

Sent: Wednesday, 25 May 2005 9:03 PM

To: Committee, Mental Health (SEN)

Subject: Submission to Select Committee

Dear Committee Members,

I am a child psychiatrist who recently presented the Julian Katz Oration at the Royal Australian and New Zealand College of Psychiatrists Congress in Sydney. The content bears directly on the subject of your Inquiry, and I have been encouraged to share this material with you. My credentials include being the Director of a Child and Adolescent Mental Health Service (CAMHS) in metropolitan Melbourne, and an Adjunct Professor in Psychology at Deakin University.

I have worked in the field of public child psychiatry for 25 years and my experience includes reviewing the child and adolescent mental health service system in Victoria and Tasmania, and advising the respective health departments on service system development. I am a specialist mental health surveyor with the Australian Council for Healthcare Standards, and have surveyed specialist mental health services in several Australian states and New Zealand. My academic interest is in improving services, and I have published several articles on quality improvement. My own service is recognized as being innovative and providing high quality care.

I have vested interest in the outcome of your deliberations because my service is under-funded and can only accept a half of those referred. My staff are dedicated and highly motivated, but are increasingly stressed attempting to meet high levels of need in our community. The service was the first to adopt routine outcome measurement in Australia, and we are currently piloting a preventive program on conduct disorder that was tendered by the Victorian Mental Health Branch some 18 months ago.

The attached submission describes the volume of mental health disorders in Australian children and adolescents. It outlines how many of these disorders have their onset in childhood and persist into adulthood, or recur in later life, and have an adverse impact on the children and their families. It goes on to review the findings that service provision in Australia is inadequate, but that the Commonwealth and State Governments are not seriously addressing the problem.

The last part of the material identifies that the Commonwealth and State Health Ministers have agreed to obscure spending on specialist child and adolescent mental health services since 2000, and that in Victoria at least, spending has fallen from 10% to 8% of the total mental health budget. This is contrasted to UK expenditure, where child and adolescent mental health has been identified as important. Primary CAMHS teams have been established to build capacity in other sectors to deliver prevention and early intervention programs to reduce later need.

The presentation goes on to discuss what may be preventing funders from understanding the work of CAMHS, or recognizing the importance of intervening during childhood before problems consolidate or worsen. It ends by mentioning the view that investment should target youth or late adolescence, because rates of disorder are highest at this life stage, and proposes an alternate view that intervention earlier in childhood would reduce the morbidity in adolescence.

I hope that this material will be useful to the Committee.

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