

**Senator Lyn Alison**  
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3 March 2006

Dear Senator

Re: **Submissions for Mental Health Enquiry**

Paul Leyden spoke to me about a conversation he had with you concerning the lack of input from CAMHS into your enquiry.

There are a number of issues affecting CAMHS that are not adequately addressed at the present time, and are difficult to improve without further funding.

1. **Lack of Accommodation for young people being discharged from Psychiatric Units:** Difficulty in discharging young people from Psychiatric Adolescent inpatient units because of lack of accommodation. Young people admitted for major mental illness may end up remaining in hospital well beyond the optimal discharge date because of lack of suitable accommodation and support. This results in these young people becoming institutionalized and creates extra difficulties with discharge and rehabilitation.
2. **Young people entering care for the first time:** Young people entering care for the first time usually do not have comprehensive psychiatric or medical assessments despite the fact that this group are a high risk group for both physical and mental disorders. We undertook a pilot project (Stargate Project) providing such assessments for all children entering care over a twelve month period, combined with parent and carer interventions. We reasoned that early intervention might reduce the difficulties and produce better outcome for a highly vulnerable group, preventing further potential trauma from being in care. We found that there was indeed a high prevalence of psychiatric disorder, learning difficulties, and physical and dental problems in this group. Prompt intervention and assessment enabled better planning for the young people and resulted in a more rapid reunification where this was possible but also enabled carers to manage the young people and their problems more effectively, providing support for foster carers, who are unsung heroes looking after some of the most difficult children. Unfortunately the funding for this pilot project was not recurrent.

3. **Autistic Disorders:** Young people with Autistic Disorders who are high functioning rather than with Intellectual Disability do not have much support in schools as they do not qualify for appropriate disability funding often. This may lead to increasing difficulties in school and representation for behaviour problems later. Many young people with Autistic Spectrum Disorders develop behavioural and emotional problems that are very difficult for families to manage. It requires considerable specialist expertise to provide help for these families and these resources are very scarce even within specialist CAMHS.
4. **Dual Disability – Intellectual Disability and Psychiatric Disability:** Young people with these disabilities often fall between services. The psychiatric management of children with these dual disabilities is difficult and they are often inconsistently treated and end up being seen by a variety of specialists without consistent follow up and monitoring. The availability of clinicians with expertise in this area is scarce, the burden on parents is immense.
5. **Domestic Violence:** The impact of domestic violence on children is of immense significance. Exposed children may suffer from low self esteem, mood and anxiety disorders, severe behavioural problems and the boys are in danger of developing violent traits themselves. It often goes unnoticed or children not referred. Rehabilitating mothers and their children who have suffered physical abuse is rewarding and a number of innovative projects have been developed by our service to cater for them, although these are extremely limited in scope and many children miss out.
6. **Young people with inappropriate sexual behaviours:** This group are in danger of developing more entrenched problems of sexual offending. Early intervention is very effective for a large number of these young men and potentially prevents hundreds of potential victims being assaulted. Many of these young men can be diverted from future offending, this benefits them, their potential victims their families and society. These programmes are also small and restricted in scope and could benefit from expansion.
7. **Eating disorders:** Some young people with eating disorders progress to eating problems which require coordinated medical and psychiatric input. It requires a highly coordinated approach with appropriate back up of inpatient facilities for those who are seriously psychiatrically disturbed or medically compromised. Existing resources for this group of young people is extremely limited, and lacks specific funding to enable optimal interventions to be provided. Ideally most young people may be managed as an outpatient or a day patient, but it requires a dedicated team with appropriate training and facilities. Whilst the rudiments of this have been developed at the Royal Children's Hospital there are many gaps.

Yours sincerely,



Dr R S SALO  
Clinical Director  
Royal Children's Hospital Mental Health Service