

INFANT, CHILD AND ADOLESCENT MENTAL HEALTH TASKFORCE — RECOMMENDATIONS

185. Mr P. LILBURN to the Minister for Health:

I refer to the Cook Labor government's commitment to improving mental health services for young people.

- (1) Can the minister outline to the house how the \$46.6 million expansion of acute care and response teams, announced today, will support children and young people who are experiencing a mental health crisis?
- (2) Can the minister advise the house how this initiative will support the implementation of the recommendations from the infant, child and adolescent mental health taskforce report?

Ms A. SANDERSON replied:

- (1)–(2) I thank the member for Carine for his question. As a former teacher, he will understand that there is significant pressure from young people and teenagers in particular on our mental health system. There has been a global increase in the experiencing of mental health issues by our young people. The infant, child and adolescent taskforce was established under the former health minister and current Premier. That group of very focused advocates, clinicians, people with lived experience and young people looked at how we could better deliver mental health services for children and adolescents. The report provided really clear guidance on a contemporary model of service and models of care for young people requiring mental health services. A key pillar of that report, and the strong message from families, parents and young people, is that families need more support in the community, they need more support to avoid hospital admission and they need more support at home and at school for their young person. Over the last two budgets, we have built the foundational supports of that reform. It is a 10-year reform program. Over the last two budgets, there has been around \$80 million of investment to support the growth of the workforce and development of the new models of care and to prepare the landscape for those new models of care.

I am very pleased to announce that, as part of this budget, \$46.6 million will be committed to expand the acute care resolution teams for children and young people across the entire metropolitan area as well as the great southern. This is a huge investment and reform that I am immensely proud of. This model of care will support children, young people and families when they are in crisis in a way that meets their needs. It will mean that if a family or young person is experiencing a crisis and calls a call line, presents to an emergency department, are at school or are an inpatient, this team will be mobile and can go to them. It can go to their family home. It will work extended hours—later on weekdays and on weekends. It will provide multidisciplinary support to help support young people experiencing suicidal ideation or thoughts of self-harm. It will give parents the supports that they need to have in place to support them and keep them safe. It is a safe model of care that has a huge amount of evidence around it. The last budget provided funding for a trial in the east metro area. We are going further in this budget by providing funding for the entire metropolitan area and the great southern. Some of the most pointed feedback from parents and young people about the child and adolescent mental health service was the hours of service. A nine-to-five service for community-based mental health does not meet the needs of those in crisis. Crises do not happen just in work hours; they happen at all hours. This will allow that service to expand its out-of-hours service and to be mobile as well. When a young person experiences a serious episode, the whole family is required to participate in the therapy. We treat the whole family unit. Parents have to work. Some have multiple jobs. Having a nine-to-five service is a serious barrier to access. This reform will remove that barrier. I am very proud to be part of a government that is supporting that.

We are also continuing the investment in CAMHS Crisis Connect, which was established a number of years ago under the current Premier. That phone crisis service supports families. Consultant psychiatrists, psychologists and social workers operate that phone service 24 hours a day. Parents can call that service if they are concerned about their young person and be provided with support, including through admission to an emergency department if required. This will avoid emergency department presentations. CAMHS Crisis Connect alone has reduced emergency presentations for mental health by 10 per cent by providing ongoing support. Inpatient mental health treatment in hospital should always be a last resort for children—always—as it familiarises them with that experience and is very traumatic for families. We need to do everything we can to prevent inpatient episodes, and that is exactly what these teams will do.