

Submission
No 129

**INQUIRY INTO EQUITY, ACCESSIBILITY AND
APPROPRIATE DELIVERY OF OUTPATIENT AND
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH
WALES**

Name: Name suppressed
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Partially
Confidential

Introduction

Hello, my name is _____ and my 15 year old son has suffered from acute OCD for the last 5 years. I live in Balmain and have used a mix of public and private outpatient services. This submission will focus on issues and recommendations in youth mental health for a subset of the TOR.

TOR (a) Equity of access to outpatient mental health

Issue - The provision of outpatient youth mental health services is at the discretion of the Local Health District (LHD). All LHDs use the Child and Adolescent Mental Health Services (CAMHS) model with the exception of the Sydney LHD that operates the Community Adolescent Outreach Service (CAOS). The CAOS model is severely deficient.

The CAMHS team includes 'child psychiatrists, clinical and counselling psychologists, specialised social workers, occupational therapists, dieticians, psychotherapists, family therapists and specialist nurses. Teams work together and consult with each other on a regular basis' [1]. This enables families to be proactively and wholistically supported. The CAOS team consists of 4 FTE (nurse/psychologists) and a one day a week registrar psychiatrist [2]. They can only provide light touch support for acute cases. If the psychiatrist is unwell (as happened to us) there is no cover, another week goes by with no guarantee of availability the following week. Had we been able to access a CAMHS team, we would have quicker access to tertiary specialist for acute mental health issues. We would have benefited greatly from early intervention family therapy. I had to continually call and follow up the CAOS team for even the basics. The aim seemed to be to move us on as quickly as possible. The stress this placed on our family whilst navigating discharge from an inpatient mental health ward was unnecessary and distressing for all.

Recommendation - implement the CAMHS model in the SLHD

Issue - I am fortunate to be able to pay for psychology therapy beyond the 10 sessions covered by Medicare. For families who cannot afford this, their children will experience a further decline in mental health which will impact socialisation, education and increase the mental health burden on the State in future years. 'Untreated mental health problems can disrupt children's functioning at home, school and in the community. Without treatment, children with mental health issues are at increased risk of school failure, contact with the criminal justice system, dependence on social services, and even suicide' [3].

Recommendation - use the National Cabinet forum to pressure the Federal Government to subsidise 20 psychology sessions per year for children under 18.

Issue - CAOS team do not provide family therapy, occupational therapy or appropriate psychiatric support. Again, I have been able to find and pay for these services. For families who are unable to, again this will impact ability to recover.

Recommendation - implement the CAMHS model in the SLHD

TOR (c) Capacity of State and other community mental health services

Issue - Insufficient number of youth mental health specialists across all disciplines e.g. nursing, occupational therapy, social workers, psychologists. Early identification of mental health issues and intervention is critical to improve outcomes [4].

Recommendations - 1. State government funded scholarships to specialise in paediatric mental health occupational therapy, psychology and nursing specialisations. 2. Expand the number of outpatient positions at hospitals specialising in youth mental health 3. Funding to support transfer to NSW of international paediatric specialists in mental health nursing, occupation therapy etc.

Issue - Insufficient psychiatrists in NSW. NSW makes up 31% of Australia's population, however only 26% of the Fellows of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) are based in NSW [5, 6].

Recommendation - lobby the RANZCP to increase the number of Fellows in NSW.

Issue - Specialist youth OCD treatment is only available for residents based in the South Eastern Sydney LHD (SESLHD). The service is called OCD Bounce [7] and offers 'a community-based intensive alternative to in-patient hospital treatment, reducing admissions by preventing children and adolescents from developing more extreme or severe OCD'. It is currently in pilot but is desperately needed across all LHDs. We considered renting an apartment in the SESLHD to access the program. The only other alternative for youth in Australia is a private group in QLD. We also have considered renting there to access the program as an alternative to a US service. OCD impacts 3% of Australians, or 245,000 NSW residents and is more common in the population than alcohol use disorder or schizophrenia [8]. It is widely misunderstood and has been ranked in the top 10 most disabling illnesses alongside cardiopulmonary disease [9]. One of the onset peaks is at age 10-12 year old and it is vital to identify and intervene at this point.

Recommendation - increase funding to expand OCD Bounce to all NSW.

Issue - The Rivendell School outpatient facility does not have the capacity to service the need. My son was referred in February, was not able to see the psychiatrist until April, and as a result missed the term two intake. He then started in the August and missed 6 months of school. By this stage his mental health had deteriorated to a point he was unable to engage with the program. This has led to further ongoing issues with school, socialisation and mental health. Had there been sufficient capacity to be quickly triaged and accepted the outcome would have been different.

Recommendation - expand capacity of Rivendell School. It is an amazing program to support children transition back to school following mental health episodes and critical to ensure rapid reintegration and recovery.

TOR (d) Integration between physical and mental health services, and between mental health services and providers

Issue - There is a gap when transitioning from inpatient and outpatient support. When my son was discharged from the Saunders Unit at Sydney Children's Hospital, handover was back to his school. He had last attended school in February and this was 8 months later in November. The school and our family were not equipped to manage the transition. It did not go well, despite best efforts from all parties to make up a plan. The CAOS team were our outpatient contact and didn't meet with us until six days post discharge, when the part time psychiatrist was working. At this point, he had run out of medication and I had paid to see the GP for scripts. Again, the CAOS team did not have resource to create a plan and help with the transition.

Recommendation - children with extended absences from school should be discharged to Rivendell (or equivalent) to facilitate reintegration. and the CAOS team needs to be replaced with a CAMHS model.

TOR (g) Benefits and risks of online and Telehealth services

Recommendation - retain these services. At times my son can't leave his bed, let alone leave the house, get in the car, go into a foreign environment and then talk to an adult about his most upsetting thoughts face to face. Without Telehealth, he would not have been able to access many essential appointments, from psychology, psychiatry, general practice and neurology.

[1] <https://www.health.nsw.gov.au/mentalhealth/Pages/services-camhs.aspx>

[2] <https://www.health.nsw.gov.au/wohp/Documents/mhcyp-kernley.pdf>

[3] <https://mhanational.org/recognizing-mental-health-problems-children>

[4] <https://www.health.vic.gov.au/prevention-and-promotion/early-intervention-in-mental-illness>

[5] <https://www.ranzcp.org/college-committees/about-us/our-members>

[6]

<https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>

[7]

<https://www.mindgardens.org.au/what-we-do/research-project/ocd-bounce-building-community-based-treatment-capacity-for-children-and-young-people-across-nsw/>

[8]

<https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

[9] <https://journals.sagepub.com/doi/10.1177/00048674221125595>