

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details

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Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	Youth Mental Health
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Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

- I do not want my submission published
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Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.



Government of Western Australia
Department of Health
North Metropolitan Health Service Mental Health

Youth Mental Health

10th October, 2017

Dr Hannah Seymour
Chairperson Clinical Reference Group
c/- Secretariat
Sustainable Health Review
189 Royal Street
Perth WA 6009

Email: shr@health.wa.gov.au

Dear Dr Seymour

RE: Sustainable Health Review

Thank you for the opportunity to provide a submission to the Sustainable Health Review for Western Australia.

I wish to submit on behalf of the Youth Mental Health, NMHS. Youth Mental Health is comprised of three community mental health services covering the metropolitan area (Youth Axis; YouthLink; YouthReach South) and an inpatient service (Youth Hospital in The Home). The consultation sought input from staff across these services and represents their priorities as outlined in the submission.

The Youth Mental Health Steering Committee approves the publication of this submission.

Please contact me for further information.

Yours sincerely

Jennifer Griffiths
A/Director
Youth Mental Health
North Metropolitan Health Services Mental Health Public Health



How can patient journeys and transition between services be improved for young people throughout Western Australia?

Federal and State approaches to health need to be integrated and coordinated to improve the patient journey across primary, secondary and tertiary settings.

The WA Primary Health Alliance and WA Health should plan integrated and coordinated health services to improve the patient journey, facilitate transition between services, prevent inpatient admissions and provide service options in the community.

A Youth Mental Health Services stream should be planned across these entities, under the direction of the Mental Health Commission.

The WA Health Networks can assist the planning of primary, secondary and tertiary health services across the private for profit, community managed and public health sectors.

Patient journey and care pathways should be simplified and streamlined, with a focus on:

- Promoting continuity of care across geographical catchments.
- Supporting home or community-based services which can deliver early intervention, assessments, medical reviews and acute care at a fraction of the cost of inpatient hospital care.
- Preventing re-admission and facilitating early discharge from hospital admissions
- Reducing number of referrals between services through joint governance of hospital and community services.
- Funding allocations for successful transfers of care only (i.e. cases should only be closed once the next service has accepted the referral).
- Minimising barriers to accessing services within dedicated Youth Mental Health Services Stream, by providing services for all young people irrespective of acuity and diagnoses.
- Developing a rapid response (24 hour) and single point of entry and triage to mental health services for young people.
- A carer should be identified and engaged wherever possible, however there should also be provision for young people to self-refer and receive treatment without carer engagement, where they have been assessed to be a mature minor.

“Being able to self-refer would absolutely help... as well as allowing children to be referred without their parents’ input” (Natalia, Youth Reference Group member, 2017)

How can we ensure we deliver treatment and care to young people in the most appropriate settings throughout Western Australia?

Seventy five percent of mental health problems emerge before the age of 25, yet only 22% of young people with a diagnosable mental health disorder seek professional help (Orygen, 2017). Providing easy access to a range of service options can prevent the development of chronic health problems and therefore reduce overall costs to the health system.

Implementation of a Youth Mental Health Stream

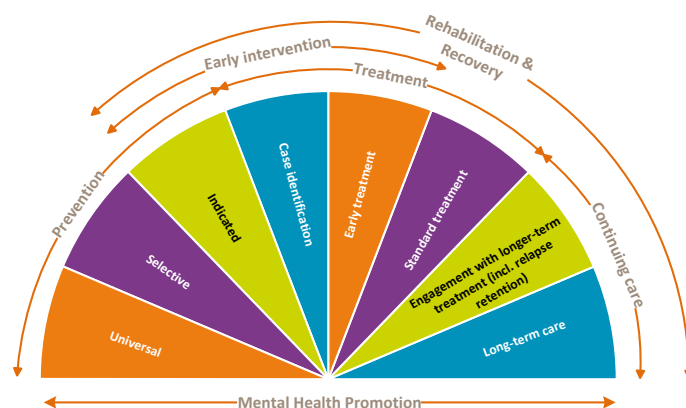
A Youth Mental Health Stream will be dedicated to youth in areas separate from adults and children (as recommended in Professor Bryant Stokes, AM Review, 2012),¹ through a reallocation of existing resources.

The stream will outline neuro-developmentally appropriate service delivery for young people across the areas of prevention, community support services, community treatment services, community bed based services, hospital bed based services and specialised state-wide services (including eating disorders and forensics) for regional and metropolitan areas of Western Australia.

Appropriate models of service for young people

- Mobile and accessible models of service in addition to clinic-based services, that span primary, secondary and tertiary level care.
- Prioritise assessment of mature minor status at point of entry.
- Deliver services that are responsive to the social determinants of health.
- Youth-friendly, flexible and accessible environments can improve early case identification and youth engagement.
- Services delivered in partnership with other organisations in venues frequented by young people can reduce infrastructure costs, improve access, reduce barriers to service and minimise the need for referral to services off site.
- A 'no wrong door' and holistic approach to service provision with in-reach from specialised services.
- Improving trans-regional services capacity ranging from early intervention to specialised mental health services.
- Utilise trained peer support workers to facilitate engagement and support recovery.
- Resources to better support young people who are both consumers and carers.

Figure 1: Recovery practice along the continuum of mental health interventions.²



Source: National Mental Health Recovery Framework 2013. Originally from NSW community mental health strategy 2007-12: from prevention and early intervention to recovery (2006).

¹Stokes, Bryant & Western Australia. Department of Health (issuing body.) & Western Australia. Mental Health Commission (issuing body.) (2014). Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia: terms of reference, executive summary and recommendations. [Perth, Western Australia] Department of Health Mental Health Commission

² Source: NSW community mental health strategy 2007-12: from prevention and early intervention to recovery (2006). Cited in: Australian Health Ministers' Advisory Council (2013) National Mental Health Recovery Framework 2013. Available from: <http://www.ahmac.gov.au/site/home.aspx>.

How can youth mental health services make best use of Technology, Research and Digital innovation?

Develop computer applications for functions such as shared electronic health summary/record, care planning, communication, service delivery, medication reminders, and service navigation.

Young people utilise technology to communicate and seek information. Currently, health services do not have a robust and suitable range of computer applications to support health service delivery. There is a substantial and growing evidence base that mental health services can be enhanced by adjunctive eHealth facilities and services.

Contemporary eHealth technology and platforms such as social media should be integrated into models of care including evidence based internet interventions.

A review of existing eHealth service models is required to inform sustainable health service redesign for Western Australians. Information technology experts should be engaged in the design, development and implementation of computer applications that will meet the future mental health needs of young people. This requires a shift in investment to research and development within health services.

What kind of partnerships across all sectors and levels of government would benefit young people in Western Australia?

Cross government and cross sector planning is required to maximise health services and reduce duplication.

The following partnerships would be beneficial:

The Western Australia Primary Health Alliance (WAPHA) and WA Health should work together to improve metropolitan and regional health service planning for Western Australians. Primary care should be the keystone of a sustainable health system, and should remove or reduce out-of-pocket cost for GP visits, which are prohibitive for young people on low incomes.

Hospital Inpatient and Community-based Services

This partnership would help ensure continuity of care after hospital admission and diversion from inpatient admission. This may be facilitated through joint governance structures, integrated clinical meetings and flow of care; co-location in emergency departments, inpatient wards, and community based services; and the re-establishment of youth-friendly positions in emergency departments.

Mental Health Services and other organisations providing services to young people (including education, accommodation providers, alcohol and other drug agencies)

This would promote effective cross- sector referral pathways, support youth participation and consultation, and promote the role of mental health services. Mental health services need to consult with these organisations and seek advice from young people on the design, development and delivery of their services.

Youth Reference Group (YRG) members (Youth Mental Health, NMHS) reported that schools played an important role in identifying emerging mental health problems and could routinely administer screening instruments to identify emerging issues.

“Schools should screen students regularly for mental health problems” (Zoe, YRG member, 2017)

Joint workforce training

Across all sectors (primary, secondary, tertiary, non-government) through training and supervision, improve the capacity of the workforce to respond to a broad range of youth presentations especially co-occurring conditions and cultural competence (not just awareness) for Aboriginal and CALD youth needs. Training needs to focus on approaches which are trauma-informed and recovery-oriented.

How can we drive improvements in the safety and quality of health services for young people in Western Australia?

Consumer and carer representation and consultation should occur at every level in safety and quality processes, and inform service evaluation. Services should actively engage young people in developing and implementing solutions to identified problems.

“Hope grows when you know you are respected and welcomed for who you are, including your individuality, your culture, your diversity, your strengths, and your problems, however complex they are. Our welcome from Youth Mental Health Services has been all these things” (Mara, YRG member, 2017)

Research should be embedded into the youth stream:

- Dedicated youth research positions and activities to drive evaluation, maintain alignment with international research findings and ensure prompt application to practice in Western Australia.
- Improved data collection from the point of initial presentation can assist in minimising barriers and bringing services to young people.
- Review the patient journey and discharge service options for youth who are frequent emergency department attendees.

How can we maximise health outcomes for young people while also maximising the financial sustainability of health services for young people?

WA Health services should be aligned with the WA Primary Health Alliance to integrate planning and service provision, minimise duplication and optimise synergies and patient flow.

This would result in a Health Board for WA Country Health Services, North Metropolitan Health Services and South Metropolitan Health Services. Child and Adolescent Health Services and East Metropolitan Health Services should be abolished and the services amalgamated within three Health Boards for WA. This would achieve significant financial savings and improve capacity for planning and integrated health care provision.

Within the Western Australian Government, a whole of government approach to service planning and delivery should be undertaken to maximise financial sustainability, including reduction in unnecessary ED presentations and hospital admissions.

This can be achieved through:

- Establishment of a comprehensive Youth Stream for Western Australia.
- Provision of rapid crisis response by community-based youth friendly services.
- Single point of entry reducing triage processes and streamlining patient flow and entry to most appropriate service.
- Joint/shared governance structures including triage would improve communication between ED, inpatient and community service providers, and reduce infrastructure costs.
- Effective co-ordination of provider networks.

Allocate resources for brief intervention and time limited mental health services to facilitate access to assessment and treatment for young people with identified needs.

Create seamless access to more highly specialised, longer term treatment options for young people with more severe or complex presentations.

Improving communication between services reduces repetition in the assessment for young people.

“Young people should not have to repeat their stories when they go to hospital or mental health services” (Taylah, YRG member, 2017)