The Royal Australian & New Zealand College of Psychiatrists

Queensland Branch

3 December 2015

Honourable Margaret Wilson QC
Commissioner,
Barrett Adolescent Centre Commission of Inquiry
By email to: [redacted]

Dear Commissioner Wilson,

Re: Barrett Adolescent Centre Commission of Inquiry

The Queensland Branch of the Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) submits to the Barrett Adolescent Centre Commission of Inquiry recommendations pertaining to future options for mental health care of adolescents with severe and complex mental illness. In preparation of this submission, opinions were sought from the members of the RANZCP. The recommendations are based upon the clinical experience of the members combined with their knowledge of mental health care delivery to adolescents in Australia and internationally.

Mental health services in Australia must be delivered within the national strategic framework underpinned by evidence of efficacy and effectiveness. This evidence must take into account both the benefits delivered to the patients and their families and the cost effectiveness of the service. Any intervention must be cost effective given the constraints on allocated resources for providing mental health care to adolescents.

Australian mental health services are strategically guided by the National Mental Health Plans. These have orientated delivery of care towards community-based services, with underpinning principles of deinstitutionalisation, social inclusion, recovery and destigmatisation[1]. The protracted admission of adolescents to inpatient facilities is the antithesis of the strategic direction of mental health service delivery in Australia.

Whilst there is evidence supporting the delivery of mental health care to young people through specialised adolescent units[2], there is no evidence that long stay adolescent units are effective or cost effective. It is acknowledged that a lack of evidence is not evidence that long stay hospitalisations are not effective. However, in considering the role of long stay adolescent units, the following points are of importance:

1. Internationally there has been a move away from long stay institutional care for patients with mental disorders. If this model of care was effective, logically it would be maintained, however this has not occurred.

2. Hospitalisation of adolescents is associated with significant risks of harm to patients and the staff caring for them. Adolescents admitted to psychiatry units have high rates of aggression[3] and commonly receive psychotropic medication to manage their disruptive or aggressive behaviours[4]. In the past, seclusion has frequently been used to manage these behaviours[5]. It has been reported in Victoria that 45% of women hospitalised for mental health care reported being sexually assaulted[6]. Staff caring for adolescents in hospital have high rates of distress and mental health problems directly related to their work[7]. The culmination of this evidence is that hospitalisation of adolescents is associated with a risk of iatrogenic harm.

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3. In addition, the long-term inpatient care of adolescents risks dislocation from their family, school, peers and local community. The isolation from community combined with a decrease in skills and confidence to manage living in the community (institutionalisation) can worsen the prognosis for patients in long-stay units and make it increasingly difficult to discharge them to a lower level of care.

Taken together, long stay inpatient care of adolescents is an expensive intervention that is lacking in evidence to support its efficacy, and which may expose adolescents and the staff caring for them to significant harm.

Most adolescents who in the past would have received long stay hospital care have done so due to a combination of illness severity and the inability of the family to support the patient. Circumstances where a family is temporarily or permanently unable to care for their adolescent may be related to parental psychiatric or medical illness, stress, substance abuse, other stressors external to the family or to the intense demands of living with someone with severe mental illness. In the long-term, outcomes for the adolescent and family are best if the young person and family can be supported to stay together. In some circumstances the adolescent needs to live away from the family home, either temporarily or permanently. In this scenario, outcomes will be optimised if the adolescent is supported within their community so that they can maintain links with their peer network, extended family (if available), school, and community activities.

Inter-state experience is that a very small number of adolescents need intensive, psychiatric rehabilitation with very active family involvement in a dedicated unit. The challenge for this in Queensland is in maintaining community and family relationships, if adolescents are admitted a long distance from their home. Further consideration is also recommended for two poorly served populations of adolescents: those with combined forensic and acute mental health needs and those non forensic young people requiring a high security environment for safe management of acute illness (predominantly psychotic episodes).

Another reason for referral to the Barrett Adolescent Centre (BAC) in the past was to access education for adolescents who were not able to have their educational needs met in any less restrictive way. While we recognise that it is not the remit of this inquiry, it is important to note that mental illness is not recognised for additional support by Education Queensland (only Autism, Language disorders, visual, hearing, physical and intellectual disability are recognised in the public education system). BAC provided education, but in doing so carried all the risks of dislocation and institutionalisation that have been discussed above.

The RANZCP proposes that future service delivery should be within the following parameters:

1. The needs of these adolescents and their families are complex and extend beyond the jurisdiction of any one government department. The RANZCP recommends that the care of these adolescents is not the mandate of Queensland Health alone but should be undertaken in combination with Disability Services, Child Safety, Housing, Education and Youth Justice. In order to achieve the best outcomes for these young people, who have severe and complex needs, and their families, government agencies need to work in co-ordination and in partnership with the non-government sector and potentially the private sector. It is not unusual for family capacity to support the adolescent patient at home to fail because one or more of these systems has withdrawn their support. A framework committing ongoing support from these

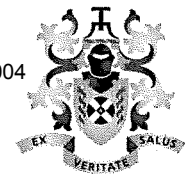
multiple agencies is requisite to the optimal provision of health and psychosocial support in young people with severe and complex mental health needs.

2. In most circumstances, families are responsible for the care of their adolescent children and adolescents return to the care of their family after the episode of care is completed. The dislocation of adolescents from their families is a barrier to the repair of relationships, which are often already strained from the challenges that arise when there is mental illness in a family member. Models of care such as day programmes or intensive outreach services are more appropriate for the care of adolescents as they enhance the capacity of the family to continue to care for their child.

3. Innovation with a strong theoretical underpinning is needed for future models of care of adolescents with severe and complex needs. Intensive community models for treating adolescents such as the Queensland Assertive Mobile Youth Outreach Services (AMYOS) or its equivalent in Victoria, the Intensive Mobile Youth Outreach Service[8] (IMYOS) currently deliver care for adolescents with severe and complex mental health needs. These services are developed on a sound theoretical framework[9] with an emerging evidence base[10]. They maintain the young person's connections with their family, peers and community.

4. There is a role for residential accommodation that is able to support the adolescent and family when the adolescent is unable to live at home, but that keeps them in their community and connected to their school and social networks. An inter-state example of such a service is the Therapeutic Youth Services – Ruby's Reunification Program, South Australia. This program provides supported accommodation for young people who are experiencing significant conflict with their families and is reported to be having very successful outcomes. There are now 4 residential units which provide a total of 20 beds. Ruby's Reunification Program works in close collaboration with the Child and Adolescent Mental Health Services (CAMHS), with one unit is located near a CAMHS Adolescent Day Program and the other next to a CAMHS out-patient clinic. In combination with CAMHS, intervention and support is provided to address the young person's mental health needs, family relationships and family capacity to support their adolescent while maintaining links with school and community. Although the RANZCP cannot specifically endorse this service, it highlights that there are other models of care available that are worthy of further assessment.

5. For a very small number of adolescents, there may be a role for a medium stay (3 to 6 months) unit. This would be for adolescents with serious mental disorders such as psychotic disorders, who are treatment resistant, e.g. have not responded to repeated acute inpatient admissions. This could be similar to the Walker unit in NSW. The Walker Unit is a post-tertiary level unit for adolescents under 18 years of age with severe mental illness such as psychosis. It has approximately 8 to 12 beds serving the whole population of New South Wales. Their duration of admission is up to six months. Such a unit would have a focus on recovery and rehabilitation and be able to work in close collaboration with families and out-patient services. Prior to investing in a unit such as this, the RANZCP recommends a cost effectiveness evaluation of this model and any alternative models that might be proposed for this small group of treatment refractory adolescents.



In summary, the RANZCP submits the following recommendations:

- The main focus of service provision for adolescents with severe and complex mental illness should be on intensive community services. It is essential that interventions prioritise keeping the young person connected to their usual support systems of family, peers, schools and local community.

- To achieve this, effective service provision requires a partnership between government departments, the non-government sector and private entities as these young person's needs extend beyond those which can be provided in isolation by Queensland Health.

- Any and all services must not only be adequately resourced to meet the clinical needs of the patients they serve but also to collect and review outcomes and quality measures and to ensure processes of quality review, continuous learning and improvement are in place.

- It is strongly advised that the Inquiry recommends against the development of a long stay psychiatric facility for the treatment of adolescents with mental disorders.

- Careful consideration of a small, medium stay rehabilitation unit could be undertaken, with careful evaluation of the risks and benefits such a unit might offer and the cost effectiveness of this model of care.

- For the forensic and/or high-risk adolescent population mentioned above, experts in the field have recommended a dedicated secure adolescent in-patient unit. This model has been successfully used in the United Kingdom for some years. It would be appropriate to consider the needs of these populations and how they integrate with the general CYMHS.

A rigorous review of services that are currently being delivered for adolescents with severe and complex needs should be undertaken so that future investment is in services for which there is a cost effective evidence base underpinned by a sound theoretical model of care. This review is essential to ensure that the limited resources available for the mental health care of adolescents are invested so as to provide the greatest benefits to the Queensland community.

The RANZCP is committed to supporting you throughout the Inquiry. If you would like to discuss the recommendations in this letter please contact Dr Michelle Fryer, via the Queensland Branch Office on [redacted]. If it pleases the inquiry, Dr Fryer is happy to elaborate further on the issues raised in this document.

Yours sincerely

[redacted]

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