Government of **Western Australia**
Mental Health Commission

EAST METRO HEALTH SERVICE

Date: 12 October 2020
Location: Mental Health Commission, East Perth / Teams
Attendees: Amanda Hughes, Head of System Development Mental Health Commission (MHC)
Dr Sophie Davison, Chief Medical Officer Mental Health, MHC
Dr Daniel Ng – Emergency Department (ED) Consultant Physician, Midland Public Hospital
Dr Smitha Bhaduri, Clinical Lead, East Metropolitan Youth Unit (EMYU)
Dr Melanie Newton, Senior Clinical Psychologist, EMYU

Key issues arising:

- The discussion related to 12 to 24 year olds specifically.
- There are no youth beds in Midland, and assessments are conducted by the Psychiatrist Registrar or Psychiatric Liaison Nurse in the ED. There is no dedicated child and adolescent psychiatrist.
- If the young person requires a bed: they are usually highly stimulated but sometimes are left in ED for two to three days. This is not a therapeutic environment and often the parents or guardian have to remain with the young person for the whole time.
- An audit of wait times in the ED for young people is being conducted.
- Midland also has beds for the Wheatbelt, and have found that the telehealth service has improved the presentations at Midland.
- Youth presentations have multiplied and there is a need for a range of services not just beds. Early intervention is essential.
- For the EMYU the proportion of patients presenting with a personality disorder is >70%
- Current community-based interventions are very limited and usually full. For example, Touchstone has only eight young people at a time. In a year, they can only see 32 young people in total.
- East Metropolitan Health Service (EMHS) have no youth community teams. The Child and Adolescent Mental Health Service (CAMHS) has a very family-based treatment ethos – which is often not appropriate for 16 and 17 year olds, many of whom are independent and not living at home for a number of reasons. CAMHS focus is on the early teens but not the later years.
- Youth Axis has very tight criteria for emerging issues only and a long waitlist.
- Youth Reach South focus on homeless young people.
- Those under 18, who are not suitable for the above, cannot access adult services and have limited options for treatment.
- All youth services have long waitlists - sometimes four to six months.
- There is nothing in the community that can provide a rapid response in a situation.

- Eating Disorder referrals have gone up significantly. The EMYU admit based on referral and as such may have more than two eating disorder patients on the ward at the one time, however the unit does not have adequate resources to support this (for example, dietetics and psychology FTE). Post-discharge, many of the community services that do provide some counselling will only accept people with a very high (unrealistic) Body Mass Index.
- There are no forensic services for youth and no forensic pathway. There is a limited amount of in-reach into Banksia Hill Detention Centre (BHDC) and follow up after BHDC with CAMHS is very low and medication heavy.

Specific Recommendations:

- Youth presentations have multiplied and there is a need for a range of services not just beds – early intervention is essential.
- The following points are considered to be high priority for the EMHS for young people in the community.
- A 'transdiagnostic' youth specialist approach is needed. Working holistically in the areas of trauma; treating personality disorders and having a 16/17 year old youth stream but accepting youth up to 25 years old. The following need to be offered:
    - Brief interventions for those requiring early intervention.
    - Groups and individual therapy.
    - A more intensive stream with Psychiatry.
    - Assertive outreach for those who need active follow up and are more complex.
- The service should have a central hub where all referrals are received and acted upon with evidence-based interventions. The hub is under one roof with satellite treatment services throughout a Health Service Provider catchment, so the young person can be seen close to home. Inclusion of families, or exclusion of families - dependent on young person's need. Regardless, the family is offered group therapy to upskill.
- Intellectual disabilities and autism need to be considered. Interagency discussions with the National Disability Insurance Agency and Disabilities is imperative to develop services inclusive of these disorders. Currently, it is falling to mental health alone to treat 'challenging behaviours' often without a primary mental health diagnosis.
- Young people are fluid in their presentations and need to be able to flex through different services and levels of support when needed. In the above service they could access groups, but at times move into the more intensive stream when needed.
- A peer workforce is valuable and required. Young people need to build a tribe and have stable relationships.
- A Safe Café style service for young people to access when in distress or requiring support.
- A trauma-based youth forensic community service is needed for follow up after and during contact with the Criminal Justice System.