



Government of **Western Australia**  
**Mental Health Commission**

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Western Australia.*

# **Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia**

## **PROJECT TERMS OF REFERENCE**

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### Contact for enquiries and proposed changes

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## Project Terms of Reference

### **Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0-18 years in Western Australia**

#### **1. Background**

For the purpose of this project the term **public specialist infant, child and adolescent mental health services** will be used to describe the services within scope.

As mental illness is the leading cause of disability and poor life outcomes for children and young people<sup>1</sup>, the mental health of young Western Australians has been identified as a priority issue since at least 2015. Three in four people with a mental illness develop symptoms before they are 25. Both the Western Australian Mental Health and Alcohol and Other Drug Services Plan 2015 – 2025 (the Plan) and the Commissioner for Children and Young People's 'Our Children Can't Wait' report from 2015, highlighted the need to improve services available to support children and young people with mental health and/or alcohol and other drug (AOD) issues.

In March 2020, the then Minister for Health; Mental Health released the WA State Priorities Mental Health, Alcohol and Other Drugs 2020 – 2024, in which infants, children and young people were confirmed as an immediate priority. In addition, the Ombudsman Western Australia has made a number of recommendations in relation to improving mental health services for young people in the report Preventing Suicide by Children and Young People 2020.

Over recent years there has been an ever-increasing demand on the mental health services provided by the Child and Adolescent Health Service (CAHS) and WA Country Health Services (WACHS), with the COVID-19 pandemic creating a further surge in demand for CAHS and WACHS child and adolescent mental health services (CAMHS). In addition, the demand for inpatient services exceeds the number of beds available. In WACHS children are often cared for in general medical wards.

#### **Key Data to support the increasing demand on CAMHS across WA:**

- There has been a decline in the average age (now around 14.5 years or less) of Perth Children's Hospital (PCH) emergency department (ED) attendances associated with suicide risk/attempt.
- Referrals to the CAHS Eating Disorders Service (EDS) in August 2020 were at their highest levels in the services' history.
- CAHS community CAMHS clinics have reported a large increase in demand and complexity over a five-year period, ranging from 4,313 referrals in 2016 to 5,794 referrals in 2019; resulting in additional clinician workload and stress as there has

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<sup>1</sup> Orygen (2020). *A Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies*. World Economic Forum. Retrieved from: <https://www.orygen.org.au/Policy/World-Economic-Forum-partnership/Files/Orygen-WEF-global-framework-for-youth-mental-health.aspx>

not been a proportionate increase in FTE.<sup>2</sup>

- There has been a 26% increase in ED self-harm presentations for 0-15 year old children and adolescents from 2015/16 to 2019/20.
- There has also been a 34% increase in mental health ED presentations for this cohort from 2015/16 to 2019/20.
- There has been a 22% increase in ED self-harm presentations for 0-18 year old children and adolescents from 2015/16 to 2019/20. There has also been a 26% increase in mental health ED presentations for this cohort from 2015/16 to 2019/20.<sup>3</sup>

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### **Key Data to support the increasing demand on CAMHS across WA:**

- WACHS community CAMHS services have experienced a 41% increase in demand over the last five years with 4,163 referrals in 2016 to 5,866 referrals in 2020.
- Activated referrals to WACHS CAMHS increased 67% from 2016 to 2020. Clinician workload has increased as there has not been a proportionate growth in FTE.<sup>5</sup>
- Eating disorder presentations to WACHS EDs has risen from 4 in 2017 to 12 in 2020. There has been a steady increase in eating disorder admissions to WACHS community CAMHS services for 0 to 17 year olds; nine in 2016 increasing to 29 in 2020.
- Admissions to WACHS general hospitals for eating disorders for 0-17 year olds indicated there were 10 admissions in 2019/20 which was a 100% increase from the 5 admissions in 2018/19. The majority of the admissions in the last five years (56%) were for 16 year old females.
- There has been a 7% increase in the number of self-harm presentations to WACHS EDs from 2017/18 to 2018/19, however there was a 9% decrease in 2019/20 for 0 – 15 year olds.
- There has been a 16% increase in the number of mental health presentations to WACHS EDs from 2017/18 to 2019/20 for 0 to 15 year olds.
- There has been a 47% increase in the number of self-harm presentations to WACHS Emergency Departments from 2017/18 for 0 to 17 year olds.
- There has been a 17% increase in the number of mental health presentations to WACHS Emergency Departments from 2017/18 to 2019/20 for 0 to 17 year olds.

### **Feedback from people with lived experience**

Feedback from young people and their families and carers as part of the consultation for the Young Peoples Priorities for Action 2020-2025 indicate significant gaps across the mental health and AOD sector with young people and their families experiencing difficulty accessing timely and effective help, including from the services provided by CAHS.

### **Chief Psychiatrist's Review**

Kate Savage was a 13 year old girl who tragically died in July 2020 while under the care

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<sup>2</sup> Data sourced from contentious issues briefing notes prepared by CAHS for the then Minister for Health; Mental Health in December 2020

<sup>3</sup> Mental Health Commission (MHC) data verified by the Department of Health indicates

<sup>4</sup> Note that there have been changes to population, service, capacity and an increase in coding in WACHS that have contributed to this increase.

<sup>5</sup> Data provided by WACHS February 2021

of the CAHS CAMHS. The Chief Psychiatrist (CP) undertook a targeted review into her care at the request of the then Minister for Health; Mental Health under s.517 of the Mental Health Act 2014. The Chief Psychiatrists Review into the Treatment of Ms Kate Savage by Child and Adolescent Mental Health Services (the Review) made seven recommendations to close critical service gaps in CAMHS and to rebuild the CAMHS system; including Recommendation Seven – that a Child and Adolescent Mental Health Ministerial Taskforce be appointed immediately to develop a whole of system plan for Perth metropolitan and WA country specialist public child and adolescent mental health services.

### **The Review found:**

- Families often feel they don't have a voice in the management and treatment of their child.
- The increasing rates of young people presenting with self-harm and the decreasing age of those presenting with complex high-risk problems is placing serious demands on the system leading to families having trouble accessing CAMHS, especially those between ages zero to 12.
- There are gaps in service between hospital (inpatient and ED) treatment and the service currently provided by community CAMHS.
- Services are not set up to respond to crises effectively.
- There is significant pressure on inpatient beds at PCH.

## **2. Purpose**

The purpose of the project is to develop a whole of system plan for Perth metropolitan and Western Australian (WA) country state government funded specialist infant, child and adolescent mental health services provided by WA health service providers (HSPs) and make recommendations to the Minister for Mental Health and the Minister for Health with actions and a costed implementation plan aimed at achieving better mental health outcomes for infants, children and young people; paying particular attention to the adequacy and equity of service provision across all ages from 0 to 18 years.

For the purpose of this project the term **public specialist infant, child and adolescent mental health services** will be used to describe the services within scope. This is in line with the wording of the Chief Psychiatrist's recommendation arising from his review into the treatment of Ms Kate Savage by CAHS CAMHS. The term 'specialist' is used to indicate that this does not refer to publicly funded primary care services. The mental health services in scope are those Western Australian (WA) state government funded services currently provided by health service providers (HSPs), including CAHS and WACHS. In the Plan and the Plan update 2018 these types of service are referred to as community treatment services, hospital-based services and specialised state-wide services. Community mental health psychosocial support services are not within scope, except at the interface and transition with the public specialist mental health services.

The Taskforce will be led by an independent chair and actively engage children, young people, families, clinicians, support providers, and other key stakeholders in the design of public specialist infant, child and adolescent mental health services for infants,

children and adolescents aged 0 – 18 years that fit the unique metropolitan, regional, rural and remote circumstances of WA.

**The Taskforce will consider:**

- patterns of demand for CAHS, WACHS and other HSPs providing mental health services for children from 0 to 18 years, including ED presentations;
- the current model of care and service, including its fitness for purpose;
- interface and transition between services, including youth services and alcohol and other drug (AOD) services;
- WACHS CAMHS transition between and access to CAHS CAMHS Perth based State-wide services including PCH mental health inpatient unit Ward 5A, Pathways, Eating Disorders Service, Gender Diversity Service and Touchstone;
- gaps in services and pathways for infants, children, adolescents and their families; and
- demand and pressure on the workforce supporting these services.

The taskforce will investigate in the first instance how current public specialist infant, child and adolescent mental health services can be optimised, enhanced, reconfigured or expanded; as well as identifying where new services may be required.

**In scope**

All mental health services provided by CAHS, WACHS and other HSPs for infants, children and adolescents aged between 0 and 18 years old.

**Out of scope**

- CAHS and WACHS services that do not provide mental health care.
- Private mental health services.
- Commonwealth funded primary care mental health services, except in their interface and transition with mental health treatment services that are in scope.
- Community mental health support services, except in their interface and transition with mental health treatment services that are in scope.

### **3. Objectives**

A report that includes costings and an implementation plan will be prepared which will clearly articulate a vision for public specialist mental health services for infants, children and adolescents across WA by examining three broad aspects of current service provision:

**1) Models of care including:**

- i. documenting the current services and referral pathways for intervention, general and sub-specialist mental health services identifying gaps in services for infants, children and adolescents and their families: and
- ii. exploring current models against other contemporary models and benchmark provision.

**2) Service demand including:**

- i. current and future patterns and projections and mapping these to current services enabling a gap analysis.

### 3) **Sustainability including:**

- i. costs, efficiency and improved outcomes.

The report will provide clear guidance and evidence supporting a contemporary, evidence informed model of service and models of care for services including infant mental health, mental health intervention, inpatient, community treatment and community support services that:

- meet the needs of infants, children, adolescents and their families in WA;
- provide person and family centred care;
- are well integrated with other services;
- provide smooth pathways and supported transitions between services and agencies; and
- provides the best outcomes for infants, children, adolescents and their families.

Which will be achieved by:

- Identifying how current services can be optimised, enhanced, reconfigured or expanded; as well as identifying where new services may be required;
- identifying the investment required to implement a sustainable whole of system plan for treatment and care to meet demand and improve mental health outcomes;
- outline an implementation strategy including timeframes and responsibilities; and
- establish a governance mechanism for evaluation.

A paper outlining the emerging directions will be due by 31 July 2021 to inform the second stage of consultation and engagement and address any immediate actions. The final report, implementation plan and costings are due to be completed 30 November 2021 ready to be submitted in the 2022 budget submission process.

## 4. **Governance**

The Taskforce will report to both the Minister for Mental Health and the Minister for Health, and will be supported by three Expert Advisory Groups (EAGs) to ensure that the Taskforce engages people with lived experience, clinicians, families, carers, young people and other key stakeholders, in the design of the public mental health services for children that fit WA's unique circumstance.

The Mental Health Executive Committee (MHEC) and Community Mental Health and Other Drug Council (CMC) will require updates and the opportunity to input on Taskforce's work as the subsequent implementation of the recommendations of the Taskforce will be the responsibility of these groups. The MHEC and CMC are integral to keeping their HSPs and networks updated on the progress of the Taskforce.

## 5. **Membership**

- Independent Chair
- Mental Health Commissioner
- Expert nominated by the Minister for Health – (Professor Helen Milroy)
- Chief Medical Officer – Mental Health (CMO-MH)

- Chief Nursing and Midwifery Officer
- CAHS Chief Executive (CE)
- WACHS CE
- Family / Carer lived experience representative
- Consumer lived experience representative
- Senior clinical representative from CAMHS

**Total number of members: 10**

The Taskforce, or its Chair, may invite non-members to participate as required. This will be undertaken when it is considered they are directly involved with the matter at hand or they have some expertise to assist on advising on matters, as required. The attendee will not have voting rights.

## **6. Proxies**

Proxies will not be allowed except under exceptional circumstances and with prior agreement from the Chair. Requests for proxies should be forwarded in writing to the Chair via the taskforce secretariat. All those attending as proxies should be provided with sufficient authorisation to speak on behalf of the member they are representing.

## **7. Meetings**

The Taskforce will meet monthly.

## **8. Conduct and operating principles**

Members will abide by the agreed conduct and operating principles outlined in the Taskforce charter. All members are equal and will work towards consensus wherever possible, will treat each other with respect and maintain confidentiality. The Taskforce will operate in a trauma informed manner.

Members will be required to declare any potential, perceived and actual conflicts of interest. These conflicts, and the way in which they will be addressed, will be maintained in a register by the secretariat.

In the course of the Taskforce operations, members may have access to information that constitutes sensitive personal information or sensitive Government information. Members must treat this material as strictly confidential and will be required to sign an agreement to this effect.

## **9. Chair**

Ms Robyn Kruk – independent Chair.

The Chair will try to seek consensus in relation to decisions. Where consensus is not reached the decision of the Chair is final.

## **10. Secretariat**

Secretariat support for the Taskforce will be provided by the MHC. Minutes of meetings

and other records are developed and maintained by this secretariat unit.

Additional support in researching, consulting and report writing will be provided by an external consultancy.

It is the responsibility of members to provide feedback to and from their respective Agency, organisation or network as required.

## **11. Minutes**

Minutes of each panel meeting shall be recorded and distributed within one week to each member.

## **12. Reporting and engagement**

A paper outlining emerging directions will be due on 31 July 2021. The final report with costed recommendations and an implementation plan will be due for submission to the Minister for Mental Health and Minister for Health by 30 November 2021.

The Taskforce is supported by three EAGs. The EAGs will provide expert input and critical comment on the Taskforce findings as they evolve, advise on matters raised by the Taskforce and assist in facilitating consultation. Each EAG is required to report on their progress to each Taskforce meeting.

The Taskforce, supported by the three EAGs, will undertake stakeholder consultation with children, adolescents, families, carers, clinicians, health service providers (HSPs), support providers and other key community stakeholders. The Taskforce will also engage with key agencies across Government to promote a whole of Government approach in the articulation of recommendations.

## **13. Interdependencies**

The Chief Psychiatrist's Review into the Treatment of Ms Kate Savage by Child and Adolescent Mental Health Services made seven recommendations in relation to child and adolescent mental health services. Some are already being implemented, while the others require additional resources to implement. The Chief Psychiatrist's review will inform the work and direction of the Taskforce. The costed implementation plan prepared by the Taskforce will assist in making business cases for the resources required to address all of the Chief Psychiatrist's recommendations. The Taskforce will receive regular updates on the implementation of recommendations.

- The MHC is working on a Roadmap for Community Mental Health Treatment Services including Emergency Response Services (the Roadmap). The Roadmap project will include the findings and recommendations of this Ministerial Taskforce in relation to community treatment and emergency responses for infants, children and adolescents into the systemwide Roadmap.
- The MHC is preparing a Children's Priorities for Action in 2021 which will examine the priorities for action to support infants and children aged 0-12 years mental health across agencies and across the spectrum of severity of mental health. The Taskforce will inform the priorities for action in mental health treatment services.

## **14. Term**

Unless otherwise agreed in writing by the MHC, the Taskforce will finish on 30 November 2021.

## **15. Supporting Documents to Inform the Taskforce:**

The project will be informed by key documents, including but not limited to:

- The Chief Psychiatrist's Review into the Treatment of Ms Kate Savage by Child and Adolescent Mental Health Services;
- The Ombudsman's Report Preventing Suicide by Children and Young People 2020;
- The Commissioner for Children and Young People Report Our Children Can't Wait;
- The Plan and Plan update 2018; and
- The Young People's Priorities for Action (YPPA) 2020-2025 and consultation reports from the YPPA.

## **16. Related Documents**

- ICA Taskforce Charter - MHC21/25857
- Project Plan - MHC21/529
- Lived Experience Expert Advisory Group Terms of Reference (ToR)
- Clinical Expert Advisory Group ToR
- Interagency Expert Advisory Group ToR