

Public Submission Cover Sheet

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

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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 Reference Group, Youth Mental Health, NMHS
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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
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 Reference Group, Youth Mental Health, NMHS. The Youth Reference Group is comprised of young people who are current or recent consumers of Youth Mental Health services.

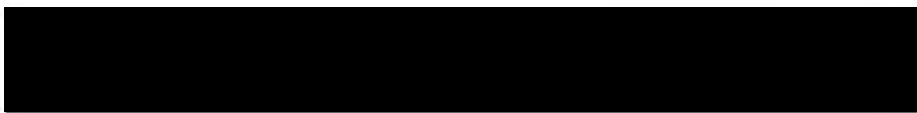
The group met on two occasions to consider the questions within the SHR, and their responses have been summarised by theme.

The Youth Reference Group approves the publication of this submission.

Please contact me for further information.

Yours sincerely

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



Sustainable Health Review 2017 – Youth Mental Health, NMHS

Summary of Consumer Input – Youth Mental Health Reference Group

Record of meeting held [REDACTED]

Attendees: [REDACTED]

Record of meeting held [REDACTED]

Attendees: [REDACTED]

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

Regional Boundaries as barriers:

Regional boundaries/catchment area based services were identified by the group as very problematic for young people.

Bulk billing:

The group members were strongly supportive of bulk billing for young people with health and mental health problems of any type.

Communication between health services and sites:

Improve communication between services (health and mental health) so that young people do not have to repeat their stories at each service. One young person suggested the introduction of a mental health wallet card to identify a young person as a mental health service user should they present at other settings.

Welcoming and respectful services for young people including gender diversity:

Ensure a welcoming environment for young people at services including hospital settings. Young people in the group recounted stories of receiving hostile receptions and accusations, eg. “you’re lying” in emergency departments when they presented suicidal ideation and behaviour, or were experiencing mutism due to distress.

Young people in the group spoke about the experience of not being taken seriously or believed when reporting mental health problems or abuse histories.

There was an emphasis on the need for Triage and Assessing clinicians to be trauma informed and youth friendly, in order to create a safe accessible experience for youth. This was extended also to the need to provide a visible and conspicuous welcome to people with diverse gender identities. Young people with gender diversity experience very significant discrimination in the community and it is essential that service providers are welcoming and that all staff including reception and clinical staff, have appropriate training in providing a safe and affirming environment for young people with gender diversity.

Capacity to manage complex mental health presentations:

There were statements from young people with complex presentations, who felt that hospitals and other services had given up on them and been discharged with the message “we can’t help you”, whilst the young person did not feel safe being discharged.

It was also noted that health services and even mental health services need to be better educated regarding particular diagnoses. One group member spoke about the lack of knowledge and awareness she had encountered in health settings regarding her long-standing eating disorder, with clinicians making unhelpful and uninformed statements like: “...just eat more”.

Another young person spoke about the inappropriate response she had experienced to her past trauma history and reflected that clinicians need to be trained in providing trauma informed treatment approaches.

Hospital to Community transition:

The group also commented on the lack of community follow up post hospital presentation.

Family vs individual approaches for children and young people:

Young people in the group were highly critical of “family counselling” stating that in their experience the parents had been treated as the credible source of information while the young person had felt disbelieved and invalidated.

There was considerable criticism of CAMHS in this discussion, with comments made that young people were treated as “the problem” rather than viewing their symptoms or difficult behaviours as indicative of problems within the family. There was the suggestion that young people and children should be seen 1:1 initially at either CAMHS or other settings, before family were involved.

There was also the suggestion that young people and children should be able to self-refer without parental involvement.

Service availability and capacity – need for more services:

All members of the group held that there is a need to create more mental health services for children and young people. All commented on the long waiting periods they had experienced for access to headspace and to DoH mental health services. There was unanimous agreement that services needed to have the capacity to see young people through their mental health journey over the longer term if needed.

Early intervention options:

Headspace was regarded as an important service by members of the group, however there were criticisms that on assessment some had been deemed “too high risk” and referred back to their GP and that after a long waiting period they were only able to be seen for very time limited periods. There was the suggestion that a more seamless approach would be more helpful, with young people who presented with more complex mental health issues, able to be seen by more qualified and experienced clinicians, and over longer periods of time.

Young people responding to this question spoke about the difficulty they experienced with initial help-seeking. This was due to lack of confidence and at younger ages lack of knowledge regarding mental health, and that the difficulties they were experiencing were not “usual”.

There was also fear and mistrust of adults including police and school personnel. Schools were however, identified as playing an important potential role in better early intervention strategies. One participant suggested that schools could routinely administer screening instruments to identify young people with emerging mental health issues, which could then facilitate referral for help to external organisations.

Schools were also seen as needing more capacity to educate children in mental health issues at younger ages, and to employ more highly qualified mental health professionals to support students. There was also a strong message from the group that schools could play a more active role in identifying potential children who were experiencing forms of abuse, eg. better reporting of behavioural indicators or physical signs such as bruising.

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

Young people in the group again identified geographical boundaries as highly problematic for youth.

There was also a preference stated for services which could provide for physical and mental health needs within the same service or co-located (one-stop shop approach) for ease of access.

The suggestion was made of providing online counselling and telephone counselling as an addition to one to one counselling.

Young people in the group spoke about the need for treatment to be delivered in non-stigmatised settings such as schools, university, TAFE, sporting or community clubs, training/work experience sites. Along the same lines they also spoke about the importance of treatment being delivered via community outreach e.g., café's, parks, by the beach etc.

It was stated "having an appointment with my psychologist in the coffee shop really calms me" and "on days I don't feel like I can make it into the clinic it is nice to know I can have my appointment at my house."

Again the group talked about the importance of having trained mental health workers within schools in order to identify early, young people who may have mental health difficulties. In addition a prevention approach was favoured with the suggestion that young people learn about mental health in the school curriculum.

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

Online referral forms could be used for self-referral.

Interactive website for youth mental health.

Facebook page for youth mental health. Young people stated that this could assist in staying in contact with clinicians and the service even if they lose their phone/run out of credit etc., "as all young people can find a way to access their Facebook account".

They thought that helpful articles or information could be posted on the Facebook page relating to mental health and treatment. This could be helpful for consumers; as well as raise awareness for the general public.

It was suggested that youth friendly Apps that address mental health difficulties could be a nice complementary adjunct to individual therapy.

Interactive website for youth mental health that young people could be “invited to” (wanted this to be a private website for consumers only) that they could access following discharge from youth mental health services. One person identified that going from weekly individual therapy to “nothing” post discharge was a really tough adjustment so having access to a way to stay connected to the service online for a period of time would be helpful. Part of the website could include online brief counselling with a clinician and phone calls if necessary.

Use of I-Pads or tablets to complete questionnaires/measures.

What kind of partnerships across all sectors and levels of government would benefit young people in Western Australia? (eg alcohol and other drug services, education, accommodation, etc)

Co-locate mental and physical health services for youth - these should be bulk-billing, youth friendly, trans-friendly and physical pain-friendly.

Important partnerships identified: education (uni, TAFE, school), NGO’s (e.g., PICYS, Passages), housing services, GP’s, police (especially police responders who attend a crisis and help facilitate a presentation to ED/hospital), legal services, Centrelink, job provider agencies, emergency department staff and alcohol and other drug services.

Partnerships between youth mental health and job provider agencies were especially highlighted. Young people identified that their mental health symptoms were a significant barrier to gaining employment and felt that current job provider agencies were lacking experience and understanding in how best to support them find employment and then successfully hold down that employment.

Partnerships between ED staff and mental health treating teams was also highlighted as an important issue. Young people felt that there was currently limited communication between treating teams and ED staff which did not support continuity of care. As well as this young people felt that clinicians advise to attend ED when feeling unsafe, however they are often treated poorly/ discharged after presenting which decreased likelihood they would seek that support again in the future.

Finally it was reported that police attending crisis situations are unskilled in responding to young people who are acutely unwell and often incorrectly assume they are substance affected. It was suggested that better communication between treating teams and police on how to respond to young people when they are in crisis would be helpful.

How can we drive improvements in the safety and quality of health services for young people in Western Australia? (eg. youth representation as consumers, youth consultation in service planning and evaluation processes, continuous feedback and problem identification/solution processes)

Consider collating a data base on people’s (de-identified) experiences with different services.

Peer-reviewed reports on services.

Independent feedback and evaluation processes.

Including youth reference participation as much as possible (e.g., input in clinical review meetings/ consultation regarding service delivery/ policy development, even on interview panels).

Employment of peer support roles within clinical teams.

Increased opportunity for independent feedback and evaluation.

More awareness of how to communicate concerns regarding service / treatment / clinicians.

How can we maximise health outcomes for young people while also maximising the financial sustainability of health service for young people? (what changes are needed to services to get the best outcomes for young people?)

Bulk-billing very important to young people.

Outreach appointments.

Support with travel expenses to and from the appointments that are clinic based.

One young person stated that they appreciated their clinician organising taxi vouchers to and from their appointments so that it was one less thing they had to worry about.

No pressure on time limit of service eg. having to be discharged at age 25.