



**Government of Western Australia
Mental Health Commission**

Your ref : Pet No 23
Our ref : MHC14/2605

Ms Samantha Parsons
Committee Clerk
Standing Committee on Environment and Public Affairs
Parliament House
PERTH WA 6000

Dear Ms Parsons

**PETITION NO 23 – MENTAL HEALTH BEDS FOR CHILDREN AND ADOLESCENTS -
SUPPLEMENTARY INFORMATION**

I refer to the Hearing before the Standing Committee on Environment and Public Affairs (the Committee) regarding Petition No 23, held on 2 July 2014.

Please find enclosed the Mental Health Commission's responses for supplementary information requested by the Committee.

Yours sincerely

Timothy Marney
COMMISSIONER

5 August 2014

Enc.

STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS

PETITION NO 23 – MENTAL HEALTH BEDS FOR CHILDREN AND ADOLESCENTS

QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

Date: 2 July 2014

Department: Mental Health Commission

Supplementary Information No. 1. Requested by the Chairman, the Hon Simon O'Brien MLC

Of those child and adolescents who are clinical assessed as requiring admission to an acute inpatient mental health bed, how many are not admitted due to bed capacity issues?

Answer:

Zero (0) children and adolescents who have received a clinical assessment by CAMHS and are requiring an admission to an acute mental health inpatient bed will be turned away. The child or adolescent will stay in the emergency department until a bed is available, be admitted to a general bed until a transfer can be arranged or be transferred to an adult mental health facility with a 1-1 nurse special, if appropriate and dependant on age.

Source: Child and Adolescent Mental Health Service (CAMHS).

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Department: Mental Health Commission

Supplementary Information No. 2. Requested by the Chairman, the Hon Simon O'Brien MLC.

What is the bed occupancy rate for child and adolescent acute inpatient services?

Answer:

Average bed occupancy	Bentley Adolescent Unit 12 beds (age 12-17)	Ward 4H PMH 8 beds (age 6-15)
FY 12/13	74.5%	60.5%
FY 13/14	84.2%	80.6%

Source: Child and Adolescent Mental Health Service (CAMHS).

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Supplementary Information No. 3. Requested by the Hon Stephen Dawson MLC.

Of the 136 new and relocated beds reported in the Minister for Mental Health's 2014-15 Budget Bulletin, how many of these beds are actually new beds?

Answer:

136 new and re-located mental health beds are expected to become operational in 2015 as follows:

- 20 beds at Perth Children's Hospital (6 transferred from Bentley Adolescent Unit, 8 transferred from Princess Margaret Hospital, 6 new beds)
- 30 beds in Fiona Stanley Hospital (all new beds)
- 30 beds in Sir Charles Gairdner Hospital (re-furbished, currently 36 beds)
- 56 beds in the Midland Health Campus (9 transferred from Graylands, 41 from Swan Health Campus and a further 6 expected to move from Sir Charles Gairdner Hospital).

This represents an overall increase of 36 beds.

STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS

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Date: 2 July 2014

Department: Mental Health Commission

Supplementary Information No. 4. Requested by the Hon Stephen Dawson MLC.

It would probably be good, for the benefit of the committee if you can tell us how the Hospital in the Home program will work, but also if you can give the committee a sense of how step-up, step-down facilities work as well.

Answer:

1. Hospital in the Home (HiTH) provides an alternative to a hospital bed for patients who would normally require an inpatient admission to a mental health unit based on their clinical treatment needs. Equivalent to the standard and intensity of care delivered in inpatient settings, patients benefit from HiTH care delivered in the familiarity of their own home and social supports.

Under the clinical governance of the consultant psychiatrist, HiTH clinicians operate as a multidisciplinary team that support the individual and carer with daily home visits to provide treatment and monitor progress. Each HiTH consumer co-signs an agreed care plan with their healthcare provider. This ensures that should the patient require transfer to a hospital bed, a clear plan has been agreed to.

HiTH patients must be acutely unwell, of low to moderate risk and undergo a comprehensive risk assessment. Patients may be admitted to HiTH directly from an Emergency Department or from an acute inpatient Mental Health Unit.

2. The following information on step-up, step-down (sub acute) facilities was provided in the Minister for Mental Health's response to the Standing Committee on Environment and Public Affairs on Petition 23:

The State Government has made significant commitments to develop mental health subacute services as part of a reform agenda which seeks to build a more balanced mental health system. Central to this reform is the delivery of better care options for

people with mental illness, closer to where they live, while also reducing the pressure on hospital inpatient beds. Community subacute services seek to address this need.

Subacute services are provided for people with a mental health problem who are not so unwell that they need to be in hospital, but who would benefit from short-term, residential mental health care, daily living and practical assistance to become well again and then return home.

Individuals typically enter subacute (step-up, step-down) services through one of two pathways: by 'stepping down' from a period of treatment in an acute inpatient unit to allow continued treatment in a supportive environment aimed at achieving further symptom reduction and recovery from the acute episode; or by 'stepping up' from the community after becoming unwell to receive treatment in a supportive environment designed to prevent further deterioration and relapse, thus avoiding admission to hospital. In effect, the subacute service helps easing the pressure on acute inpatient beds in a hospital by making these beds available to those who need them the most. Thus, the anticipated benefits to communities where subacute services are located include reduced inpatient and emergency department admissions, reduced length of inpatient stay for people assessed as ready for discharge and access to best practice mental health care.

The Mental Health Commission is progressing the commitment of the State Government to establish further subacute services in Rockingham, Broome, Goldfields, Bunbury and Karratha. Western Australia's first 22 bed step-up, step-down subacute facility was opened in Joondalup in May 2013. Design planning and development of the Rockingham and Broome subacute services are currently underway following the State Government's allocation of operational funding through the 2014/15 budget. These services are expected to become operational during 2016. Young people will have access to existing and currently planned subacute services, while consideration may also be given to the establishment of a youth specific subacute service in the future.

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Department: Mental Health Commission

Supplementary Information No. 5. Requested by the Hon Stephen Dawson MLC.

What is the average waiting time for somebody to get into an acute inpatient bed? (child and adolescent beds).

Answer:

	PMH Emergency Department to Ward 4H Admissions Length of Stay (mean) (mins)	PMH Emergency Department to Bentley Adolescent Unit transfers Length of Stay (mins)
2012/13	242	297
2013/14	218	187

Source: Child and Adolescent Health Service (CAHS) Emergency Department Information System (EDIS).