Centre for Community Child Health Seminar: Children’s Mental Health – Prevention, Early Detection & Early Intervention

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Presentation Summary

• The Victorian Mental Health Reform Strategy
• The Strategy’s focus on children, young people and their families
• Action to date in pursuing the reform agenda
• Challenges
• Possible priorities for further development

Because mental health matters: Victoria Mental Health Reform Strategy 2009 – 2019

Governance of the Mental Health Reform Strategy

What gaps and problems is the strategy addressing?

1. Access and focus of the specialist service system too frequently acute and crisis driven
2. Lack of integrated local systems leads to gaps between services and difficulties navigating between services
3. Wellness, sustained recovery and consumer/carer participation not consistently the basis of care planning
4. Needs of many highly vulnerable groups too often unmet due to barriers between services and ambiguity about responsibility
5. Potential to prevent mental health problems needs organised, larger scale efforts
6. Children and young people not receiving the focus and breadth of attention required

What is the prevalence of mental illness/emotional and behavioural issues amongst Victorians 0-25 years?

- Estimated 14% of 4-17 year olds have mental health problem (approx 121,000)
- Estimated 272,000 or 18% of young people 4-24 with a mental health problem
- 27% of 18-24 year olds experience symptoms of emotional or behavioural disturbance (approx 151,000)
- Mental illness major cause of disability in children and young people – 70%; 43% in all men, 46% in all women
- 75% of mental disorders start before 25 years
- 1 in 5 deaths in 15-24 years are suicides
- 31% of visits to School Nurses in 2009 by secondary school students for mental health-related issues
Promoting mental health and wellbeing

Reform Area 1: Reform Area 1:

Promoting mental health and wellbeing

Who is using MBS-funded mental health services?

Who is using public specialist mental health services?

Specialist mental health client numbers by age as at 30/6/09

A new area-based service configuration for child and youth mental health 0-25 years, and their families

Reform Area 2: Reform Area 2:

Early in life (0-25 years)

Goals
1. Strengthen early identification and intervention (through universal services, including early childhood services, primary health care and educational settings)
2. Provide earlier and age-appropriate treatment and care for children, adolescents and young adults with emerging or existing mental health problems and their families
3. Deliver targeted mental health support for particular groups of highly vulnerable young people
4. Build stronger, more resilient families where there is risk related to mental health and drug and alcohol problems

Early action includes:
• Early identification and support programs for children and young people in schools who are at risk of or experiencing mental health problems (CASEA expansion, SSSO redevelopment)
• First steps in redesigning specialist child and youth mental health services (demonstration projects, development grants, metropolitan youth teams)
• Developing targeted support to highly vulnerable young people (Youth Justice mental health in-reach service)
• Enhancement and expansion of FaPMI (Familias where Parents have a mental illness)
Child and Youth Mental Health Service Redesign Demonstration Projects

- $38 million additional investment from 2008-09 to 2012-13
- Developmental activity and investment has commenced under five key goals:
  - strengthening mental health promotion and prevention capacity in universal services
  - building consistent capacity for early identification and intervention through universal services
  - redesigning specialist child and youth mental health services
  - targeted responses for vulnerable young people
  - strengthening support for families where there is risk related to mental health and drug and alcohol problems.

Mental Health Reform: Early in Life
What we have done to date (cont’d)

Mental Health Promoting Schools and Early Childhood Framework

- aims to bring together diverse activity into a more cohesive effort and deliver a consistent mental health promoting approach across schools and early childhood settings
- provides a model of evidence-informed, best practice mental health promotion to guide schools and early childhood settings in responding to the social and emotional wellbeing needs of children

Perinatal Support and Care Services to Mothers and Expectant Mothers

- strengthens perinatal support and care services to enhance early identification
- enhanced training in identifying mental health problems will be provided to the spectrum of care providers working with new mothers
- pathways for referral developed ensuring women identified as being at being at risk of depression or other mental health problems have access to appropriate services

Mental Health Reform: Early in Life
What we have done to date (cont’d)

Child and Youth Mental Health Service Redesign Demonstration Projects

- $13.5m over four years for two projects in Southern Metropolitan and Grampian regions
- Projects explore how a coalition of providers can plan and deliver more integrated and comprehensive mental health care for children and young people
- Include a stronger focus on early identification and intervention
- Early childhood services, schools, primary health and other community services are important partners

Further CAMHS and Schools Early Action Program (CASEA) rollout

- CASEA program is an early intervention program which aims to prevent the development, or escalation, of conduct disorders in primary school-aged children
- 2009-10 State Budget provided $4.5 million over four years for an additional metropolitan and rural CASEA team

Strengthening Student Support Services Initiative

- A new Student Support Service delivery model is currently being implemented that will include improved early identification of and support for children and young people with mental health problems

Mental Health Reform: Early in Life
What we have done to date (cont’d)

Possible priorities for development

- Promoting increased child and youth mental health capacity in general practices and other primary health settings and bridging the gap between these services and specialist mental health services.
- Recognising the mental health role played by paediatric practices and the need to better support them as part of a broader system of mental health care.
- Defining and developing the way in which all elements of the system respond in a family-inclusive way across all developmental stages.
Possible priorities for development (cont’d)

- Clearly articulating the role for early childhood services and schools in the reform vision and ensuring they have what they need to be part of an effective system of early identification and intervention.
- Achieving an holistic and integrated approach to addressing the mental health care needs of highly vulnerable children and young people who have experienced significant trauma and may be engaged with a number of services systems over time.
- Enhancing current data and ensuring we understand the population needs and impacts, and the extent to which outcomes for children and young people are being achieved over an extended period of time.

Further details