



Government of Western Australia
Mental Health Commission

MENTAL HEALTH ADVOCACY SERVICE

Date: 15 September 2020
Location: Mental Health Advocacy Service, West Perth
Attendees: Amanda Hughes, Head of Policy, MHC
Ebony Schroeder, Senior Policy Officer, Strategy and Reform, MHC
Debra Colvin, Chief Mental Health Advocate
Rochelle Moukina, Youth Mental Health Advocate

The Mental Health Advocacy Service (MHAS) provided the Mental Health Commission (MHC) with a number of documents which included an outline of services which do and don't work based on consumer feedback to Advocates; information from their annual reports; and some case study examples.

At the meeting these were discussed, as well as the following concerns reflected in consumer feedback and Youth Advocate experience:

- The wait for community Child and Adolescent Mental Health Service (CAMHS) appointments is far too long and there are engagement issues and too few early intervention services.
- An acute community intervention service covering all health services is needed which is responsive to the immediate needs of young people and their families or carers which offers 24/7 support, or close to that, to avoid long waits in emergency departments (EDs) because there is nowhere else to go.
- There are gaps in respect to how services effectively involve and work holistically with young people and their families or carers. A true young person and family-centred approach should be used, rather than a wholly medical-based model. Treatment support and discharge planning remains poor.
- There is a need for more intensive support after discharge from an inpatient or hospital setting to avoid re-admission and reduce risk.
- There are no dedicated youth spaces in EDs or dedicated 'safe spaces'; this is a gap that needs addressing.
- While young people are waiting in ED, the clinicians they see are often not trained in working with young people, nor do they always have the appropriate skills required to address youth-specific issues and emerging emotionally unstable personality disorder.
- There is poor collaboration and gaps between services for children with dual diagnosis and child protection service needs.
- There are significant challenges for children in regional areas especially when they must be transferred to Perth.
- There are significant supported accommodation gaps.
- There are extremely limited services for young people with eating disorders.
- Case studies and patient journeys would be useful additions for the framework.

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