Government of **Western Australia**
Mental Health Commission

Your ref : [MLE]/[20162203]/[AP]
Our ref : MHC16/13105
Enquiries : David Axworthy
Telephone : [redacted]

Hon Margaret Wilson QC
Commissioner
Barrett Adolescent Centre Commission of Inquiry
Level 10, 179 North Quay
BRISBANE QLD 4000

Dear Ms Wilson

THE CONVERSION OF THE BENTLEY ADOLESCENT UNIT

Thank you for your letter dated 22 March 2016, outlining your enquiries regarding bed-based services for youth in Western Australia, and the proposed conversion of the current Bentley Adolescent Unit (BAU). Please find below the answers to your queries:

The proposed conversion of the BAU to a subacute unit for youth

Unfortunately, the model of service for the youth inpatient subacute and non-acute unit proposed for the BAU has not yet been developed. The majority of your queries are dependent on a completed and agreed model of service. Below are some very broad points which may be of use.

- 1(a) The proposed service would target both males and females aged 16-24 years with severe, persisting and unremitting mental illness and associated significant disturbance in behaviour which precludes their receiving treatment in a less restrictive environment, but does not require acute inpatient care. It would also include people with co-occurring mental health, alcohol and other drug problems.

- 1(b) Services would be trauma informed and include specialist behavioural and symptom management programs, individualised and group rehabilitation programs and recovery-oriented planning to support transition to more independent living.

- 1(c) The inpatient subacute service is based upon service elements in the National Mental Health Service Planning Framework (NMHSPF). According to the NMHSPF, the subacute inpatient service element has an average length of stay of 120 days, with an expected maximum of 180 days, and the non-acute inpatient service element has an average length of stay of 365 days. It should be noted that the intended average length of stay for the proposed service at the BAU has not been definitively established.

5th Floor, 81 St Georges Terrace Perth Western Australia 6000
Letters GPO Box X2299 Perth Business Centre Western Australia 6847
[redacted]
Website: www.mentalhealth.wa.gov.au
ABN 98 703 990 883

- 1(d) It is envisaged that age appropriate educational programs will be available within the subacute inpatient service.

- 1(e) These are yet to be developed, but it is envisaged that the usual referral pathways would be established including from acute inpatient units and community treatment teams.

- 1(f) Discharge and transfers will include written documentation to other service providers in line with our mandatory statewide protocols. Prior to discharge from the service a comprehensive assessment of needs, a risk assessment and a management plan will be developed. Individuals, their families and carers will be actively engaged in discharge planning. Individuals will be supported in the transition process to other types of services and supports, including private or public specialist mental health practitioners and community support.

- 1(g) The service would work as part of an integrated model which has developed care pathways to support individuals to access a range of services following discharge, including specialist youth community treatment services, primary care, alcohol and drug services, and community support services which will support individuals to access educational, housing, vocational and social support services.

- 1(h) Clinical Governance would be the responsibility of the Western Australian Department of Health (DoH), as the service provider, and the relevant Health Service Board (to commence on 1 July 2016).

- 1(i) System navigation and transition between mental health services is key. Clear communication and information sharing protocols will be established with existing services (Child and Adolescent Mental Health Service, Youth and Adult) to ensure the proposed service at the BAU becomes part of a cohesive and integrated service model.

- 1(j) The service would meet the criteria for the hospital-based (inpatient) service stream, and would be available for youth with a severe mental illness. Individuals may be admitted after a stay at an acute inpatient facility, or straight from the community according to the referral pathway.

- 2(a) The NMHSPF uses care packages based on prevalence, epidemiology and population input to estimate the demand for services for a given population. For the development of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives (the Plan), the projected Western Australian population by the end of 2025 was used as an input to the NMHSPF. The data outputs are in number of beds by bed type and age cohort. For the Plan, adjustments were made to the NMHSPF outputs to take into consideration the unique Western Australian context including: restructuring outputs to the Western Australian age cohorts, readmission rates, regional loadings, and Aboriginal service utilisation rates. More detail regarding the modelling can be found in Appendix D of the Plan. The Plan can be found on the Mental Health Commission's (MHC) website at www.mhc.wa.gov.au under The Plan.

- 2(b) The proposed service for the BAU has been planned under the following service stream, service categories and service elements of the NMHSPF:
  - Service Stream: Specialised Bed-Based MH Care Services;
  - Service Category: Sub-Acute Services (Residential and Hospital or Nursing Home Based);
  - Service Element: Sub-Acute Intensive Care Service (Hospital);
  - Service Category: Non-Acute Extended Treatment Services (Residential and Hospital or Nursing Home Based); and
  - Service Element: Non-Acute - Intensive Care Service (Hospital)

Community bed-based services

- 3(a) Currently, the MHC purchases a total of 281 community-based beds across the State. Of those, 16 beds are targeted for people ages 17-23 years, 243 beds are available for people aged 18-64 years, and 22 beds are available for people aged 65 years and over. However, in exceptional circumstances with the consent of the parent or guardian and if clinically appropriate, a person aged over 16 years can be accepted into the 243 adult beds outlined above. It should be noted that the above does not include respite beds, psychiatric hostels, or community support linked to housing and accommodation, as these beds are classified as community support services.

- 3(b) The Plan Matrix (found on page 105 of the Plan) outlines the planned community bed-based services by the end of 2017, by the end of 2020 and by the end of 2025 according to region. It should be noted that funding for these planned beds has not been secured. The community subacute beds which have received support and funding from the Government include Rockingham (10 beds), Bunbury (10 beds), Karratha (6 beds), Kalgoorlie (6 beds), and Broome (6 beds). It is planned that these services will be operational by the end of 2017.

- 3(c) Historically in Western Australia, community bed-based services have been delivered by non-government organisations (NGOs). The MHC has explored options for providing the NGOs who operate community bed-based services with clinical support. Any future establishment of services are subject to business case development and approval by Government.

Age appropriate services

- 4(a) The age streams of infant, child and adolescent (0-15 years), and youth (16-24 years) were chosen for a number of reasons. Firstly, many service elements in the NMHSPF have been defined for age groups 16-24 years or 16-64 years. Secondly, some existing mental health services in Western Australia (particularly inpatient) are already provided for these two age cohorts, for example: Princess Margaret Hospital (0-15 years), Bentley Hospital (up to 18 years), and Fiona Stanley Hospital (16-24 years). Lastly, research shows that youth experience the highest prevalence and incidence for mental illness across the lifespan, with an estimate of 75% of mental illness emerging by the age of 25 years. Young people are particularly at risk of poor outcomes as their age and stage of physical, neurological, psychological and social development makes them vulnerable.

- 4(b) Establishing a dedicated youth service will include the reconfiguration of existing adult community and inpatient services (currently seeing individuals aged 18-64 years). The reconfiguration plans are not yet complete or fully defined, and require further work with the DoH.

- 4(c) The timeframe proposed in the Plan is to have a dedicated youth stream established by the end of 2017. It should be noted that not all services would be available by this time due to funding constraints.

- 4(d) There are many obstacles to reconfiguration and these are currently being explored by the MHC and the DoH. Potential obstacles may include organisational structures, referral pathways, transition from infant, child and adolescent services to youth services, transition from youth services to adult services, integration and collaboration with specialised statewide services (such as eating disorders, perinatal etc.) as many would be too small to support a dedicated youth stream, and advocating for a youth stream to services which are not funded by the State.

I apologise that our response did not meet your requested date of 24 March 2014, however, I trust that the above information will aid you in the Inquiry into the Barrett Adolescent Centre. Should you need any further information, do not hesitate to contact me.

Yours sincerely

Timothy Marney
COMMISSIONER

12 April 2016