

**Submission
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PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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AMA (NSW)'s submission to the Inquiry into the prevention of youth suicide in NSW

The Chair,
Committee on Children and Young People
Parliament House
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The AMA (NSW) is grateful for the opportunity to make a submission to the Inquiry into the prevention of youth suicide in NSW.

AMA (NSW) is a medico-political organisation that represents more than 8,500 doctors-in-training, career medical officers, staff specialists, visiting medical officers, specialists and general practitioners in private practice in NSW.

Research by the National Health and Medical Research Centre (NHMRC) found up to 90% of young people who took their own life or attempted suicide experienced mental health problems and about 50% of adolescents who die by suicide saw a medical practitioner in the six months prior to their death.

The medical profession plays a key role in responding to the initial presentation of mental illness, making a clinical assessment, and then developing a management and safety plan that may involve other health professionals and services.

Accordingly, doctors – particularly general practitioners and psychiatrists – are well placed to identify the gaps in our current health system in the prevention, treatment and management of suicidal adolescents, and to articulate the solutions that need to be put in place to improve the system for patients and support the medical professional in the medical and psychiatric care that they provide.

The AMA's position statement on mental health recognises that the 2010 COAG health reforms include agreement for the Commonwealth to have funding and policy responsibility for GP and primary health care services, including primary mental health care services.

The reforms also include agreement for the States to work with the Commonwealth on system-wide primary health care policy and integration of service planning and delivery. This arrangement was created to support a healthier community and reduce pressure on hospitals, as well as lessen cost-shifting and blame-shifting.

These reforms provide the basis for a significant improvement in mental health primary care and community-based care funding, as well as coordination of mental health care across the whole health system.

Recent investments by the Federal Government have significantly improved access for young at-risk Australians with mental illness to general practitioners, psychologists and other relevant allied health care workers.

Despite these supports and investments, suicide rates among young Australians are at their highest level in 10 years. A 2016 report by youth mental health service Orygen found 41,000 young people aged 12-17 have made a suicide attempt. While suicide rates among young men were still higher than women, female suicide rates had doubled over the past 10 years.

AMA's Mental Health Position Statement, which was developed in 2011, identifies priorities for government action and further investment. AMA (NSW) supports the recommendations made in this position statement and has included many of these recommendations in this report.

Our organisation suggests that by providing quality mental health care for adolescents, Australia can more effectively prevent youth suicide.

Priority areas for government include:

- Prevention, awareness and early intervention
- Community-based care
- Acute care
- Crisis and Outreach care
- Special needs groups
- Workforce

1.) Prevention, awareness and early intervention

The vaccination schedule and early childhood health checks are important tools in preventing illness and assessing physical health in children. And while the benefits of seeing your GP for regular health checks are widely acknowledged, there is not the same emphasis on mental health. Mental health is often treated as an acute illness. Early identification and intervention, particularly for people aged 0 to 25 years of age, is required to not only prevent or delay the development of future mental health problems, but also to promote the necessary conditions for healthy mental development.

Priority areas for government action

- Funding for parenting support services and parenting programs, particularly for at-risk groups, to assist with early prevention of mental health problems
- Screening of infants, children and adolescents is required to identify early symptoms of mental disorders and illness as early as possible
- Promotion of good health and resilience in young people at school and in the community
- Support for programs, such as Victoria's Doctors in Schools program, to enhance youth access to primary health care advice and support
- Promotion of mental health checks with general practitioners
- Greater support for more online and telephone counselling and support services, such as Beyondblue and Lifeline, with comprehensive information about local referral pathways made available to ensure patients are connected to services immediately
- Increased funding for specific child and adolescent health services
- More youth friendly community-based services, including increased number of Headspace centres

2. Community-based care

Community-based services, including both primary care and specialised community-based mental health services, reduce the need for hospital admissions and re-admissions and have the capacity to diminish the severity of mental illness over time. It is imperative that community-based mental health care, including care provided in the community by general practice, is enhanced, supported, properly funded and better co-ordinated to ensure improved access to these essential services. One particular area of need is for Child Youth Mental Health Services (CYMHS) on weekends or after-hours. AMA (NSW) encourages the NSW Government to support calls on the Federal Government to appropriately fund general practice and community-based mental health services.

Priority areas for government action

- More access to medical care and shared care is required in the community for people with mental illness through improved Medicare Benefit Schedule (MBS) arrangements including:
 - increased MBS rebates for longer GP consultations for patients with mental illness
 - a higher rebate for a prolonged Medicare attendance item for patients in crisis situations;
 - increased MBS funding for psychiatric care and treatment provided to patients with complex conditions by psychiatrists in community-based settings;
 - improved MBS arrangements to recognise and reimburse for non-direct patient care required for patients with mental illness including time spent finding suitable services for patients and talking to families;
 - and more funding and services for patients with dual diagnosis
- Improved access to private psychiatrists through sessional and visiting arrangements in community-based facilities is also required
- More access to mental health assessment facilities for public patients is required, including through more and better resourced mobile outreach teams operating extended hours for high risk patients
- Improved access to primary mental health teams is needed to provide support, one-off consultations, secondary consultations and some psychological services in GP premises
- Increased use of mental health nurses in general practice is also critical and can be achieved by reviewing and streamlining existing program arrangements to make access easier
- Improved access to specialised programs run out of community-based mental health services is needed to treat some specific clinical conditions that, for many patients, can be treated through community-based services including eating disorders, perinatal depression, personality disorders and self-harm.
- Improved access is required to community-based mental health care services in rural communities, as well as urban communities, to the maximum extent possible, with the services customised to specifically meet local needs

3. Acute care

Acute care provides intensive treatment to a person who is experiencing an acute mental illness characterized by significant and distressing symptoms that require immediate treatment to de-escalate symptoms and reduce the risk of suicide and harm to self and others. While it is acknowledged that mental health care has been significantly de-institutionalised from hospital-based settings into community-based settings, there is still an ongoing need for this type of care and it needs additional resourcing.

Priority areas for government action

- More access to acute care in public hospitals is required. Time that could be spent with vulnerable patients, too often is wasted by health care professionals trying to find a bed for a patient. Dedicated CYMHS beds are needed in hospitals as currently youth either get admitted to an adult mental health ward, or medical paediatric wards. This must include capital funding and reporting and transparency to monitor progress in establishing the additional acute care beds. It must also include funding for additional episodes of care through Local Hospital Network service agreements, with priorities that are identified by local clinicians sufficiently resourced through these agreements
- Increased access is required to specialised public outpatient services providing diagnosis and ongoing treatment and psychiatric care for people with mental illness and dual diagnoses.
- Specialised mental health and dual diagnosis spaces, or departments must be established as part of public hospital emergency departments
- Additional capacity is required in public hospitals so that patients have the option of being treated in single–sex mental health wards

4. Crisis and Outreach care

A range of services is involved in crisis and outreach including health, police and ambulance services. These services need to be coordinated and properly supported and expanded to facilitate the provision of appropriate care in these difficult situations.

Priority areas for government action

- Increased investment in crisis intervention services is required, particularly for those with severe mental illness and/or those at risk of suicide
- Every acute mental health service should have a rapid–response outreach team

5. Special needs groups

There needs to be increased access to specialised mental health services for special needs groups, including youth in Indigenous communities, youth with intellectual and other disabilities, those with significant drug and alcohol issues, homeless youths, those from culturally and linguistically diverse backgrounds, youth in detention centres and those from situations of family violence and child abuse.

Priority areas for government action

- Targeted prevention and early intervention programs for high risk special needs groups and individuals are needed
- Increased support for drug and alcohol services, particularly to improve their expertise in assisting patients with mental illness, to expand options for GP referral for their patients requiring community–based support
- Specialised, culturally sensitive mental health services are required, targeted to meet the needs of special needs groups
- Cultural competence and sensitivity training and promotion are required for those who provide mental health care to patients from special needs groups

6. Workforce

It is critical that the mental health service continuum is supported by a high performing and sustainable mental health workforce, able to deliver high quality, recovery–focussed mental health services in a safe and secure environment. Increased investment in workforce training and support is needed to ensure that this goal is achieved and sustained in the future.

Priority areas for government action

- Increased number of funded psychiatrist trainee places are required
- Appropriate psychiatrist trainee experience and scope of training must be provided, including through more training in private sector
- Increased number of other mental health workers, especially mental health nurses
- More continuing professional development and competency training opportunities for the primary health care workforce who choose to access it is very important, including for medical practitioners and practice nurses, at undergraduate and postgraduate levels and through online mental health courses and training and peer review groups as part of continuing professional development
- Health support services must be available for mental health workers and doctors