



SUBMISSION TO THE ROYAL COMMISSION INTO VICTORIA'S MENTAL HEALTH SYSTEM

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This submission will address the following questions:

- **Question 2 -What is already working well and what can be done better to prevent mental illness and reduce stigma and discrimination?**
- **Question 7- What can be done to attract, retain and better support the mental health workforce?**

Mindful has received funding from the Victorian Health Department's 2009 Autism State plan, to establish a training program of ongoing Professional Development Workshops in Assessment and Treatment of Autism Spectrum Disorder (ASD) and Neurodevelopmental Disorders and to support the Coordinators of ASD teams with CYMHS/CAMHS.

Prevalence of ASD

The current estimates of Autism Spectrum Disorder (ASD) prevalence in Australia is 1– 2.5 in 100 (Randall et al., 2016). Mental Health comorbidity in ASD is high (Brookman-Frazer, Stadnick, Chlebowski, Baker-Ericzén, & Ganger, 2018) and is increasingly the reason for clients with ASD presenting to Child and Youth Mental Health Services. Most commonly, increasing numbers of children, young people and adults are presenting with an underlying ASD that has not previously been identified. For a significant number of these children, and young people with an undiagnosed ASD, their first contact with mental health services are at the Emergency Departments of hospitals, where they present with significant mental health concerns including self-harm and suicidal ideation.

It is critical to have a skilled and well-trained mental health workforce knowledgeable in ASD and comorbid mental health conditions. Mindful has continued to provide this training with no increase in funding over the past 10 years and has developed a comprehensive training calendar addressing assessment and treatment of ASD and comorbid mental health conditions. Mindful currently provides up to 1000 training places for professionals per year, offering subsidized places for publicly employed mental health professionals in Victoria.



Question 2 -What is already working well and what can be done better prevent mental illness and reduce stigma and discrimination?

Specific ASD & Neurodevelopmental services with Child and Youth Mental Health CYMHS/CAMHS

What's working well?

Under the implementation of the 2009 Autism State Plan each Child & Adolescent Mental Health Service (CAMHS)/ Child & Youth Mental Health Service (CYMHS) and Orygen Youth Health were allocated ongoing funding for an ASD Coordinator to coordinate the ASD assessment and diagnostic process, oversee the delivery of quality early intervention and ongoing clinical care within the mental health service and facilitate referral pathways to appropriate support services.

In addition to coordinating services and demonstrating leadership within the mental health service system regarding ASD, the local coordinators also link in with key service providers in their local areas such as paediatricians, disability services, early childhood services and student support services from the Department of Education and Early Childhood Development.

These coordinators provide a network of services for children and young people with ASD who have a complex presentation or are difficult to diagnose. Many present with additional mental health disorders such as anxiety and depression. In addition, these children may also have experienced trauma, family breakdown, non-attendance at school; homelessness, the criminal justice system, socio economic hardship and may be from a Culturally And Linguistically Diverse (CALD) Background. There is also an increase in the number of girls referred for ASD assessment in CYMHS/CAMHS, which has previously been an unrecognised cohort.

Through this ASD CAMHS/CYMHS network many of our most vulnerable and disadvantaged children and young people with suspected ASD have access to diagnostic and treatment services.

What can be done better?

The time allocated to the specialized **role of ASD coordinator and ASD assessment needs to be protected and expanded** as some CYMHS/CAMHS services, particularly in rural areas, are redirecting staff to other mental health work. This is due to the increasing referrals to CYMHS/CAMHS, a small workforce and competing work priorities. This increases waiting list times for ASD assessments in rural areas and places additional workload stress on staff.

Waiting Lists for ASD assessment within CYMHS/CAMHS

What's working well?

These Victorian CYMHS/CAMHS ASD/Neurodevelopmental assessment services have **increased the total number of assessments by 9.5% without any increase in staff EFT from 2015 to 2018, however waiting lists have increased by 18.2% across Victorian CYMHS**. Increased rates of referral are to be expected with current research identifying an increase in prevalence of ASD over recent years.



CYMHS/CAMHS ASD/Neurodevelopmental teams have protocols in place to triage their waiting lists ensuring they see only the most complex clients who are not able to be assessed by other services. All mental health ASD/Neurodevelopmental teams require a referral for a Paediatrician or Child & Adolescent Psychiatrist to be eligible for the service. However, even with these processes in place across Victoria most CYMHS/CAMHS services are unable to meet the demand for tertiary ASD assessment.

What can be done better?

These tertiary specialist ASD/Neurodevelopmental teams assess the most complex children and youth with ASD and comorbid mental health conditions and **require increased staffing to meet current demand** for assessment which is consistent with the current estimates of prevalence of ASD. The **range of disciplines available for these complex assessments also needs to be maintained** in metropolitan areas and **increased in regional areas** where access to allied health, particularly speech pathology, is limited.

Waiting lists are also impacted by staffing levels which is also not equitable between metropolitan CYMHS services or between regional CYMHS services. It is important that there is a more equitable allocation of specialist ASD multi-disciplinary staff so that consumers in any region can access a tertiary assessment for ASD with a reasonable time-frame of six months or less.

Additionally, these CYMHS/CAMHS services with longer waiting lists, such as in western metropolitan Melbourne or some rural areas, are predominantly areas of socio-economic disadvantage with higher rates of neurodevelopmental disorders, and often higher numbers of CALD families requiring access to interpreters. These CYMHS/CAMHS services cannot meet demand without increased staffing.

Young adults with ASD, discharged from mental health services, also experience limited access to services. There is a scarcity of clinicians working with adult ASD clients in North Western and Western region of Melbourne where there are fewer options for young people over 18 to access low cost ASD assessment. Headspace is the major Tier 2 service for young people with mental health issues but Headspace does not have access to the multidisciplinary staff needed to provide ASD assessments.

Establishment and Expansion of Tier 2 Assessment Services

What's working well?

Recently some new ASD assessment services are being set up in within local health services, such as community health centres with the support of Victorian government funding, to assess children not requiring a tertiary service, these include:

- DPV Health
- Northern Health
- Increased funding for Djerriwarrh Health ASD assessment service in Melton.

What can be done better?

Given the high prevalence of ASD, this expansion of affordable Tier 2 assessment services should be available in all areas of Melbourne and regional areas with long waiting lists due to lack of alternative service options.



Question 7- What can be done to attract, retain and better support the mental health workforce?

Training and supporting a skilled workforce in ASD

What's working well?

The fourteen CYMHS/CAMHS & Orgyen ASD coordinators have identified that having a platform to meet and share expertise at Mindful through regular meetings has been important to their retention in the role.

The calendar of regular ASD training at Mindful has assisted ASD/Neurodevelopmental teams to keep a skilled workforce despite staff turnover. It has also assisted in skilling up professionals in other government and non-government sectors to increase expertise in the diagnosis and treatment of ASD which reduces pressure on tertiary CYMHS/CAMHS.

What can be done better?

There is limited knowledge of diagnosing ASD in adult mental health services and there are many clients in adult services who have an undiagnosed ASD. Mindful has offered two training workshops in 2019 to begin to address this need, however further development of training in this area is required.

A similar model of funding for designated ASD coordinators/experts in adult services, as exists within CYMHS/CAMHS, may address the current lack of ASD expertise in adult mental health services.

On going funding for the development of training in assessment and treatment of ASD across the lifespan is critical for sustaining a skilled workforce. It is also critical that all Victorians receive access to appropriate comprehensive diagnostic and treatment services within the mental health sector.

References

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