LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No. 55

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
CHRIS STEEL MLA (CHAIR), ELIZABETH KIKKERT MLA (DEPUTY CHAIR), VICKI DUNNE MLA, CAROLINE LE COUTEUR MLA, MICHAEL PETTERSSON MLA

Inquiry into referred 2016–17 Annual and Financial Reports

ANSWER TO QUESTION ON NOTICE

Asked by Mrs Dunne:

In relation to the case study about "Jack", presented during the Committee's hearing on 15 November 2017:

1. Why is "Jack" and his family facing a brick wall in Canberra in terms of the services he needs to help him recover and get back on track?
2. Why were "Jack" and his family constantly being turned away from or given only very limited mental health services in Canberra?
3. Why could they not get services until "Jack's" mental health condition reached crisis point?
4. Why is the service resourced so inadequately as to cause them to lose hope?
5. What is the directorate doing to ameliorate the broader health and wellbeing risks to "Jack's" family because of inadequately resourced adolescent mental health services?
6. To what extent are families, such as "Jack's", reporting mental health services operating in defensive silos that are focussed more on avoiding complaints from patients about their services, than providing effective treatment for patients?
7. Why is it so difficult to provide adolescent psychiatric services and mental health support in Canberra?
8. What is the scope of the new CAMHS unit?
9. What is the timetable?
10. What is being done in the meantime "on the ground" to meet the growing demand for adolescent mental health services?
11. What are the plans to ensure the new CAMHS unit is adequately staffed and resourced to deliver the kinds of services "Jack" and others need?

Mr Rattenbury: The answer to the Member's question is as follows:–

1. "Jack" and his family have had a number of contacts with the Child and Adolescent Mental Health Service (CAMHS), including 16 phone contacts, 13 appointments with CAMHS staff, and 3 presentations to Canberra Hospital.
2. As outlined in question 1, Jack and his family's contact with CAMHS has included 16 phone contacts, 13 appointments with CAMHS staff, and 3 presentations to Canberra Hospital.
3. "Jack's" family were provided with information on how to access CAMHS when they first made contact with CAMHS in March 2017 and at that time, did not follow up with CAMHS. Their next contact with CAMHS was in May 2017.
4. CAMHS resourcing is appropriate to provide both an initial appointment to anyone seeking assistance for a young person presenting with a mental health concern and to provide office based on going clinical management to a young person with moderate to severe mental

health issues. CAMHS clinicians work in consultation with a Psychiatrist and appointments with a Psychiatrist are provided when a young person is assessed as requiring a psychiatric assessment.

5. The involvement of Jack and his family with CAMHS was not dependent on resources. CAMHS try to provide a wraparound service for young people who are clinically managed by CAMHS and encourage families to continue to work with their private health professionals as well.
6. CAMHS is strongly focused on providing effective treatment to young people.
7. CAMHS offers an appointment to all persons who make contact with the CAMHS service. This appointment, with health professionals, is to identify mental health needs and goals for the young people and their suitability for CAMHS, which is discussed with a psychiatrist, or if an alternative service may be more appropriate.
8. The scope of the dedicated Child and Adolescent Mental Health Inpatient Unit is still being developed in line with the Model of Care for the unit.
9. Construction on the Child and Adolescent Mental Health Inpatient Unit is expected to commence in 2019.
10. In the 2017-18 budget the Government has dedicated funding to improve CAMHS, including the CAMHS Consultation Liaison Service to 7 days a week, Childhood Early Intervention Services to deliver Early Intervention Mental Health program into six schools.
11. The dedicated Child and Adolescent Mental Health Inpatient Unit will be staffed to provide the best practice and evidence based clinical care. This will be done in line with the Model of Care for the unit that is still to be developed.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:

Date: 12/1/18

By the Minister for Mental Health, Shane Rattenbury MLA