgetary processes.

Whilst Petition 23 outlines the concerns regarding the demand on the mental health beds allocated for Perth Children's Hospital, information collected by the Department of Health demonstrates a recent decline in mental health related emergency department (ED) presentations and admissions of 0-15 year olds in the metropolitan area. Between 2012/13 to 2013/14 there was a 9.1% decrease in these presentations and a 22% decrease in the admissions, with year-to-date data indicating that the declining trend continues in 2014/15¹.

¹ Data Source: Emergency Department Data Collection, Department of Health. Extracted 15 April 2015. Data includes Bunbury Hospital and the publicly funded activity at Peel and Joondalup Health Campuses.

Recently, this government has strengthened the availability of community mental health services for children. These services currently delivered by the Child and Adolescent Health Service (CAHS), such as the Acute Response Team (ART) and the Acute Crisis Intervention Team (ACIT) which have had a positive impact on relieving the pressure on emergency departments from infants, children and adolescents presentations and admissions. The ART service commenced operation in 2011 with the remit to support, advice and in reach into local EDs in the management of children and young people who present to EDs in crisis. As a result of the advice and relationships within EDs developed by this service there has been a reduction in the need for unnecessary transfers of children and young people to Princess Margaret Hospital for assessment.

Within the same period the ACIT service was developed to work with ART and Community Child and Adolescent Mental Health Service clinics to provide intensive support for children and young people who are at significant risk, focussing on rapid intensive follow-up and support to prevent re-presentations of this group of children and young people to ED. It is felt that both of the above services have increased the wrap around provision for infants, children and adolescents.

Further work is also currently being undertaken to relieve the pressure on EDs and hospital beds by reconfiguring CAHS services to create highly specialised therapeutic services with interventions for high-risk adolescents. The reconfiguration includes focussing services on 12-16 year olds presenting with recurrent deliberate self-harm and emerging borderline personality disorder traits.

In addition to the initiatives for the infants, children and adolescents cohort, the State Government recently opened its first dedicated 14-bed public youth mental health unit at Fiona Stanley Hospital offering specialist hospital care for young people with a mental illness aged 16 to 24 years. The Plan outlines the State Government's intention to further build on current youth services by commissioning dedicated public mental health youth services across the state for the 16 to 24 age group.

The State Government has increased its investment in specialised mental health services by 45%, or \$245.3 million, since the MHC was established in 2010. The MHC has allocated \$61.211 million to the CAHS for the delivery of admitted, non-admitted and specifically funded specialised mental health services in 2014/15. The State Government intends to continue its investment in appropriate infants, children and adolescents mental health services to better meet the needs of this cohort as identified through the Plan.

Thank you again for the opportunity to respond to the Committee's recommendation regarding Petition 23.

Yours sincerely



Helen Morton MLC
MINISTER FOR MENTAL HEALTH

Att.