

Inquiry - Commonwealth Funding and Administration of Mental Health Services

Submitted by
Occupational Therapist - Private Mental Health Provider
4th August 2011

I request my name to remain confidential and not be published.

I work in private practice as an Occupational Therapist providing mental health services for adults and children aged from 3 – 12 years. I am registered to provide Focused Psychological Strategies through Better Access to Mental Health (BAMH) and Access to Allied Psychological Services (ATAPS – for individuals on a low income or in financial hardship).

My submission is based on my professional experiences, discussions with referring GP's, allied health mental health care providers, schools, child health nurses, families, other government and non-government service providers and parents.

My primary concerns and recommendations relate to the:

1. Lack of community awareness of mental health needs for disadvantaged groups including infants, children, young people, their families and caregivers.
2. Future development of mental health services for children. Impact of proposed reduction in community based private mental health services under Better Access to Mental Health from 1 – 18 sessions to 1 – 10 sessions in a calendar year from the 1st November 2011.

Increased Community Education for Early Identification of Mental Health Problems in Infants, Children and Young People

Some GP's, teachers and caregivers seem to have difficulty identifying and therefore diagnosing a potential mental health problem in a child as they are not familiar with the symptoms which can present differently to an adult e.g. Children can present with somatic symptoms e.g. stomach ache but unless a history is taken it may not be recognised as a potential anxiety problem.

Prodromal or early warning signs of anxiety, depression, adjustment to significant life changes and other mental health problems may include the following functional, social and behavioural problems:

- behaving inappropriately or aggressively towards peers/family/teachers
- unexplained somatic complaints (e.g. headaches, stomach aches, pulling own hair)
- unexpected bedwetting and soiling in children who have been toilet trained
- selective mutism
- overeating or poor eating habits related to poor self-image
- problems coping with anger and frustration
- persistent negative thinking & self-depreciating thoughts
- suicidal and self-harming behaviours
- frequent, unexplained temper tantrums
- unusual fears
- difficulty in going to sleep or staying asleep
- sadness and feelings of hopelessness that don't go away
- avoiding friends or family and wanting to be alone most of the time
- refusing to go to school on a regular basis
- inability to get along with other young people including bullying or passive behaviours
- hyperactive behaviour or constant movement beyond regular playing
- noticeable decline in school performance
- frequent aggressive reaction
- severe difficulties with concentration, attention, or organisation
- significant changes in behaviour in short period of time

A GP education program specifically about recognising functional, behavioural and social early warning signs and diagnosable mental health problems in children would be beneficial. Some GP's and parents are reluctant to "label" a child with a diagnosis which can result in a delay in referral at the early intervention stage and a child is later referred when in crisis when there is detrimental impact on the child's wellbeing, their family relationships, friendships and academic performance. Myths need to be dispelled such as "he/she (the child) will grow out of it", "time will heal" and "it's just a stage."

For individuals 16 years and older the evaluation tool the Kessler 10 is used to screen and as a part of their GP Mental Health Care Plan for BAMH and ATAPS, as recommended by the Australian Mental Health Outcomes and Classification Network. I suggest GP's are required to use the Strengths and Difficulties Questionnaire (SDQ), a standardised objective assessment, to screen potential child mental health referrals. A child or young person who is rated in the "Abnormal Range" should be referred for further assessment and Focused Psychological Strategies (FPS) through BAMH or ATAPS depending on the families/caregivers' financial accessibility.

Stigma about mental health remains a problem. For example some parents are reluctant to have their child diagnosed with a mental health problem as they are concerned that this diagnosis will be "on their record" and are concerned that this will affect their future life opportunities e.g. work, health insurance. Unfortunately this means that parents are bearing the full cost for services rather than seeking a GP referral which usually means the child receives reduced services. Parents and teachers are more comfortable talking about "emotional health" rather than "mental health." Many at-risk children have parents with a significant mental illness (anxiety, depression, post-natal depression, psychotic, and personality and adjustment disorders). Children of parents with a mental health problem should be prioritised for mental health services in public and private sectors.

Parents and guardians are an integral part of providing mental health intervention for children and young people. Parents and guardians also require psychoeducation related to their child's mental health problem and parenting strategies to support their child. I am concerned with the planned reduction in BAMH sessions from 1st November 2011 that this will reduce clinical services available to concerned parents and their children who are not on a low income.

The Gaps in Services and Programs

Currently government Infant, Child, Adolescent Mental Health Services (ICAMHS) only accepts referrals for children who already have complex mental health problems, or there is risk of harm to themselves or others. This is frustrating for GP's who refer children as their families would have great difficulty affording private Occupational Therapy, Social Work and/or Psychology services. When these children are referred through Medicare's BAMH the gap to pay is more affordable. These children can then access early intervention mental health services reducing risk of longer term harm and disability in relation to their future peer and family relationships and education.

I am currently registered as an Occupational Therapist under Medicare's Better Access to Mental Health (BAMH) and I am concerned that there will be changes where children, families not on a low income will have reduced access to private mental health services. To date evaluation of BAMH services conducted by Medicare has not included services provided to children, parents and their families.

I believe that prevention and early intervention is required through increasing financial and geographical accessibility to private mental health services through BAMH, ATAPS and government child mental health services. Many children referred have sought help from their school counsellor and/or chaplains but these professionals do not have the specialist mental health skills to provide individualised therapeutic interventions.

I am concerned for children (under the age of 8 years or older children with cognitive developmental delays) not being referred for ATAPS or BAMH services as they are viewed as not able to participate in verbal, cognitively based therapies such as Cognitive Behavioural Therapy (CBT). Play Therapy (and other approaches such as Art Therapy and Sand Play) combined with adapted age-appropriate CBT, social skill learning and self-regulation skills and Parent Management Training are effective interventions for children and should be listed under Focused Psychological Strategies for BAMH and ATAPS.

My greater concern is children are being prescribed psychiatric medications despite psychological therapies being recommended as the first line option for treatment in children and young people. According to best practice in child mental health should be referral for psychological and behavioural interventions for the child and family focused interventions before prescribing medication for children. For example psychiatric medications such as antidepressants are commonly prescribed, however few clinical trials have been conducted for children and adolescents under 18 years of age. There is some uncertainty about their efficacy and safety for those with depression in their age group. (Beyond Blue Fact Sheet for GPs)

Occupational Therapists are equipped through a four year Bachelor of Science training, with a solid grounding in frames of reference, developmental frameworks and principles of mental health and function and counselling skills. Occupational Therapists assess and provide interventions to enable the child reach their full potential in occupational performance areas of school, home and social environments.

Occupational Therapists have the skills to assess and provide intervention and are currently employed within government mental health services such as ICAMHS. Those children who do not meet the criteria of government ICAMHS should still have the right to access to all mental health multidisciplinary interventions through Medicare's BAMH from Occupational Therapy, Social Work and/or Psychology based on clinical need. Concern is with the planned reduction in BAMH sessions will impact on services available to a child with prodromal signs of a mental health problem.

Occupational Therapists have a significant role to play as part of the multidisciplinary mental health team including practical assessment of existing strengths and extent of functional impairment across the domains of cognitive, perceptual, physical, emotional, sensory, social/interpersonal, self-concept, motivation, volition and leisure. An Occupational Therapist works collaboratively with parents and/or caregivers to provide parent education of the developmental stages, parenting skills and practical strategies to support the child's optimum development. I feel that all consumers (children & adults), carers (parents/families/teachers) and medical practitioners have the right to access and have the right to choose mental health professionals through BAMH as each professional group provides their own area of expertise and therefore contribute to a holistic, interdisciplinary approach to mental health care in keeping with the Recovery Model of Care and Strengths Based Approach.

A GP or specialist who identifies a child with early emotional, social and behavioural difficulties refers based on clinical need and financial accessibility through BAMH or ATAPS to appropriate mental health professionals (Occupational Therapy, Social Work and/or Psychology). This multi-disciplinary clinical approach is similar to a consumer with newly diagnosed diabetes is referred under Medicare's Chronic Disease Management to a dietitian, podiatrist and diabetic nurse to prevent longer term health problems through early intervention and education. The referring medical practitioner and mental health professionals continue to work collaboratively with the common goal of providing a range of multi-disciplinary mental health services. If BAMH services are decreased then the ability to access multidisciplinary services will be reduced.

Conclusions

Forward thinking mental health reform must be in the area of direct clinical intervention for infants, children, young people and their caregivers. Medicare funding for mental health services needs to be maintained or increased under Better Access to Mental Health and Access to Allied Psychological Services.

Innovative Medicare funding initiatives targeting mental health services for infants, children and young people are paramount to ensure affordable and easily accessible mental health services to all Australians to prevent lifelong mental health problems. These initiatives must include a multi-disciplinary team approach including General Practitioners, Specialists, Occupational Therapists, Mental Health Nurses, Social Workers, Psychologists, Play Therapists and Art Therapists.

Development of mental health services would reduce future government costs in the areas of health, education and work as children, our future Australians, would have a greater opportunity to lead fulfilling and productive lives.