

Queensland Mental Health Commission Strategic Planning Issues Papers

Prepared and submitted by:

Queensland Children's Health Hospital and Health Service CYMHS in collaboration with partners

Purpose

To highlight issues of relevance to the Queensland Mental Health Commission strategic planning process and generate thinking about 'what does better look like?'

Topic

The development and provision of quality, integrated, responsive and recovery-focussed Child and Youth Mental Health Services across Queensland, with a developmentally focussed approach to service planning and development to meet the demands of emergent child and youth mental health issues into the future.

Current situation

1. Approximately 27 per cent of Queensland's population is under 18 years old. The economic, social and personal burden of mental health and emotional and behavioural disorders in children and young people is high. Mental health disorders make up a quarter of the overall disease burden for those aged 0 to 18 years. Half of all mental illness starts before the age of 14 years and many disorders continue into adulthood if untreated. Children and young people do not often receive mental health services in isolation, but rather within a family context. Wherever possible, families are engaged in the recovery process.
2. Child and youth mental health services across Queensland (with the exception of Children's Health Queensland Hospital and Health Service (CHQ HHS) and Mater Kids in Mind) are provided from integrated mental health services where they are one part of a whole of life approach to mental health service delivery. 'One size fits all' planning and service delivery frameworks that are applied across all age groups do not lend themselves effectively or appropriately to child and youth mental health service delivery. Child and youth mental health services manage different age groups, diagnostic categories and clinical presentations from their adult counterparts, and require a holistic and systemic approach to intervention that treats the child or young person in their family and social context, rather than as an individual in isolation. Consequently, it is essential that child and youth mental health services have a strong and independent voice for service delivery, planning and development.
3. Independent and timely consultation with child and youth mental health services is pertinent to the application of the Mental Health Act in the context of child and youth mental health presentations, specifically to the use of the seclusion and emergency examination orders. Police are increasingly using emergency examination orders under the Mental Health Act to remove children and young people from conflicted and potentially dangerous situations and bring them to a place of safety in hospital emergency departments.
4. There is a lack of appropriate and urgently-responsive mobile community-based services that would support children, young people and their families in the least restrictive place of intervention. Such services would reduce the likelihood of hospital admission, reduce the demands on hospital emergency departments, and support earlier discharge from hospital, thereby reducing the demands on inpatient beds.
5. Queensland has limited services and models of care for children and young people with mental health issues of the severity and complexity that require extended treatment and rehabilitation intervention. This issue has been highlighted in view of the planned replacement of services at the Barrett Adolescent

Centre.

6. Levels of partnerships with government departments such as Education Queensland and non-government organisations are still far from optimal. Mental health service provision to children and young people with disabilities is specifically an area that requires a coordinated and integrated approach to care and is currently significantly under resourced, requiring clear planning and service delivery frameworks.
7. Australian studies have found that 23 per cent of children live in a household with a parent with mental illness. Children of parents with mental illness (COPMI) are an identified vulnerable and high-risk population both due to predisposed mental health concerns and social, emotional and environmental stress associated with living with a parent with mental illness. The few available COPMI-specific services are limited to mainly south-east Queensland and clinical knowledge and capability into this area of work has been variable. The National COPMI Initiative has developed a range of resources, information and online professional development opportunities which aim to promote COPMI awareness and provide opportunity with resources for capacity building. However, there is no implementation plan in Queensland for services to consistently build capability to identify and provide intervention to COPMI families by either accessing these resources or other internationally recognised resources.
8. Prevention and early intervention services are effective in delaying or preventing the onset of mental health issues including both diagnosable mental health disorders and other problem behaviours. Infant mental health and 'early years' services, which focus on parenting and the parent-child relationship have been found to be the most significant mediators of outcome. Expansion of these specialist services across the Queensland is required.
9. Dual diagnosis (mental health and substance use disorders) is a key issue for many consumers of child and youth mental health services. Despite this considerable clinical need, there is only one Brisbane based inpatient adolescent drug and alcohol withdrawal service to serve the entire state. Consequently, young people cannot access the specialist care that they require close to their families and communities in the least restrictive environment, and suffer disruption to their education and experience greater social isolation, adding further to their already considerable psychosocial risk.
10. Child and Youth Forensic assessment and treatment services constitute an area where further support to young people with significant mental health problems could be very well utilized. The Mental Health Alcohol Tobacco and Other Drugs (MHATODS) service provides mental health and substance use assessment and treatment services to young people within Brisbane Youth Detention Service (BYDC). This is one of the most socially deprived youth populations in our state. Funded in 1999 for an average population of 50 young detainees, the numbers of young people in the centre at any one time has steadily risen to an average of around 125 today. In the fourteen years since then, only one FTE employee has been added to the clinical team. Predications are for a further increase in numbers.
11. Indigenous people represent 3.6 per cent of Queensland's population and the median age is 20 years, therefore a significant proportion of Indigenous people fall within the 0-18 years age bracket. Meeting the needs of Indigenous young people with mental health issues continues to be a challenge to child and youth mental health services. Indigenous workforce development remains a significant issue with a lack of appropriately qualified staff from an Indigenous cultural background. One area which is particularly relevant to indigenous young people is their transition from one health facility to another across the state. It has been recognised that support in this transitioning is of particular importance as indigenous young people often fall through the gap. A federally funded "closing the gap" initiative for Indigenous health outcomes is currently running for young people leaving the MHATODS service for clinical follow up in the community. It is however restricted to a small geographical area and does not meet the state-wide need.
12. In Queensland, 26.4 per cent of the population is born overseas. Within these families, 26.3 per cent had both parents born overseas and a further 12.2 per cent have one parent born overseas. With this significant multicultural focus in our communities, there is a growing need to provide appropriate child and youth mental health services to culturally and linguistically diverse populations. A significant component of these populations has a refugee background and has experienced considerable trauma and loss. Service planning and development will need to consider the specific child and youth mental health needs of this population and expanded resources will be required to support effective service delivery in a culturally sensitive and appropriate context.

13. eCYMHS is a coordinated telepsychiatry service linking specialist child psychiatry and allied health expertise via video, telephone and email to Child and Youth Mental Health (CYMHS) practitioners in rural and remote areas across Queensland. An integrated service model operates between a central hub attached to the Royal Children's Hospital and Mater Children's Hospital, partnering with local CYMHS clinics. eCYMHS aims to provide equal levels of service between metro and regional services by offering child psychiatry and specialist allied health expertise that would otherwise be unavailable to local CYMHS. eCYMHS is well received by the regional CYMHS it supports, and the total provision of services has more than doubled over the last three years. Telepsychiatry is increasingly viewed as a credible alternative to traditional means of patient care and this trend is anticipated to continue. eCYMHS also demonstrates the success of CHQ's state-wide role, given the strong relationships and partnerships it has developed with regional hospital and health services in order to support gaps in mental health service delivery.

Models and precedents for innovation and a better way forward

1. **Advocacy:** There is a role for the Queensland Commission for Mental Health to broadly advocate for child and youth mental health service delivery, planning and development to ensure appropriate representation for the mental health needs of children, young people and their families. Advocacy can ensure there is adequate growth funding to maintain quality recovery-focused child and youth mental health services and provide for emergent issues (in the context of adult models of care and a changing funding environment). Advocacy is needed for specific high risk groups such as Indigenous and culturally and linguistically diverse children and young people, those with disabilities and dual diagnosis, and those in juvenile justice systems. It is important to advocate for continuing strategic partnerships and funding agreements between Queensland Health and Department of Communities for Evolve Therapeutic Services and Parent Aide Units to ensure that appropriate mental health service delivery can be maintained and expanded to meet the needs of those children and young people with histories of significant developmental trauma at risk of or in the care of Child Safety Services.
2. **Consistent funding models,** supporting expanded models of care, need to be developed to support children and young people with serious and complex mental health problems. An extended continuum of care, including state-wide rehabilitation and treatment services, day care units, mobile intensive outreach services and NGO-supported adolescent residential accommodation would bridge a gap in services and provide timely services across a wide geographic area. This could help to avoid unnecessary emergency department presentations and hospital readmissions, support earlier discharges and promote hospital avoidance.
3. 'One size fits all' planning and implementation frameworks do not lend themselves to effective models of child and youth mental health service delivery. As such, improved accountability is needed to ensure that integrated mental health services fulfil their contractual obligations and governance arrangements, and provide appropriate funding and support to these services.
4. **Integrated and coordinated multisystemic responses** are required. This is especially important for high risk groups including Indigenous and culturally and linguistically diverse children and young people, those with disabilities and dual diagnosis, and severe and complex presentations that often need sustained and intensive interventions where the input of mental health services alone is insufficient to effect change.
5. **Child and youth mental health services** require a strong and independent voice within Mental Health Alcohol and Other Drugs Branch. This could be provided by in the form of a funded, dedicated advisory position of Chief Child and Adolescent Psychiatry. This position would give the branch increased credibility within the sector by providing child and adolescent mental health advice, direction, representation and leadership at a high level. Such an appointment would be timely. CHQ has developed a strategy that seeks to improve health care outcomes for children and young people across Queensland. In the policy, CHQ recognises that effective execution of these initiatives depends on the ability to work in partnership with all stakeholders. The role of an advisory Chief Child and Adolescent Psychiatrist would provide a unique opportunity to enhance the links between the branch and CHQ. This would assist in driving the expansion of child and youth mental health services across the state.

6. Addressing the needs of children and young people whose parents have a mental illness should become a part of core mental health service delivery. The impact of parental mental illness and substance misuse needs to be addressed across the lifespan with a public health perspective. Effective family focused interventions need to be disseminated and implemented across a broad range of services that respond to the needs of vulnerable families. Early, family focused interventions are cost effective, have sustained improvement at reducing parent-illness related behaviours and internalising symptoms of children. A coordinated plan is required to enhance and embed pathways and workforce capability for government and non-government services, utilising currently available evidence based resources and information.

Implications for the reform and change agenda in Queensland

1. Cost savings (such as those made by investing in early intervention) can enhance working capacity and provide an economic contribution to the community. However, budgetary spending on child and youth mental health services accounts for only a small proportion of the health budget.
2. Child and youth mental health services are qualitatively different from adult mental health services. They are more holistic, systemic, inter-sectoral and require higher levels of integrated intervention.
3. Child and youth mental health services intervene at an early life stage and with the potential to alter the trajectory of mental health disorders into adult life and across generations.
4. If child and youth mental health issues are not treated early and effectively, the impact becomes whole of government, with impacts for health, education, child safety, health, police, criminal justice system and housing. Queensland does not have an accessible, well resourced, consistent and collaborative cross-sectoral approach to the delivery of Child and Youth Mental Health Services. The long-term economic gain for Queensland would be significant if families had access to services and programs that optimise their social and emotional well-being and their ability to raise secure and healthy children.