



**THIRTY-NINTH PARLIAMENT**

**REPORT 40**

**STANDING COMMITTEE ON ENVIRONMENT  
AND PUBLIC AFFAIRS**

**PETITION NUMBER 23 – INCREASE NUMBER  
OF MENTAL HEALTH BEDS IN NEW PERTH  
CHILDREN’S HOSPITAL**

Presented by Hon Simon O’Brien MLC (Chairman)

March 2015

## STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS

### Date first appointed:

17 August 2005

### Terms of Reference:

The following is an extract from Schedule 1 of the Legislative Council Standing Orders:

**“2. Environment and Public Affairs Committee**

- 2.1 An *Environment and Public Affairs Committee* is established.
- 2.2 The Committee consists of 5 Members.
- 2.3 The functions of the Committee are to inquire into and report on –
- (a) any public or private policy, practice, scheme, arrangement, or project whose implementation, or intended implementation, within the limits of the State is affecting, or may affect, the environment;
  - (b) any bill referred by the Council; and
  - (c) petitions.
- 2.4 The Committee, where relevant and appropriate, is to assess the merit of matters or issues arising from an inquiry in accordance with the principles of ecologically sustainable development and the minimisation of harm to the environment.
- 2.5 The Committee may refer a petition to another Committee where the subject matter of the petition is within the competence of that Committee.
- 2.6 In this order **“environment”** has the meaning assigned to it under section 3(1), (2) of the *Environmental Protection Act 1986*.”

### Members as at the time of this inquiry:

Hon Simon O'Brien MLC (Chairman)

Hon Stephen Dawson MLC (Deputy Chair)

Hon Brian Ellis MLC

Hon Paul Brown MLC

Hon Samantha Rowe MLC

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ISBN 978-1-925149-15-9

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REPORT OF THE STANDING COMMITTEE ON ENVIRONMENT AND PUBLIC AFFAIRS

IN RELATION TO PETITION NUMBER 23 –

INCREASE NUMBER OF MENTAL HEALTH BEDS IN NEW PERTH CHILDREN'S HOSPITAL

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**1 REFERENCE AND PROCEDURE**

1.1 On 3 December 2013, Hon Stephen Dawson MLC tabled a petition containing 691 signatures in the Legislative Council calling for an increase in the number of mental health beds for adolescents in the new Perth Children's Hospital. The petition is available for download from <http://www.parliament.wa.gov.au/env/>.

1.2 The terms of the petition state (in part):

*We the undersigned residents of Western Australia are opposed to the State Government's plan to incorporate 20 mental health beds for adolescents in the new Perth Children's Hospital. This number of beds is inadequate to meet the psychiatric needs of young people in Western Australia.*

*Your petitioners therefore respectfully request the Legislative Council to support the call for a vastly increased number of mental health beds to be incorporated into the new Perth Children's Hospital.<sup>1</sup>*

1.3 The petition was referred to the Standing Committee on Environment and Public Affairs (**Committee**) upon presentation to the Legislative Council, pursuant to Standing Order 102(6).

1.4 The Committee invited the principal petitioner and tabling Member to provide submissions on 10 December 2013. The Committee then requested a response to the original petition and these submissions from the Minister for Health and the Minister for Mental Health.<sup>2</sup>

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<sup>1</sup> Tabled Paper 1072, Legislative Council, 3 December 2013.

<sup>2</sup> The submissions from the principal petitioner, tabling Member and responses from the Minister for Health and Minister for Mental Health are publicly available on the Committee's webpage.

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- 1.5 The Committee held three public hearings into this petition on 2 July 2014. Witnesses who appeared before the Committee were (in order of appearance):

Dr Aaron Groves	Chair, WA Branch, Royal Australian and New Zealand College of Psychiatrists
Dr Julie Caunt	Chair, Faculty of Child and Adolescent Psychiatry, WA Branch
Mrs Christine Brown (principal petitioner)	Director, Mental Health Placements for Perth Children's Hospital
Mrs Linda Stillitano	Director, Mental Health Placements for Perth Children's Hospital
Mr Timothy Marney	Commissioner, Mental Health Commission
Ms Kirsten James	Senior Program Officer, Mental Health Commission

- 1.6 The Committee extends its appreciation to the witnesses for providing evidence as part of this inquiry and especially to Mrs Christine Brown and Mrs Linda Stillitano for sharing their personal experiences with candour and grace.

## 2 CONTEXT

### Christine Brown's story

- 2.1 This petition deals with the number of mental health beds being planned for children and young people in Western Australia, but at its core are the children and families affected by mental illness. The Committee received a submission and heard evidence from Mrs Christine Brown, the principal petitioner, who gave the Committee a personal account of the challenges faced by her family over the past four years.
- 2.2 Mrs Brown has spoken to the Committee about her daughter's experience with mental health services that are available for children and youth and her concerns that the number of mental health beds planned for the future will be insufficient. Mrs Brown gave evidence to the Committee of several instances where her daughter was 'turned away' from Princess Margaret Hospital (**PMH**) because there were no mental health beds available at the time.
- 2.3 Of the four instances that were discussed at the hearing, however, the Committee notes that in only the first instance was Mrs Brown's daughter not eventually admitted to hospital; the family instead received treatment from an acute community intervention team at home.<sup>3</sup>

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<sup>3</sup> Mrs Christine Brown, Director, More Mental Health Placements for Perth Children's Hospital, *Transcript of Evidence*, 2 July 2014, p1.

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- 2.4 Mrs Brown also gave evidence that, at times, the family felt pressure to leave hospital early to free up the bed for someone else.<sup>4</sup>

### **New Perth Children's Hospital**

- 2.5 In 2010, the Western Australian Government first announced its plans to build a new children's hospital in Perth, on the QEII site in Nedlands.<sup>5</sup>
- 2.6 Initial estimates of the number of beds that could be housed in the hospital were increased several times, during both the planning and construction stage. The Government recently announced that the Perth Children's Hospital (**PCH**) would increase the total number of paediatric beds in the State from 339 to 406 by 2016 and that 'more than 90 per cent of these beds will be new beds in new hospitals.'<sup>6</sup>

### **Inquiry into the mental health and wellbeing of children and young people in Western Australia**

- 2.7 In April 2011, the Commissioner for Children and Young People released a report into the mental health and wellbeing of children and young people in Western Australia.<sup>7</sup> The report was the result of the Commissioner's seven month long inquiry into the mental health services available for children and young people in the State.
- 2.8 The Commissioner's report found that:
- Clinical mental health services for children and young people in Western Australia are under-funded and under-resourced (page 52); in regional and remote areas, these same services are, in some cases, non-existent (page 78).
  - There is a gap in early intervention and treatment service areas for children, resulting in children having to wait until their conditions deteriorate to an acute stage before any assistance can be accessed (page 127).
  - Bentley Adolescent Unit (**BAU**) is inadequate in terms of age-appropriate facilities and is unable to meet service demand. The Commissioner states that over a six-month period from September 2010 to February 2011, 30 children were unable to be admitted to BAU and were redirected to alternative services (pages 152-3).

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<sup>4</sup> Mrs Christine Brown, Director, More Mental Health Placements for Perth Children's Hospital, *Transcript of Evidence*, 2 July 2014, pp4 and 6.

<sup>5</sup> 'Planning for WA's new children's hospital begins', *Joint Media Statement*, Premier and Minister for Health, 21 February 2010.

<sup>6</sup> 'Final concrete poured at Perth Children's Hospital', *Media Statement*, Minister for Health, 11 June 2014.

<sup>7</sup> Commissioner for Children and Young People, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, April 2011.

- In addition to the Government's plan to move six beds for children under 16 years of age from BAU to the new PCH (making a total of 20 inpatient beds), there is a need for an acute care facility to accommodate youth up to 25 years of age (page 153).

2.9 The following recommendations from the Commissioner's report relate to the issue of mental health services for children and young people:

- **Recommendation 9:** A strategic and comprehensive plan for the mental health and wellbeing of children and young people across Western Australia be developed by the Mental Health Commission.
- **Recommendation 49:** As a matter of urgency, the Bentley Adolescent Unit be upgraded to provide a more therapeutic service for children and young people.
- **Recommendation 50:** Planning for the new Children's Hospital should include comprehensive therapeutic services for children and young people with mental illness, and be able to accommodate and support young people up to 25 years of age where developmentally and clinically appropriate.
- **Recommendation 52:** A short-term residential facility for young people being discharged from acute in-patient care be made available, as a 'step-down' from hospital care when appropriate.

2.10 In August 2014, the Commissioner commenced a project to review the implementation of the inquiry's recommendations.<sup>8</sup>

### **The 2012 Stokes Review**

2.11 In 2011, the Mental Health Commission and the Department of Health jointly commissioned Professor Bryant Stokes AM to conduct an independent review of admission and discharge practices of public mental health facilities and services in Western Australia.<sup>9</sup> The Stokes Review found that mental health services in Western Australia consist of:

- acute inpatient services
- community mental health services

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<sup>8</sup> For more detail, refer to the Commissioner for Children and Young People's website at: <http://www.ccyp.wa.gov.au/content/Mental-health.aspx>.

<sup>9</sup> Western Australia, Mental Health Commission and Department of Health, Professor Bryant Stokes AM, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, July 2012 (**Stokes Review**).

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- recovery/rehabilitation services
- non-government organisations.<sup>10</sup>

2.12 At the time of the Stokes Review, there were 20 dedicated youth beds available in Western Australia: 12 beds at BAU and eight beds at PMH. The review found that WA has ‘proportionally fewer child and adolescent beds, forensic beds and non-acute beds than other Australian states.’<sup>11</sup>

2.13 Professor Stokes also found that there are ‘no specialised mental health inpatient beds for children and adolescents in rural areas.’<sup>12</sup>

2.14 In finding that children and youth with mental illness present particular challenges for the mental health system in WA, the Stokes Review recommended that:

*5.1 The current acute bed configuration can only be adjusted when there are appropriate step-down rehabilitation and supported accommodation beds established. Any attempt to close acute beds before these systems are in place will be further detrimental to the system.*

*5.2 Adolescent beds need to be increased to take into account the increasing population of youths. Beds must be provided for child forensic and eating disorder patients. These are urgent requirements.*

*5.3 Rural child, adolescent and youth beds should be considered a priority in forward planning and attended to immediately.*<sup>13</sup>

2.15 The Commissioner for Children and Young People also made recommendations as part of the Stokes Review, including that:

*A strategic and comprehensive plan for the mental health and wellbeing of children and young people across WA be developed by the MHC [Mental Health Commission]. This plan should provide for the implementation and funding of promotion, prevention, early intervention, treatment and programs.*<sup>14</sup>

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<sup>10</sup> Stokes Review, p2.

<sup>11</sup> Ibid, p69.

<sup>12</sup> Ibid, p175.

<sup>13</sup> Ibid, p12.

<sup>14</sup> Ibid, p18.

## **Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025**

2.16 The main recommendation of the Stokes Review was that the Mental Health Commission and the Department of Health jointly develop, as a matter of urgency, a Clinical Services Plan. In its response to the Stokes Review, the Western Australian Government committed to preparing a 10 year WA Mental Health Services Plan, to be completed in December 2013.<sup>15</sup>

2.17 In relation to Recommendations 5.1, 5.2 and 5.3 of the Stokes Review (see paragraph 2.14, above), the Government Response stated that:

*[the recommendations] are only partly supported as whilst their objectives are consistent with the Government's intention to increase the focus on strategic approaches to planning services further deliberation is required as part of the WA Mental Health Services Planning to ensure a sustainable system can be delivered.*<sup>16</sup>

2.18 The Government released its *Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (10 Year Plan)* for public consultation on 3 December 2014.<sup>17</sup>

2.19 The 10 Year Plan uses national modelling tools such as the National Mental Health Service Planning Framework to estimate bed numbers required to meet demand.<sup>18</sup> Data related to the number of infant, child and adolescent mental health beds and youth beds (subacute and acute) is extracted as **Appendix 1** to this report.

2.20 The 10 Year Plan identifies 26 infant, child and adolescent mental health beds in 2015, and this number remains unchanged by the end of the 10 Year Plan in 2025. Conversely, the 10 Year Plan sets out figures of:

- youth acute mental health beds – 78 by 2025
- youth subacute mental health beds – 17 by 2025.<sup>19</sup>

2.21 Youth mental health beds are a new category introduced in the 10 Year Plan (see further at paragraph 2.23, below).

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<sup>15</sup> Western Australian Government, *Government Response to the report on the Review of the Admission or referral to and the discharge and transfer practices of public mental health facilities in Western Australia*, November 2012, p3.

<sup>16</sup> Ibid, p6.

<sup>17</sup> The Plan was developed by the Mental Health Commission, the Drug and Alcohol Office and the Department of Health and is available from: <http://www.mentalhealth.wa.gov.au/ThePlan.aspx>.

<sup>18</sup> Western Australian Government, *Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, Consultation Draft, 2014, p6.

<sup>19</sup> 10 Year Plan, p50.

- 2.22 The Hospital in the Home (**HITH**) mental health program is referred to in the 10 Year Plan as offering individuals the ‘opportunity to receive hospital level treatment delivered in their home, where clinically appropriate.’<sup>20</sup> According to the 10 Year Plan, 20 per cent of inpatient mental health beds will be delivered as HITH ‘beds’ by 2025.<sup>21</sup>
- 2.23 Mental health services for children are generally provided as one stream for infants, children and adolescents (0-17 years). The 10 Year Plan aims to reconfigure this age group into two streams: infant, child and adolescent (0-15 years) and youth (16-24 years) and use these streams to determine the number of beds and community-based services to provide.<sup>22</sup>
- 2.24 The 20 beds at PCH are one of the first milestones for mental health beds for children in the 10 Year Plan. By 2017, the 10 Year Plan aims to have converted BAU into a State-wide 14 bed subacute service for youth (as defined above). The 10 Year Plan does not refer to any additional mental health beds for children or youth being allocated in its other milestone years (2020 and 2025).<sup>23</sup>
- 2.25 At the time of finalising this report, community consultation meetings based on the 10 Year Plan were still in progress across the State.

### **3 THE COMMITTEE’S INQUIRIES**

- 3.1 As part of its preliminary inquiries, the Committee wrote to the principal petitioner and the tabling Member and forwarded the information received to the Minister for Mental Health and the Minister for Health, respectively.

#### **Government response to the petition**

- 3.2 The Minister for Health advised the Committee that the PCH Project Team worked in collaboration with the Department of Health and the Mental Health Commission in 2010 to estimate that 20 beds would meet future demand for mental health beds for children under 16 years.<sup>24</sup> The 20 beds at PCH will include:

- eight beds transferring from PMH (Ward 4H for under 16 year olds)
- six beds from BAU (for under 18 year olds)
- six new beds to be purchased by the Mental Health Commission.

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<sup>20</sup> 10 Year Plan, p52.

<sup>21</sup> Ibid, p52. This figure is not broken down into adult or child/youth beds.

<sup>22</sup> Ibid, p75.

<sup>23</sup> Ibid, pp95-99.

<sup>24</sup> Letter from Hon Dr Kim Hames MLA, Minister for Health, 1 April 2014, p1.

3.3 The Minister for Health also advised that ‘two of these beds [at PCH] will be intensive care beds for those requiring intensive supervision and treatment with the capacity to increase this to four intensive beds when required.’<sup>25</sup> Planning for inpatient beds for the 16-18 year old youth cohort is part of the Government’s 10 Year Plan and it is this group that accounts for the ‘vast majority of the current waitlist at any given time.’<sup>26</sup>

3.4 The Minister for Mental Health responded to the Committee on 30 May 2014 with the following information in support of the Minister for Health’s submission:<sup>27</sup>

- the 12 beds at BAU are accessible to children and adolescents (under 18), whereas the 20 PCH beds will be accessible to children under 16 years. New mental health beds have been determined for the youth cohort aged 16-24 at the new Fiona Stanley Hospital, meaning that a significant proportion of service users at BAU will have access to new beds at the Fiona Stanley Hospital.<sup>28</sup>
- Not all children experiencing psychological and emotional problems will require specialist mental health interventions; assessment and treatment of serious mental health problems can be provided out of a hospital setting (known as ‘subacute services’).
- 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 assessment to become well again and return home. The anticipated benefits to communities where subacute services are located can include reduced inpatient and emergency department admissions.
- Specialist mental health hospital inpatient services for children and young people are being planned and developed based on population growth forecasts.
- In addition to the 20 PCH mental health inpatient beds, eight will be assigned to patients with eating disorders within the adolescent ward.<sup>29</sup>

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<sup>25</sup> Letter from Hon Dr Kim Hames MLA, Minister for Health, 1 April 2014, p2.

<sup>26</sup> Ibid, p2. According to the Mental Health Commission, young people aged 16-24 years in Western Australia experience symptoms of mental health problems at a rate higher than the national annual average: 31 per cent in WA, compared to the Australian average of 26 per cent: Mental Health Commission, *Rates of mental illness among young people*, [http://www.mentalhealth.wa.gov.au/mental\\_illness\\_and\\_health/youth\\_mentalhealth/rates\\_youthillness.aspx](http://www.mentalhealth.wa.gov.au/mental_illness_and_health/youth_mentalhealth/rates_youthillness.aspx), (viewed on 7 May 2014).

<sup>27</sup> Letter from Hon Helen Morton MLC, Minister for Mental Health, 30 May 2014.

<sup>28</sup> Ibid, p1.

<sup>29</sup> Ibid, p4.

- All young people who present at a hospital in the metropolitan area for mental health issues are assessed by the local hospital mental health team, with the CAMHS ART<sup>30</sup> recommending an appropriate course of action for the patient. This assessment includes a separation letter which outlines ongoing care options for the patient, including emergency telephone support and a safety management plan.<sup>31</sup>

3.5 The Minister for Mental Health also advised the Committee that the ‘Ten Year Plan development is currently underway’, with recommendations on priorities expected to include the number and type of mental health beds (including forensic mental health beds) that the State will require beyond current numbers.<sup>32</sup>

*Demand for mental health beds and the ‘turn-away rate’*

3.6 The Committee requested additional information from the Minister for Health regarding admissions for young patients (under 18 years). The Minister initially provided data for bed occupancy rates and turn-away rates for the past two years for BAU and Ward 4H at PMH, as follows:

**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

<sup>30</sup> Child and Adolescent Mental Health Service Acute Response Team.

<sup>31</sup> Letter from Hon Helen Morton MLC, Minister for Mental Health, 30 May 2014, p5.

<sup>32</sup> Ibid, p5. See paragraphs 2.16-2.25 for further detail on the 10 Year Plan.

### 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.

- 3.7 The Minister for Health also advised the Committee that ‘at times, a young person may occupy an adult mental health bed whilst awaiting transfer to an available CAMHS bed’, but that these occasions are rare. In terms of turn-away rates, CAMHS does not turn away young people who have been referred for admission ‘without an acceptable alternative being suggested/recommended to the referrer.’<sup>33</sup> This accords with the principal petitioner’s evidence regarding CAMHS referring her daughter to BAU on the last occasion that they presented to PMH.<sup>34</sup>
- 3.8 The Committee notes that BAU was at 100 per cent occupancy one day in five, whilst Ward 4H at PMH was at 100 per cent occupancy one day in three for the period of January to June 2014.

### Evidence provided to the Committee

- 3.9 The Committee has heard that the issue of children being treated for mental health problems is broader than merely the number of beds available in hospitals:

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<sup>33</sup> Letter from Hon Dr Kim Hames MLA, Minister for Health, 9 July 2014, p4.

<sup>34</sup> Mrs Christine Brown, Director, More Mental Health Placements for Perth Children’s Hospital, *Transcript of Evidence*, 2 July 2014, p2.

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*Dr Groves: Removing a child from their home and going into hospital is often very traumatising and something that should really only occur when all other options have failed. It is in that regard that planning and thinking about the number of beds needs to be taken into consideration. What is the optimal amount of all the other sorts of services needed to get by with the least number of beds?*<sup>35</sup>

- 3.10 The question central to this petition of ‘how many beds are needed?’ cannot be answered without reference to the other mental health services available for families in the community and how these impact upon the availability of beds for children and young people. The Committee has also heard evidence that the lack of primary mental health care and community programs has a flow-on effect on the access to beds, which could result in 20 beds being insufficient to meet demand.

*Dr Aaron Groves: If we are not doing all of those particular aspects [such as community specialist child and adolescent services, primary mental health care, HITH], the number of beds we will need will be much higher. So 20, according to that planning framework, is about right. But you need all of those other things.*

*Without it, 20 will not be enough.*<sup>36</sup>

- 3.11 The statement above from the Royal Australian and New Zealand College of Psychiatrists was echoed in evidence from the Mental Health Commissioner that:

*our modelling suggests – and it is certainly my view – that our acute bed settings are adequate based on our population and epidemiology, but they are adequate if we also have the other elements of the system in adequate supply.*

*At the moment we do not have the other elements of the system in adequate supply. We are letting people get too sick and they need the highest severity of treatment.*

*A big part of the modelling we are doing is telling us that we need to invest more in the subacute and community-based care settings.*<sup>37</sup>

- 3.12 The trend in the future is to move away from inpatient treatment towards a focus on this subacute and community-based care:

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<sup>35</sup> Dr Aaron Groves, Chair, WA Branch, Royal Australian and New Zealand College of Psychiatrists, *Transcript of Evidence*, 2 July 2014, p2.

<sup>36</sup> Ibid, p6.

<sup>37</sup> Mr Timothy Marney, Commissioner, Mental Health Commission, *Transcript of Evidence*, 2 July 2014, p3.

**Mr Marney:** *Historically, the number of beds that existed in the system was maintained, albeit there has been a shift in the model of care over the past few decades that saw those inpatient settings decline with more community-based supports and general practitioner-supports being the increased focus.*

*That is the long-term trend.*<sup>38</sup>

3.13 The Mental Health Commission also advised the Committee that ‘bed numbers are finite’ and the reality of the system is that ‘if a bed is not available, a bed is not available.’<sup>39</sup> In the Committee’s view, this further emphasises the need to strongly back up the number of mental health beds available for children with adequate support services and community-based alternatives.

3.14 The Mental Health Commission provided supplementary information to the Committee following its hearing. The total number of new mental health beds that are expected to become operational in 2015 was broken down as follows:

- *20 beds at Perth Children’s Hospital (6 transferred from Bentley Adolescent Unit, 8 transferred from PMH, 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.*<sup>40</sup>

3.15 The Committee notes that, of the 36 new beds referred to above, only six are for children.

#### *Admission versus community treatment*

3.16 Following the evidence received above, the Committee again requested further details from the Minister for Health of the numbers of children being turned away from hospitals because of a lack of beds.

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<sup>38</sup> Mr Timothy Marney, Commissioner, Mental Health Commission, *Transcript of Evidence*, 2 July 2014, p2.

<sup>39</sup> Ibid, p3.

<sup>40</sup> Letter from Mr Timothy Marney, Commissioner, Mental Health Commission, 6 August 2014, p4.



- 3.17 According to the Minister for Health, CAMHS individually assesses every child (under 16 years) who presents at PMH for treatment to ‘determine if treatment can be offered safely in the community as opposed to admission in an inpatient unit.’<sup>41</sup>

*There are occasions when wards are at 100 per cent occupancy. During these times, the young person remains in an emergency department or other medical, surgical or mental health ward/observation area and is placed on a waitlist for admission to a CAMHS bed.*<sup>42</sup>

- 3.18 The Minister for Health advised the Committee that the issue of ‘turn-away’ rates is a subjective experience, as ‘the offer of community treatment may not be what the parent/carer or referral service wish for.’<sup>43</sup>

**Finding 1: The Committee finds that admission to hospital should be a last resort in the treatment of mental health issues in children.**

- 3.19 The Minister provided the following data regarding admission rates at PMH for January-June 2014:

- 104 of 325 bed requests were not offered admission (32 per cent)
- 22 of the 104 non-admissions (21 per cent) above were treated through ongoing primary healthcare services (GPs) or non-governmental organisations
- 67 of the 104 non-admissions were offered ongoing clinical intervention through CAMHS community program (65 per cent).

- 3.20 The Committee notes that 15 of the 104 non-admissions are not included in the data above.

- 3.21 The Committee also queried with the Minister for Mental Health the figure of 70 youth mental health beds mentioned at hearing by both the Royal Australian and New Zealand College of Psychiatrists and the Mental Health Commission.<sup>44</sup> The Minister for Mental Health confirmed the figures of 78 dedicated youth acute and 17 youth subacute mental health beds referred to in the 10 Year Plan (refer to paragraph 2.20 and **Appendix 1**).

<sup>41</sup> Letter from Hon Dr Kim Hames MLA, Minister for Health, 29 October 2014, p3.

<sup>42</sup> Ibid, p3.

<sup>43</sup> Ibid, p3.

<sup>44</sup> Mr Timothy Marney, Commissioner, Mental Health Commission, *Transcript of Evidence*, 2 July 2014, p4 and Dr Aaron Groves, Chair, WA Branch, Royal Australian and New Zealand College of Psychiatrists, *Transcript of Evidence*, 2 July 2014, p6.

## 4 ISSUES RAISED BY THE PETITION

### Number of beds needed

- 4.1 The principal petitioner claims that the 20 authorised mental health beds planned for PCH are inadequate to meet the current and future mental health needs of young people in WA.
- 4.2 The Committee has heard that the figure of 20 beds was reached through published population growth estimates. The Royal Australian and New Zealand College of Psychiatrists testified that 20 beds will be sufficient, provided that subacute care is encouraged and well-funded.<sup>45</sup>
- 4.3 The Committee notes that the 20 beds being allocated to PCH are not all new beds: 14 beds are to be transferred from other facilities (BAU and PMH) and only six will be new beds purchased by the Mental Health Commission.

### Importance of subacute services

- 4.4 The Committee has overwhelmingly heard that community-based alternatives to inpatient treatment should be the preferred course of action for children in need of mental health care.
- 4.5 According to the Mental Health Commission:

*focusing on just acute beds is probably the wrong way to go and we need to be looking at the system holistically to ensure that we have got adequate supply, service and support at each step in the system from community-based settings right through to acute. That way we get a balanced system.*

*If we do not focus the system in that way, then we will never be able to meet the demand through provision of skewed acute services.*<sup>46</sup>

- 4.6 It is the Committee's view that 'step-up, step-down' subacute services are an important part of mental health treatment. Subacute services can relieve pressure on acute beds and avoid the potentially traumatic situation of hospital admission for children who are suffering from mental health problems.

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<sup>45</sup> Dr Aaron Groves, Chair, WA Branch, Royal Australian and New Zealand College of Psychiatrists, *Transcript of Evidence*, 2 July 2014, p6.

<sup>46</sup> Mr Timothy Marney, Commissioner, Mental Health Commission, *Transcript of Evidence*, 2 July 2014, p9.

- 4.7 Providing care at the primary level allows for early intervention and the mitigation of the late presentation of problems which can unfortunately result in hospital admission.<sup>47</sup> The Committee supports this approach to mental health care for children and endorses the Minister for Mental Health's advice that 'anticipated benefits to communities where subacute services are located include reduced inpatient stay for people assessed as ready for discharge and access to best practice mental health care.'<sup>48</sup>

**Finding 2: The Committee finds that the 20 mental health beds planned for Perth Children's Hospital will only be sufficient if community-based subacute care is adequately funded and supported.**

**Recommendation 1: The Committee recommends that the Minister for Mental Health demonstrate to the Legislative Council how adequate funding and support is to be provided for community-based subacute care.**



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**Hon Simon O'Brien MLC**  
**Chairman**

**26 March 2015**

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<sup>47</sup> Dr Aaron Groves, Chair, WA Branch, Royal Australian and New Zealand College of Psychiatrists, *Transcript of Evidence*, 2 July 2014, p6.

<sup>48</sup> Letter from Hon Helen Morton MLC, Minister for Mental Health, 30 May 2014, p2.



## APPENDIX 1

### *WESTERN AUSTRALIAN MENTAL HEALTH, ALCOHOL AND OTHER DRUG SERVICES PLAN 2015-2025*

Service Type	State-wide Services				Graylands				North Metropolitan							South Metropolitan																											
									North Metropolitan				City	Joondalup-Waneroo	Lower West	Stirling-Osborne Park	Swan and Hills	South Metropolitan				Amadale	Bentley	Fremantle	PARK																		
	Current	2017	2020	2025	Current	2017	2020	2025	Current	2017	2020	2025	2025	2025	2025	2025	2025	Current	2017	2020	2025	2025	2025	2025	2025	2025																	
<b>Community Bed Based Services</b>	<b>Beds (total)</b>																																										
MH Community Based Beds	Beds												300	342	415	630		110	140	80	114	186	205	243	341	592	178	126	89	199													
AOD - Low Medical Withdrawal	Beds												131	163	233	334		42	88	60	65	79	100	120	168	320	80	90	60	90													
AOD - Residential rehab	Beds												14	14	17	20		14	3			3			7	18	3	3	3	9													
<b>Hospital Based Services</b>	<b>Beds (total)</b>																																										
MH Infant, Child and Adolescent	Beds	26	38	38	43	176	149	103	0	155	165	165	276	54	49	20	49	104	105	123	166	254	95	33	26	100	206	236	268	425	85	105	54	81	100	243	282	303	377	66	121	103	87
MH Youth Acute	Beds													15	15	32																											
MH Youth Subacute	Beds		14	14	14																																						
MH Adult Acute	Beds					54	34	19	0	103	97	97	157					24	42	36	30	25	163	171	171	141	25	60	36	20													
MH Adult Subacute	Beds					82	65	43	0					3	33				10		13	10	20	20	20	30	8	12		10													
MH Older Adult Acute	Beds					32	26	17	0	52	27	27	27								11	16	60	28	28	28	8	10		10													
MH Older Adult Subacute	Beds													25	25	39			12		13	14		32	32	41	4	16	16	5													
MH HITH *	Beds					8	24	24	0	4	18	36	72					14	16	14	14	14		17	34	67	17	17	16	17													
Mental Health Observation Area (MHOA)	Beds		4	4	8					6	13	13	13						5	4		4			4	8	4	4															
AOD (High/Complex Medical Withdrawal)	Beds									41	41	52	52					47	3			2			33		2	21	10														
<b>Specialised State-wide Services (inpatient) **</b>	<b>Beds (total)</b>																																										
Eating Disorders	Beds	8	40	54	70																																						
Perinatal beds	Beds		24	34	44																																						
<b>Forensic Services</b>	<b>Beds (total)</b>																																										
MH Acute Hospital	Beds	8	16	20	26																																						
MH Subacute Hospital	Beds	38	38	38	92																																						
<b>Forensic Services (in-prison)</b>	<b>Beds (total)</b>																																										
In-prison MH/AOD Beds	Beds																																										

**NOTES**

\* HITH beds are a substitution for both acute and subacute hospital beds

\*\*Specialised State-wide Services refer to those services that are accessible to the entire State's population, but may be located in one specific location (e.g. the metropolitan area).

Note: some total columns may not add, due to rounding.

Note: Exact locations and distributions will be determined by a combination of the consultation process and the assessment of relative feasibility to deliver the service.

State Total	Measure	Current	2017	2020	2025
Hospital Based Services	Beds (total)	696	782	856	1,090
	Hours ('000) (total)	218	256	273	290
MH Infant, Child and Adolescent	Beds	26	21	22	26
MH Youth Acute	Beds	0	32	36	78
MH Youth Subacute	Beds	0	14	15	17
MH Adult Acute	Beds	384	372	366	383
MH Adult Subacute	Beds	102	88	72	81
MH Older Adult Acute	Beds	144	84	77	74
MH Older Adult Subacute	Beds	0	62	65	108
MH HITH	Beds	12	70	116	183
Mental Health Observation Area (MHOA)	Beds	6	17	21	29
MH Private ^	Beds	231	231	231	231
AOD (High/Complex Medical Withdrawal)	Beds	22	22	66	110
AOD Private ^	Beds	19	19	19	19
MH/AOD Consultation Liaison	Hours ('000)	218	256	273	290