The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Western Australian Branch

26 November 2020

Ms Jen McGrath
Mental Health Commissioner

By email to: YPPF@mhc.wa.gov.au

Dear Ms McGrath

Re: Young People Priority Framework Working Document

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) WA Branch welcomes the opportunity to make comment on the Mental Health Commission's Young People Priority Framework working draft.

We understand that this Framework has been prepared in a very short time frame, targeting only those aged 12 to 24 years, and with initiatives to be funded from within existing resources. Given these challenges, we commend the Commission on this draft. We are pleased to see initiatives such as the proposal to establish forensic services for young people and to expand specialised eating disorder services for young people.

The Framework strongly reflects young people's experiences of mental health care, and rightly calls for improvements. Many reports, including most recently the Productivity Commission Inquiry into Mental Health, reveal that consumers, carers, families and the mental health workforce have been let down by a lack of system-level planning, strategic direction, investment and monitoring over many years.

The RANZCP WA Branch members report that gaps in mental health services, and transitions between services are particularly problematic for the youth age group. There is strong demand for improved Step-Up Step-Down services for 16- and 17-years olds and the issue of young people in crisis waiting for beds in Emergency Departments needs to be urgently addressed. All services must also be provided in ways that ensure the physical and emotional safety of young people, particularly young women, and those with a history of trauma.

There is a need for greater training of the mental health workforce to meet the specific needs of youth, as they have different needs to adults. This issue is compounded by the shortage of child and adolescent psychiatrists, as well as a shortage of child and adolescent psychiatry training posts in Australia generally. The maldistribution of psychiatrists across the state has created palpable inequities in access to specialist mental health care in rural and regional WA. For this reason, the RANZCP WA Branch seeks to undertake a psychiatry attraction, recruitment and retention needs analysis project, in conjunction with the WA Department of Health.

Aside from the Kimberley, the draft Framework does not address the issues faced by young people living in rural and remote areas. This will only increase the relative disadvantage of

Graylands Hospital, Private Bag 1
Claremont WA 6910 Australia
T 08 9284 2138 F 08 9284 2138
ranzcp.wa@ranzcp.org www.ranzcp.org
ABN 68 000 439 047

these regions, young people of the Pilbara are of particular concern to our members. If the Framework intends to focus on the Kimberley, new services must be codesigned with community input to ensure appropriate consideration for the local context, including culturally safe service delivery models.

The RANZCP WA Branch would also like to take this opportunity to emphasise the need for early intervention and treatment programs for children, in addition to youth. There are clear clinical and economic benefits of early intervention, and children also require this intervention to recover from or reduce the impact of emerging mental health issues. We acknowledge without reservation that young people need assistance. However, current staffing and service levels are stretched too thin to adequately meet the needs of both children and young people. This is reflected in recent WA CAMHS data[i], showing a 28% increase in referrals from 2015-2019, but a 26% decrease in the number of referrals activated over the same period. This is suggestive of an increase in demand and in complexity. Over this period there has been a sharp increase in the number of referrals, and number of activated referrals, for young people aged 12-17 years.

However, a concerning and increasing gap for service provision for children not addressed in this Framework is emerging and supported by the CAMHS data. Activation of referrals for those age under 12 years has declined, supporting the inference that there are insufficient resources to meet demand. There has been a fall from 2015 to 2020 in service provision for under 4 year olds from 5.5% to just 1% and for 5-11 years 23% to 14% while the service provision to the 12 year plus have risen over this same period. Of great concern is the increase from 2016 to 2020 in suicide attempts in the under 12 years olds and over that same period it is reassuring to see a fall in suicide attempts presenting to emergency departments in the 16 and over age group. Overall this highlights the increasing gap and importance of addressing the service needs of those under 12 years old particularly as this is an important period in the lifespan for secondary prevention for longer term mental health morbidity.

Furthermore, appropriately funding of treatment and early intervention services, both clinical and community based, can support general wellbeing and improved mental health across all critical developmental stages. This can prevent children with emerging mental health disorders from developing more severe disorders as teenagers. We note that the Framework sets a vision for 2025. If early intervention services were in place for today's 7 and 8 year olds, then there would be lessened demand when they turn 12 in 2025.

In addition to these general comments, we have provided feedback on specific sections of the draft Framework, in the attachment. If you would like to discuss any of the issues in this letter, I can be contacted via Gillie Anderson, our Senior Advisor, Policy, Advocacy and Educational Development, at gillie.anderson@ranzcp.org or on 03 9236 9141.

Yours sincerely

Professor Megan Galbally
Chair, RANZCP Western Australian Branch Committee

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Specific comments on the draft *Young People Priorities Framework 2020-2025: Mental Health, Alcohol and Other Drug, 18 November 2020*

Page 5: Recommend adding an acknowledgement of country in addition to the statement / acknowledgement of lived experience and young people.

Page 6: Introduction. These are compelling stories and highlight issues in care for two young people who expressed an awareness of symptoms while in the 12-15-year age bracket. However selection of these stories could suggest that most mental illnesses start in adolescence. Many mental disorders, including ADHD, conduct disorder, and anxiety disorders, often start early in life and persist for many years. Many students with mental disorders are already below their peers in academic achievement in Year 3 and then fall further behind as they progress through school.[ii]

Early access to mental health services in childhood is important, and by failing to target childhood mental health issues, many children will grow into young people needing assistance with severe, and perhaps preventable, mental illness. Anxiety disorders in childhood are predictors of a range of psychiatric disorders in adolescence[iii]; if left untreated, the sequelae can include chronic anxiety, depression, and substance abuse[iv], Similarly, preschool depressive syndrome is a robust risk factor for developing ongoing major depression in later childhood and beyond, over and above other established risk factors.[v]

RANZCP[vi] notes that mental health problems during early years can have enduring consequences if left unresolved, not only by placing individuals at increased risk of difficulties in adult life, but also by placing increased pressure on limited community service resources. Suffering and negative outcomes can also cause intergenerational cycles which become larger problems to address. For example, ADHD can have lifelong impacts, including on occupational attainment, and the increased likelihood of crime and interaction with the criminal justice system. These impacts place significant pressure on Australian society and its institutions and imposes significant economic and wellbeing costs on the Australian population.[vii]

Every year without early treatment impacts on the educational outcomes of students with mental illness. Australian research demonstrated that school students with mental disorders score lower on NAPLAN literacy and numeracy testing in years 3, 5, 7 and 9.[viii]This difference in scores remained consistent from year to year, and students with ADHD and conduct disorder fell further behind students with no mental disorder, year on year. Students with a mental disorder in Year 3 were 7 to 11 months behind students with no mental disorder, but by Year 9 students with a mental disorder were on average 1.5 - 2.8 years behind students with no mental disorder. Worst outcomes were seen in students with ADHD or conduct disorder, where they could be up to 5 years behind for certain tests by Year 9.

Page 6: First paragraph of body text. This paragraph frames the issues in the document, however it simplifies the issues to two:

- That there is a lack of young people accessing services, and
- That non-health services and organisations are important in both preventing mental illness from developing, facilitating recovery.

The first statement implies that the access issue is about young people not being aware of the pathways in to services, however in any cases the services are not there, or, due to

waitlists, then in practical terms they are not there because young people cannot access them when they need to.

The second statement is true: non-health services and organisations have an important role. However it is not helpful to limit this point to non-health services and organisations. There is clear evidence that early clinical intervention will prevent some mental illnesses from developing, and clinical interventions facilitate recovery. Peer support is valuable, but peer support alone will not prevent or cure early psychosis.

Page 10 Vision: We like the vision being written from the perspective of young people. We suggest consideration be given to adding some words to the section "If we need services…" so that it reads "we should be able to find them easily *when we need them*, with fewer wrong doors or long queues". This is a small change, but underscores the need for timely, and early intervention.

Page 16 first line: The large gap in inpatient beds is mentioned, but if there was funding for these beds, would they be able to open? There is also a workforce issue here that should be mentioned. We also note that with 400 new mental health beds opening in the next 2 years, plus new private facilities recruiting staff, there will be an even greater demand on an already overstretched workforce.

Page 16 Assertive Recovery Team. We acknowledge that a youth specific ART may be of some benefit. However, the WA Mental Health System needs expanded, integrated community mental health services with consistent service models, and that provide both crisis and step up/step down care, as well as long term support for those who require it.

Page 18 Paragraph 6. While all LGBTI+ are at heightened risk, trans people face substantially increased risk and very high levels of suicidality. It would strengthen this section to draw this distinction, as LGBTI+ people are not a homogenous community.

Page 18 Paragraph 8: Could the comments on staff training in this paragraph be strengthened, given that 'youth friendly' work does not come easily to all clinicians.

Page 20 Section 5: This section refers to FDV, housing issues and child protection issues. It would benefit from also having a focus on trauma. We know that there is a correlation between the number of untreated adverse childhood experiences (ACES) in an adult's past and worsened physical and mental health outcomes. Many children experience traumatic events, and there needs to be greater emphasis placed on equipping clinicians to respond appropriately to presentations of childhood and youth trauma.

Page 22 Diagram: Community section. This box could be strengthened, and trauma should be included. Children and young people can be exposed to trauma arising in many ways including from events impacting on whole communities, such as severe floods, droughts or bush fires, or loss of life from accidents.

Page 26: Cultural training: It would also be helpful to have cultural training around working with people with diverse gender and sexual identities.

[i] Office of the Chief Psychiatrist. Unpublished Department of Health CAMHS data, 2020.

[ii] Goodsell B, Lawrence D, Ainley J, Sawyer M, Zubrick SR, Maratos J. Child and Adolescent Mental health and educational outcomes. An analysis of educational outcomes from Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. 2017.Perth: Graduate School of Education, The University of Western Australia. Available from: childandadolescentmentalhealthandeducationaloutcomesdec2017.pdf (telethonkids.org.au)

[iii] Bittner A, Egger, HL, Erkanli, A, Jane Costello, E, Foley, DL, & Angold, A.What do childhood anxiety disorders predict? J Child Psychol Psychiatry. 2007;*48*(12), 1174-1183. doi:10.1111/j.1469-7610.2007.01812.x

[iv] Kendall PC, Safford S, Flannery-Schroeder E, Webb A.
Child anxiety treatment: outcomes in adolescence and impact on substance use and depression at 7.4-year follow-up J Consult Clin Psychol. 2004 Apr;72(2):276-87. doi: 10.1037/0022-006X.72.2.276. Available from:
Child anxiety treatment: outcomes in adolescence and impact on substance use and depression at 7.4-year follow-up - PubMed (nih.gov)

[v] Luby J.L, Gaffrey MS, Tillman R, April LM, & Belden AC. Trajectories of preschool disorders to full DSM depression at school age and early adolescence: continuity of preschool depression. Am J Psychiatry. 2014; 171(7), 768-776. doi:10.1176/appi.ajp.2014.13091198

[vi] Royal Australian and New Zealand College of Psychiatrists. Position Statement 63: The prevention and early intervention of mental illness in infants, children and adolescents | RANZCP, October 2010

[vii] Deloitte Access Economics, The social and economic costs of ADHD in Australia, Report prepared for the Australian ADHD Professional Association July 2019, Available from: deloitte-au-economics-social-costs-adhd-australia-270819.pdf

[viii] Goodsell B, Lawrence D, Ainley J, Sawyer M, Zubrick SR, Maratos J. Child and Adolescent Mental health and educational outcomes. An analysis of educational outcomes from Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. 2017.Perth: Graduate School of Education, The University of Western Australia. Available from: childandadolescentmentalhealthandeducationaloutcomesdec2017.pdf (telethonkids.org.au)