

Young People Priority Framework 2020

Youth Mental Health Sub Network Submission

8 October 2020

YOUTH MENTAL HEALTH SUB NETWORK: Feedback to MHC consultation questions

1. *What do young people, families and carers, service providers, peak bodies and government agencies agree to be a realistic **vision for the mental health and AOD service system** in Western Australia for young people that can be achieved by 2025?*

- ‘Hope filled’ and ‘Supportive of young people to plan a better life’
- From the *International Declaration on Youth Mental Health*:
“Every young person has a meaningful life and can fulfil their hopes and dreams; All young people are respected, valued and supported by their families, friends and communities; Young people feel empowered to exercise their right to participate in decisions that affect them; Young people with mental ill-health get the support and care they need when and where they need it; No young person with mental ill-health has to endure stigma, prejudice and discrimination; The role of family and friends in supporting young people is valued and encouraged.” (See Appendix 1)
- Embrace young people and support them to achieve in a meaningful way
- EVERY life matters
- When young people reach out for help – treat them with respect. They are the future and responsible for the growth of the economy and should be supported to be productive members of society. Nurture our future.
- All young people must be listened to, validated, encouraged. Don’t do further damage
- It is important to improve intergenerational support systems for all members of the community
- Social and practical supports to assist in the daily life of young people eg. Centrelink appointments
- Cost effective services, affordability is critical for young people accessing support
- Telehealth to be available across all services; Flexibility by offering all forms of appointments
- Wait times for young people are huge so offer ‘while you wait’ options and support.
- Better access schemes to reduce waitlists – first few sessions with a private practitioner to be free
- Ensure young people understand it is ok to tell the service if the fit with the clinician is not working well. It’s ok to let them know if you are not compatible
- Enhanced service integration and reduction of fragmentation of services
- ORYGEN A Global Framework for Youth Mental Health: Key principles:
 - rapid, easy and affordable access;
 - youth-specific;
 - awareness, engagement and integration;
 - early intervention;
 - Youth partnership;
 - Family engagement and support;
 - Continuous improvement;
 - Prevention.
- Development of a Youth Peer Support workforce
- WA Government to resource the implementation by planning and budgeting as a first priority
- Scale up existing services that are working well
- Recruitment process for youth trained staff to go wider – state, national, international
- Ensure salary remuneration is attractive and equitable for the youth workforce across settings.
- One year contracts for services is not working. Longer term contracts required.
- YMH Sub Network see this vision as **urgent** – action to happen now. 2025 is too far away.
- Have a list of priorities’ for implementation as soon as 2021.

2. *What do they see as the **key gaps and opportunities** for change within the current system in Western Australia?*

- Discrimination by GP's and emergency departments. Young people have experienced dismissive treatment of who they are, in the past and at present, by GP's and ED staff.
- Should not have to put up with bad service because it is free.
- It is critical that GP's receive further training in mental health and increase their awareness of sensitive approaches to LGBTI young people, those with AOD issues and general mental health issues.
- Emergency Department staff in WA need to improve dealing with mental health issues with further training.

- **Navigation of services/systems and navigation of pathways** to be provided.
A sector approach to assisting young people and families with navigation to the appropriate service is a priority.
- Private practitioners who are open to bulk billing – a practical alternative. Health Pathways to consider private practitioners as they are underutilised.
- Inpatient services for young people (16 to 24 years). Shortfall of beds from 19 as planned for NMHS to only 10 at Joondalup. Joondalup Health Campus should have an increase in youth inpatient beds from 10 to meet need.
- Youth Community Assessment and Treatment Teams required for North Metropolitan and East Metropolitan
- Youth Hospital in the Home required for South Metropolitan, East Metropolitan.
- Lack of community services in East Metro and South Metro due to long wait times at YouthLink and YouthReach South
- Most resources for youth are with adult mental health services. Mental Health Commission could commission youth community treatment services.
- Over demonisation of drug users leads to lack of support, avoidance of services due to blaming addicts and lack of empathy and respect.
- Disconnect between young people and the media/social media so young people have a lack of trust of government services.
- Better education around drugs, specifically MDMA and marijuana safe use and methamphetamines – *what* it does and *how* it is addictive.
- Comprehensive campaigns for alcohol and other drugs to reduce the media causing imperceptions and shaming.
- Young people require an integrated approach when they have mental health and co-occurring issues, such as disability or problematic alcohol and drug usage.
- Social media affecting mental health of young people – predatory behaviours of older people, and the exposure to pornography at an earlier and earlier age is a huge risk to the mental health of all young people – therefore education for young people at an earlier age than 15 (eg 12 – year 7)
- Eating disorders signs– better education in schools for young people and staff around diagnosis
- Development of youth services across WA Country Health Service regions

Recommendations highlighted from the Better Choices. Better Lives. WA Mental Health, AOD Services Plan 2015-2025 (see in full below)

- Recommendations 18, 94, 96, 143 regarding alcohol and other drug school based education programs
- Recommendations 27 and 28 boost community youth services and early intervention
- Recommendations 46 and 53 – subacute service and HITH services for the state
- Recommendations 54, 55 Eating Disorders service for 16-24 years
- Recommendation 56a – Sexuality Services and Gender Diversity services
- Recommendation 57 – YPECN increased funding especially in mental health domain

• Recommendations 58, 121 and 157 - Forensic service for young people in the community
3. *What do they see as the **priority initiatives and strategies** to deliver on the vision for the mental health and AOD service system for young people?*

- Education in schools – with a focus on LGBTI. Note an awareness of catholic and religious schools and their ability to teach an inclusive approach for LGBTI that avoids discrimination required
- Alternatives to emergency departments when suicidal
- Expansion of Youth Community Assessment and Treatment Teams (YCATT) in North Metro, South Metro and East Metro
- Gender Diverse Service for Youth and Adults – Need an LGBTI strategy. Children are supported up until 16-18 and then have literally nowhere to go to – a very stressful situation at an age where everything is changing for the young person
- Expand regional telehealth services
- Step down services and accommodation
- Influence service leaders to be open to more flexibility of services. Change their mindset to provide what works best for young people not them.
- Full implementation of the MHC Mental Health Plan actions for young people in chunks for each year – 2021; 2022; 2023; 2024;2025

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025. Better Choices, Better Lives.
Mental Health Plan Summary of Recommendations noted above. Some Key actions for Young People

PREVENTION

By the end of 2017, to prepare for the future we aim to:

18. Identify opportunities to enhance existing prevention initiatives targeting children, young people, families and the broader community including (but not limited to) school-based programs which incorporate mental health, alcohol and other drug education, and resilience building.

By the end of 2020, to rebalance the system there is a need to:

94. Complete the rollout of school-based education programs on mental health, alcohol and other drugs, and resilience building until available in all schools.
96. Promote the adoption of evidence based mental health 'first aid' training throughout the community.
143. Have established a comprehensive suite of universal and targeted mass campaigns that promote mental health, prevent mental illness and reduce harmful alcohol and other drug use.

COMMUNITY TREATMENT SERVICES

27. Boost infant, children and adolescent mental health community treatment services across the State by 374,000 hours of service, which includes early intervention services and services for families.
28. Build on current youth services and commission new youth services to establish a dedicated youth community treatment service stream.

HOSPITAL BASED SERVICES

By the end of 2017, to prepare for the future we aim to:

46. Convert the Bentley Adolescent Unit into a state-wide 14 bed subacute inpatient service for youth.
53. Expand HITH beds by 5% and further investigate the appropriateness of this model for infants, children and adolescents.

SPECIALISED STATEWIDE SERVICES

By the end of 2017, to prepare for the future we aim to:

54. Establish specialised state-wide inpatient services for:
 - b. Eating disorders (24 beds)
55. Commence establishment or enhance community-based specialised state-wide services including:
 - a. Eating disorder services.
56. Commence planning of community based specialised state-wide services including:
 - a. Sexuality, Sex and Gender Diversity service
57. Build on and improve programs such as Youth People with Exceptionally Challenging Needs (YPECN) to ensure people with multiple, high-level needs receive seamless, comprehensive treatment and support.

FORENSIC SERVICES

By the end of 2017, to prepare for the future we aim to:

58. Research an evidence-base and establish forensic focused prevention programs which reduce the risk of individuals coming into contact with the criminal justice system.

By the end of 2020, to rebalance the system there is a need to:

121. Continue to develop in-prison mental health, alcohol and other drug treatment and support services for men, women and young people.

By the end of 2025, to continue the reform, modelling identifies the requirement to:

157. Open 92-bed secure forensic inpatient unit with 62 acute and 30 subacute beds, including specific places for men, women, young people and Aboriginal people.

The International Declaration on Youth Mental Health

A shared vision, principles and action plan for mental health service provision for young people aged 12–25 years



Imagine a world where...

- ❑ **Every young person** has a meaningful life and can fulfil their hopes and dreams
- ❑ All young people are respected, valued and supported by their families, friends and communities
- ❑ Young people feel empowered to exercise their right to participate in decisions that affect them
- ❑ Young people with mental ill-health get the support and care they need when and where they need it
- ❑ No young person with mental ill-health has to endure stigma, prejudice and discrimination
- ❑ The role of family and friends in supporting young people is valued and encouraged

Ten-year targets

1. Suicide rates for young people aged 12–25 years will have reduced by a minimum of 50% over the next ten years. This minimum target means that we do not accept that the death of any young person by suicide is inevitable.
2. Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it
3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes
4. All primary care services will use youth mental health assessment and intervention protocols
5. All young people and their families or carers will be able to access specialist mental health assessment and intervention in youth-friendly locations
6. Specialist assessment and intervention will be immediately accessible to every young person who urgently needs them
7. All young people aged 12–25 years who require specialist intervention will experience continuity of care as they move through the phases of adolescence and emerging adulthood. Transitions from one service to another will always involve a formal face-to-face transfer of care meeting involving the young person, his or her family/carers and each service involved in his or her care.
8. Two years after accessing specialist mental health support, 90% of young people will report being engaged in meaningful educational, vocational or social activity
9. Every newly developed specialist youth mental health service will demonstrate evidence of youth participation in the process of planning and developing those services
10. A minimum of 80% of young people will report satisfaction with their experience of mental health service provision
11. A minimum of 80% of families will report satisfaction that they felt respected and included as partners in care

Why an International Declaration on Youth Mental Health?

“International declarations that articulate core values, goals and standards have played an important role in enhancing the quality of care in a number of areas of medicine”

(Bertolote & McGorry 2005)

The World Health Organisation

(2011) recognises mental health as one of the main health issues affecting young people around the world today. At any one time up to one in four young people aged 12–25 years will be going through a period of mental ill-health and three-quarters of adults with mental health difficulties are likely to have developed those difficulties by the age of 24 *(Kessler et al 2005)*.

The International Declaration on Youth Mental Health (2011)

articulates core principles and targets for youth mental health service provision. The declaration aims to influence how people think about and respond to young people's mental health needs. It will be used to leverage support for the development of timely and appropriate youth mental health services internationally.

Background to the Declaration

The **International Declaration on Youth Mental Health** evolved from a Youth Mental Health Summit that took place in Killarney, Ireland on 19 May 2010. The Summit provided a forum for young people, family members, clinicians, researchers and policy makers to share practice innovation and research in the field of youth mental health and to discuss and debate the content of this declaration.

Over 80 people from Ireland, the UK, Australia, Canada, the USA, the Netherlands and New Zealand took part in the process and their feedback and input provided the basis of the declaration. The declaration includes a piece written by a young mental health advocate from Ireland and a number of young people from Ireland contributed their views on the declaration over the course of the writing period.

The Issue of Youth Mental Health: young people's views

If young people don't feel like they have someone to talk to or somewhere they can go to for support and expert care, how can they be helped? The unfortunate truth for many is that they can't, which can lead to very sad, and often tragic, endings for some. This has resulted in high rates of youth suicide and premature death and disability. There are far too many thwarted and unhappy lives.

Poor access to quality mental health services and supports is hindering many young people's ability to fully participate as active participants in society. Every time a young person is overcome by the challenges they face and has no one to turn to for the support they need, an opportunity to foster their spirit of resilience and the chance of recovery from mental ill-health is lost.

Young people are ready for change. We are ready to engage in services and organisations to make our voice heard. We want our participation in the process to be assured and valued. What better experts can there be than the people who live through these things every day? How can services be redesigned, or stigma reduced without the guidance of such experts? Internationally we have seen how well listening to young people works in organisations working to support young people's mental health in Australia, the UK and Ireland.

Every young person, no matter where they live, has the same right to access quality services and supports that can help them overcome their experience of mental ill-health. This is why this declaration is of international significance and must be supported by all who value the contribution that young people make to our communities. Improving mental health services and changing the way people think about youth mental health worldwide is our key to change.

International Declaration on Youth Mental Health, authored by the ACAMH Special Interest Group in Youth Mental Health, supported by Professor Patrick McGorry and Dr. David Shiers.

Endorsed and launched by the International Association for Youth Mental Health (IAYMH), October 2013.

Declaration Objectives

The declaration sets out a range of objectives under five action areas:

1. Public health target to reduce preventable mortality

Reduce mortality rates correlated with mental ill-health among the youth population.

2. Mental health literacy

Raise awareness among young people, families and communities of the determinants of mental health and the mental health needs of young people aged 12–25 years. Minimise any impediments to young people with mental ill-health integrating fully into their communities and society.

3. Recognition

Organise training for health and social care professionals in optimal approaches for detecting and responding to young people with mental health needs.

4. Access to specialist support

Create, enhance and evaluate comprehensive and dedicated youth mental health services provided by professionals with specialist knowledge in youth mental health and interventions for young people. Ensure that youth mental health services, including on-line services, are equitable, universally available and accessible to young people and their families when they need them.

5. Youth and family participation in service development

Provide opportunities for young people and their families to participate fully in the planning, design and delivery of youth mental health services and promote partnership with young people and families within primary and specialist mental health care services.

For more information
on the Declaration visit:
www.iaymh.org