

Submission RE: Petition No 23 – Increase Number of Mental Health Beds in New Perth Children’s Hospital

Current plans to incorporate twenty adolescent psychiatric beds in the new Perth Children’s Hospital are not adequate to meet the current and future mental health needs of our young people.

Prevalence rates show that between 14% and 18% Australian children aged between 4 and 16 experience mental illness of clinical significance.¹ Data regarding mental illness in our young people shows that about 50 per cent of the disease burden of children aged 12 to 25 is accounted for by mental illness. Anxiety and depression were responsible for 26% of the total disease burden for this age group . This was almost three times higher than the second most common cause of disease burden in this age group. In total, six of the top 15 burden of disease causes were related to mental health in adolescents and young adults.² Mental illness is a major causal factor leading to suicide, suicide is *the* leading cause of death in people aged 16 – 24 in Australia.³ Mental illness is undisputedly a major, serious concern when we consider the provision of adequate health care for our young people. Not only is it prolific, it is of vital importance that we are meeting the needs of the mentally ill, to keep them safe.

In 2011 The Commissioner of Children and Young People, Michelle Scott, stated that four out of five children with *acute* mental health disorders do not receive services or assistance. She also said “In the five years since 2003, the Western Australian population of children and young people 0–14 years grew by 26,800 or 6.7%, yet mental health service delivery has not expanded to meet this growing need. Metropolitan, regional and remote communities consistently identify a lack of appropriate, coordinated mental health services for children and young people. There is significant shortfall in the capacity of Child and Adolescent Mental Health Services to meet demand for those with severe mental disorders. Waiting times for mental health services can be considerable.”⁴ The Infant, Child, Adolescent and Youth Mental Health Executive Group estimates that ICAYMHS is funded to provide a service to one per cent of the population of children and young people, although five per cent requires its expertise (those with severe mental illness).⁵ Research shows that we are currently not meeting the needs of young people experiencing mental illnesses.

“It was reported in State Parliament in May this year that waiting times for clinical psychology services at the Child Development Service remain at over five months, and long waiting lists for child and adolescent mental health services indicate we are not keeping up with demand. Ms Scott said many children were forced to wait until their illness reached crisis point before they received help. Aaron Groves, chairman of the WA branch of the Royal Australian and New Zealand College of Psychiatrists, said there was unrelenting pressure on Perth’s child and adolescent mental health beds. While the beds that become available from the new children’s hospital are much-awaited, it’s unclear if any additional beds will be sufficient to cover the waiting list for child and adolescent mental health beds.”⁶ When young people require admission to a psychiatric facility it is integral that they are admitted with immediacy, forcing young people to wait for beds, or other psychiatric care, to become available results in lives lost.

Western Australia currently has 12 secure adolescent psychiatric beds available at Bentley Adolescent Unit (BAU) for 13 – 18 year olds, and 8 non-secure beds at Princess Margaret Hospital (PMH) for under 16 year olds. Mr Groves stated that “The beds are never unoccupied because as soon as someone is discharged another is admitted and the number of children and adolescents on the waiting list is close to 10 and that is

¹ Position Paper of the Australian Infant, Child, Adolescent and Family Mental Health Association Ltd (AICAFMHA)

² National Advisory Council on Mental Health, McGorry 2011

³ Australian Bureau of Statistics (ABS)

⁴ Commissioner for Children & Young People (2011) *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*,

⁵ Infant Child and Youth Mental Health Executive Group 2009, *New Strategic Directions for Child and Adolescent Mental Health Services 2010-2020*

⁶ <http://au.news.yahoo.com/a/17812004/mental-health-beds-shortage-fear/>

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usual,” he said.⁷ The new Perth Children’s Hospital will have 20 adolescent psychiatric beds. It is uncertain what will happen to the six beds that will remain at the Bentley Adolescent Unit. In 1995 research stated that 14% of young people experienced mental illness, this is the same proportion in 2012.⁸⁹ If this trend continues, with the expected increase in population growth in ten years time there will be an extra 50,000 young people experiencing mental illness.¹⁰ The Stokes report, a review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia stated that “Adolescent beds need to be increased to take into account the increasing population of youths. Beds must also be provided for child forensic and eating disorder patients. These are urgent requirements.”¹¹ The provision of a mere 20 adolescent psychiatric beds is unacceptable forward planning if we are considering the needs of future generations.

The Government references the research that shows that care provided within the community is the most effective response to treating young people with mental illness to justify the limited number of adolescent psychiatric beds available. Personal experience has led me to agree with this statement completely, however, hospital admission is not necessarily a requirement in a child’s treatment plan; it is often a response to a crises where the child needs containment to keep them safe. With regard to my own personal situation, and my daughter, we have been very fortunate in having her support workers from within the Child and Adolescent Mental Health Service advocate on her behalf to have her admitted when we have been told there are no beds available. I have little doubt that my daughter would not be alive today if she had not been provided hospital admissions on those occasions. I have recently been in contact with a young girl who had a friend fighting to be admitted to Bentley Adolescent Unit – she was told there was no opportunity for admission and this resulted in her life being lost. The fact that there are limited beds available at times of need is a very real problem, and is resulting in lives being lost.

The new Perth Children’s Hospital will have twenty beds available. Two of these beds will be secure beds, with the availability of two more to become secure. There are currently 12 fully utilized secure beds at Bentley Adolescent Unit, these are provided for children who require a secure facility to maintain their safety. I believe there should be accountability in showing that significantly decreasing the number of secure beds available will provide adequate safety for those children requiring additional security. I question whether there is evidence to support the provision of a decreased number of secure beds?

In the 2012 Statement of Mental Health Rights and Responsibilities it reads; “Australian governments have the responsibility to support the ongoing development of comprehensive, flexible, integrated community and hospital-based social support, health and mental health services. Mental health consumers have the right to access assessment, support, care, treatment, rehabilitation and services that facilitate or support recovery and wellbeing on an equal basis with others.”¹² A young person presenting at a hospital with a physical illness would not be turned away from hospital without treatment, nor would they be sent home without adequate care, yet this is consistently happening to our young people with mental illness. To maintain the Rights of these young people additional beds must be incorporated into the new Perth Children’s Hospital.

(This complaint has not been taken to the Parliamentary Commissioner for Administrative Investigations.)

⁷ <http://au.news.yahoo.com/a/17812004/mental-health-beds-shortage-fear/>

⁸ Zubrick S et al 1995, *Western Australian Child Health Survey: Developing Health and Well-being in the Nineties*, Australian Bureau of Statistics and the Institute for Child Health Research, p. 35.

⁹ Position Paper of the Australian Infant, Child, Adolescent and Family Mental Health Association Ltd (AICAFMHA)

¹⁰ Australian Bureau Statistics

¹¹ Stokes, Prof. B 2012, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*

¹² Mental Health Standing Committee of the Standing Council on Health 2010, *Mental health statement of rights and responsibilities*