

Slide 1



This presentation provides an overview of the Victorian Auditor-General's report Child and Youth Mental Health.

Background


Mental health problems are the most common health issues for young people worldwide

Three-quarters of mental health problems manifest under age 25

One in 10 adolescents have deliberately injured themselves

One in four 16–24 year-old's will experience mental health problems

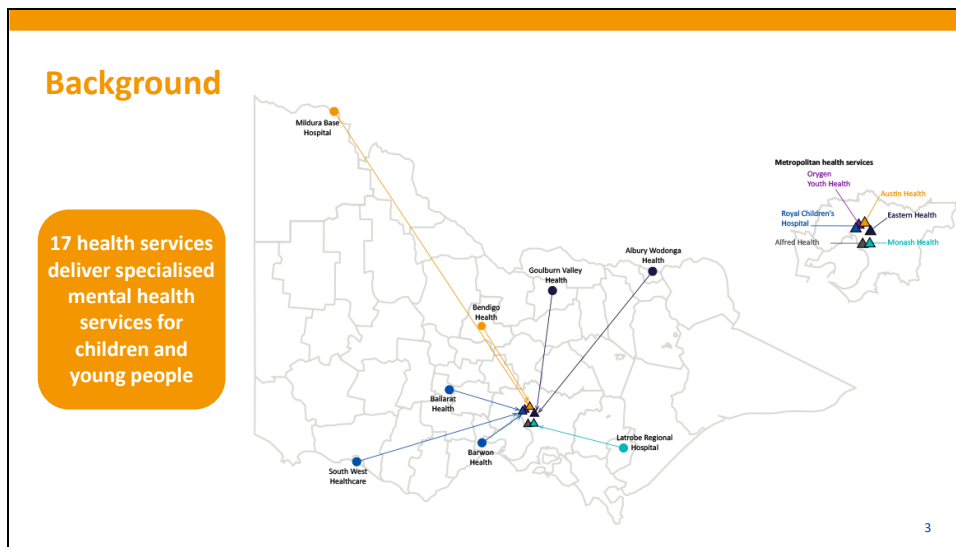
One in 40 adolescents attempt suicide each year



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Three quarters of all mental health problems start before the age of 25, with one in four Australians aged 16-24 experiencing mental health problems in any given year.

Intervention early in life and early in illness can reduce the duration and impact of mental health problems. This is especially important for children and young people, as mental health problems can affect their development and lead to problems later in life.



The Department of Health and Human Services, or DHHS, is responsible for managing Victoria's public mental health system.

Three health services offer limited, specialised services such as forensic services. The other fourteen services – eight in regional Victoria and six in metropolitan Melbourne – provide a wider range of services and are known as child and youth mental health services, or CYMHS. Each regional CYMHS has a designated metropolitan service to refer young people who require inpatient care.

Young people aged over 16 can also receive services through the adult mental health system.

In 2017–18, mental health services in Victoria treated almost 12 000 young people up to the age of 18 and admitted just over 2 000 to hospital.

| What we looked at | | |
|---|--|---|
| Audit objective | Key areas examined | Audit scope |
| Are child and adolescent mental health services effectively preventing, supporting and treating child and youth mental illness? | <ul style="list-style-type: none">• Design of mental health services• Monitoring performance, quality and outcomes• Access and service responses | <ul style="list-style-type: none">• Department of Health and Human Services (DHHS)• Albury Wodonga Health• Austin Health• Eastern Health• Monash Health• Royal Children's Hospital |


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Our audit objective was to determine whether child and adolescent mental health services are effectively preventing, supporting and treating child and youth mental illness.

During this audit, we examined the design of the child and youth mental health system, whether DHHS is monitoring the performance of the system, and whether access to services is timely, particularly for vulnerable populations.

Alongside DHHS, we gathered evidence from five health services covering metropolitan and regional Victoria.

What we found



- No strategic leadership from DHHS to plan, fund and manage child and youth mental health services
- Fragmented and overstretched system
- Lack of DHHS oversight prevents identification and response to systemic issues like long stays
- DHHS does not enable service coordination for young people with complex needs
- DHHS does not enable or monitor access for vulnerable population groups

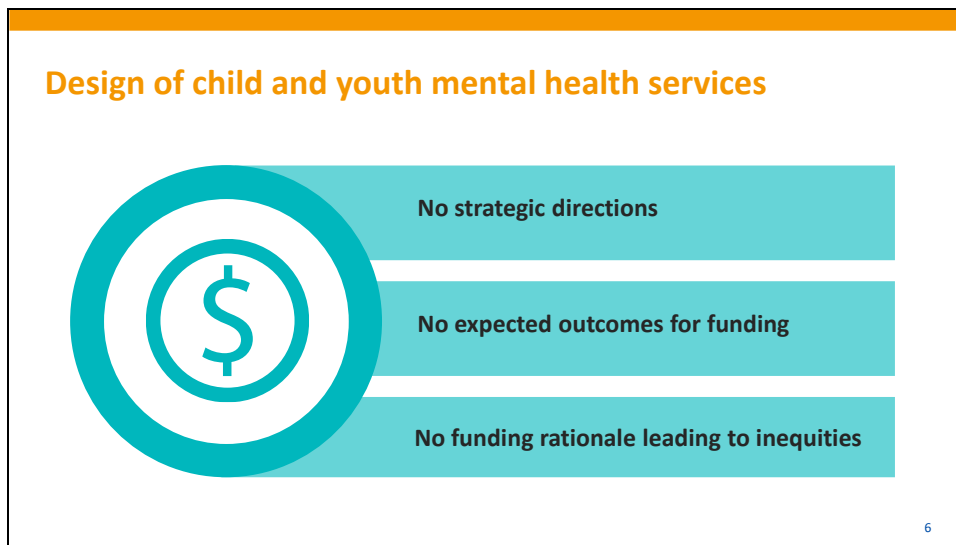
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We found that DHHS hasn't provided strategic leadership to plan, fund and manage child and youth mental health services. As a result, the system is fragmented and overstretched, meaning many children and young people with mental health problems are not getting the help they need.

DHHS does not have a clear system for monitoring the system's performance. Lack of oversight means DHHS cannot identify and respond to systemic issues.

DHHS does not enable child and youth mental health services to coordinate with other services that a young person with complex needs requires, such as disability and child protection.

DHHS does not enable access to services for vulnerable population groups, and does not monitor whether these groups are accessing the services that they need.




DHHS identified improving the child and youth mental health system as a priority in their *10-Year Mental Health Plan*, which launched in 2015. However this improvement work has stalled.

DHHS has not set outcomes for most of the funding they provide. Health services can deliver the programs they think their communities need, but this means DHHS cannot be sure what each service is delivering. Health services can also decide whether they treat young people up to the age of 18 or 25. As a result, the services a person can access depends on where they live.

DHHS could not provide a rationale for the system's funding model, nor why programs run in some health services and not others. This has led to inequities across the system.

Monitoring performance, quality and outcomes



- Performance monitoring system is not clear or transparent
- Confusion and extra work
- Oversight gaps


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DHHS does not have a clear and transparent system for monitoring the performance of child and youth mental health services. Without this, it cannot advise the government on the system's performance or the resources it needs.

Several different areas of DHHS monitor the performance, quality and safety of child and youth mental health services. These areas do not share information in a clear and consistent way, creating confusion and extra work for health services and oversight gaps for DHHS.

As a result, DHHS cannot identify and address systemic issues.

Monitoring performance, quality and outcomes



Key performance indicators (KPIs)


- Little oversight of community services
- Lack of KPIs for some key issues
- Long stays often because patient has multiple needs

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We found that DHHS has little oversight of community mental health services, where most young people are treated, as the most closely monitored key performance indicators (KPIs) are seclusion and post discharge follow-up rates which both relate to inpatient services.

We also found that there are no KPI's for some key issues such as long inpatient stays. We found that many unreasonably long stays, where there is no clinical need, are caused because the patient has multiple needs such as a disability and has no where else to go.

System failures contributing to long stays



- **Inability to cope at home**
- **Inability to participate in care at the inpatient service**
- **Failure of disability services**
- **Failure to access child protection**

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We examined case studies from the four audited health services with a child or adolescent inpatient unit, and identified four types of system failure which caused a young person to stay for longer than they needed to.

These were:

- the family or carer's inability to cope at home,
- the family or carer's inability to participate in therapeutic care at the hospital,
- failure of disability services, including failure to repair damaged accommodation and failure to get National Disability Insurance Scheme (NDIS) supports in place,
- and failure to engage child protection.

Health services do not have a mechanism to escalate and resolve cases where clients need other non-mental health services and attempts to coordinate care at the local level have failed.

Access for vulnerable populations



- Triage does not prioritise young people
- Out of home care guideline not followed
- Information not collected or analysed

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DHHS has not identified vulnerable groups who need priority access to child and youth mental health services. The triage process to access these services is based on immediate physical risk and does not take cumulative developmental risk into account.

DHHS has a guideline to give priority access to children in out of home care, who are two to five times more likely to have a mental health problem than the rest of the population. However, only one health service that we audited has a process to allow priority access for this group of young people.

DHHS's client information system does not collect information about whether a young person is in out of home care. DHHS therefore cannot monitor whether these young people are accessing child and youth mental health services at an appropriate rate.

We analysed client data from five mental health services and found that young people from vulnerable groups, such as young people from culturally and linguistically diverse backgrounds and young people living in unstable housing, are accessing child and youth mental health services at a lower rate than less vulnerable groups.

Recommendations

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Recommendations
for DHHS

DHHS has accepted
all recommendations

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We made 20 recommendations for DHHS around developing greater system stewardship by providing better guidance, sharing reviews, improving its evaluation of services and establishing a mechanism for health services to come together and collaborate. We also recommended DHHS establish a means for the Chief Psychiatrist to be able to directly brief the secretary or minister which, under the current structure, has not been possible.

DHHS accepted all recommendations.



For further information, please view the full report on our website:
www.audit.vic.gov.au

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