Government of **Western Australia**
Mental Health Commission

SOUTH METROPOLITAN HEALTH SERVICE

Date: 6 October 2020
Location: Fiona Stanley Hospital, Murdoch
Attendees: Amanda Hughes, Head of Policy, MHC
Dr Sophie Davison, Chief Medical Officer, MHC
Dr Daniela Vecchio, Head of Service and Consultant Psychiatrist, MH
Professor Wai Chen, Professor of Mental Health and Consultant Psychiatrist
Sharon Delahunty, Nurse Director Mental Health
Dr Clifford Baxter, Psychiatrist, AOD Specialist
Claire De San Miguel, Clinical Nurse Specialist, Youth Community Assessment and Treatment Team (YCATT)

Key Issues arising:

The discussion included 16-24 year olds specifically. (N.B. There are increasing number of under 16 cases presenting to Fiona Stanley Hospital (FSH) emergency department (ED), of whom the parents report being unable to access treatment and services).

Seamless transitions are needed, and currently lacking – contact with young people may be lost in the transition period or between services when there is no oversight for active linking or governance for care of the young person to enable this to happen. This is often as a result of long waitlists for the external services (generally at least 3 months), specific entry criteria and an overall disjointed system. External waitlists leads to YCATT, ED and the inpatient setting having limited capacity to maintain efficiency and flow.

Currently inpatient and YCATT are run by the South Metropolitan Health Service (SMHS); Youth Reach South is run by North Metropolitan Health Service (NMHS); and the Child and Adolescent Mental Health Service (CAMHS) is run by the Child and Adolescent Health Service (CAHS).

In the YCATT model, relationships with the young people are pivotal to the positive outcomes for those who can recover within the timeframe commissioned for YCATT. In contrast, transferring and referring the young people to various other services where they have to form and establish new relationships often results in the young person not continuing treatment. Therefore, increasing funding to YCATT to extend the timeframes will benefit young people who need a longer period to recover. Currently, this group falls between the gaps when their needs stretch beyond the commissioned YCATT service timeframe.

Working well between YCATT and other services and non-government organisations (NGOs): the relationship and mutual respect with Drug and Alcohol Youth Service (DAYS); YCATT has integrated other services such as a primary care, alcohol and other drug (AOD), teachers and employment support. Having teachers embedded in the service and good relationships with an employment agency have been very helpful.

YCATT is experiencing greater complexity in the young people and increased referrals in general, exceeding its capacity and remits.

YCATT strives to provide a broad remit of functions to both patients from acute settings and those in the community with very limited resources which creates challenges in delivering comprehensive youth mental health care.

Eating disorders with comorbid emotionally unstable personality disorder (EUPD) is a major issue. Medical inpatient and Mental Health B (Youth Unit) provided inpatient admissions to 113 patients with eating disorders per year with growing number and severity; and YCATT subsequently has had increased activity in this area. WA Eating Disorders Outreach and Consultation Service (WAEDOCS) has been a valuable addition.

Attention deficit hyperactivity disorder (ADHD) – CAMHS and other youth mental health services are not resourced to accept these cohorts; and these forms key drivers of their psychopathologies and impairments. Recent treatments of some ADHD cases have demonstrated dramatic improvements in symptom reduction, functional improvement and re-integration into work, education and professional training.

Alcohol and substance misuse is a very important aspect of managing complex cases. Four broad issues highlighted:

(i) AOD as self-medication of underlying drivers (i.e. depression, anxiety, ADHD, abuse, emotional pain and needs to escape);
(ii) AOD itself can cause brain changes and specific psychopathologies such as addiction cycles;
(iii) AOD can lead to other psychopathologies, such as conduct disorder, secondary depression, personality changes, deliberate self harm, and suicide attempts; and
(iv) AOD can lead to social problems, such as homelessness, crimes, judicial prosecution, debts, rejection by family and friends, disengagement with education/employment, prostitution and premature death.

Many young people have ‘problematic AOD use’, while some have actual addiction. Often best time to motivate change is during a crisis (i.e. hospital admission, ED presentation or in YCATT). So ‘ALL UNDER ONE ROOF’ in FSH is best to leverage change, rather than transferring cause to another service. Establishing a young person’s AOD service in FSH with specialist AOD psychiatry inputs is pivotal to effect change.

FSH has Dr Cliff Baxter, who is AOD trained and recently relocated to WA (he is one of only two AOD psychiatrists in WA), but currently without funding support to work as an AOD specialist.

Internet Gaming Disorder/addiction and problem internet use (such as misuse and addiction of social media, and harmful contents) form specific kinds of behavioural addiction - prevalent in the child, adolescent and youth populations. This is becoming an increasing challenging area, leading to aggression in ADHD and ASD population, who present to FSH ED.

A recent audit conducted in YCATT shows that about 11% of YCATT clients have internet gaming and internet misuse problems. The prevalence varies widely across the world (partly because different definitions and sampling methods have been used across studies): ranging 0.7%-27.5% (derived from 37 cross-sectional studies and 13 longitudinal studies). The Australia survey (Young Mind Matters) estimated 3.9% (for ‘problem internet/electronic

gaming') in the age 11-17 population. The preliminary estimate suggest that the rate is about 2.5-3 fold increase in the YCATT population.

Specific Recommendations:

- CAHS Handout – AOD Service and Augmented YCATT in FSH.
- Integrated Care - Care across the spectrum (i.e. inpatient and community) managed by one organisation to reduce gaps and reduce number of young people not meeting criteria. Care available in one place including primary care and teachers (AOD is not currently embedded in YCATT).
- Clear and agreed age range of youth services.
- Services designed to meet the maturational and developmental stages of young people (driven by strong reward seeking and late developing executive functioning) – suboptimal services harm young people. Good services can change their trajectory especially if they take a holistic approach and assist parents and young people in learning ways to cope and interact in a way that promotes health development.
- Effective psychotherapy must be available and family therapy has intergenerational protective factors.
- Social, psychological and medical interventions before young people's brains have "hardwired at age 24" is an effective way of changing their trajectory and improving their social and mental health outcomes.
- Funding mechanisms that allow flexibility- current block funding for community teams do not.
- Services that treat autism spectrum disorder (ASD) and ADHD as well as the other co-occurring disorders improves outcomes for young people. Scientifically untenable in not treating ADHD or ASD.
- Services arranged so most time is spent on treating and supporting and not assessing repeatedly.
- Coordinated specialist eating disorder services.
- Child and adolescent psychiatrists at FSH children's ED and/or embedded CAMHS team at FSH for those under 18, especially some under 16 presenting to FSH ED with parents and young people who report not being able to access treatments.
- Consider extending YCATT to longer than 6-8 weeks and to widening the criteria to involve ADHD etc . If YCATT can hold people for 6 months or so 40% or fewer will need ongoing long term community care. Ideally, there is an end-to-end supply chain within FSH (i.e. all under one roof), and young people can 'get off the bus' when ready for discharge and being re-integrated to community life participation and citizenship.

- Services for young people open for longer hours, with increased after-hours services and 7 days a week.
- YCATT team could be doubled to address current need and expand.