If we are to forge a new future we may need to be brave enough to let go of the past.

Ms Tamara Irish – Executive Director
Dr Julie Rowse - Clinical Manager

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Mental Health is on the Agenda

Child & Youth Mental Health is the focus:

“Early in Life, Early in Illness and Early in Episode”

The Child & Youth Mental Health Service Redesign Demonstration Project aimed to achieve systemic change across a number of sectors including mental health, primary care, education, family and welfare services, alcohol and other drug services, early childhood development and youth specific services.

Redesigning services to be more accessible, more timely, see more young people, provide earlier intervention and ensure improved outcomes.
Our Region

- Spans 48,000 sq km
- Eleven local government areas
- Population of approximately 216,626 residents
- The region has approximately 62,935 children & young people aged 0-24 years
Why Change?

External Drivers for Change

• Victoria Mental Health Reform Strategy 2009-2009 “Because Mental Health Matters”.
• Increasing evidence that prevention and early intervention programs are cost effective
• Securing the funding to implement the Child & Youth Mental Health Service Redesign Demonstration Project for the Grampians Region

Internal Drivers for Change

• Feedback from Consumers and Families/Carers.
• Feedback from key stakeholders and partner organisations.
• Findings from internal audits.
What Changed?

Child & Adolescent Mental Health Services
0 to 18 years
(closed its doors September 2011)

Infant & Child Mental Health Service
0 to 14 years

Youth Mental Health Services
15 to 25 years
What were the outcomes?

- Two new **integrated and developmentally focused teams** replaced the existing CAMHS service.
  - Infant & Child MHS 0-14 years
  - Youth MHS 15-25 years
- **Expanded service provision** demonstrated by an increase in 0-25 year olds receiving assessment and treatment services from BHS-MHS.

**2010-2011 compared with 2011-2012**
- 20% increase in referrals
- 27% increase in intake assessments
- 109% increase in children and young people accepted for treatment

**2011-2012 compared with 2012-2013**
- 17% increase in referrals
- 19% increase in intake assessments
- 7% increase in those accepted for treatment
What were the outcomes?

• Increase in the breadth of mental health issues being treated by BHS-MHS.

• Demonstrated increase in access to mental health services by rural and remote communities by increasing clinical positions in the Wimmera Region by 25%.

• Embedded structural change within BHS-MHS with the establishment of the I&CMHS and YMHS with extended hours of operation.

• Streamlined continuity of care across the 0-25 age cohort.

• Development on an enhanced and formalised Secondary Consultation model with associated clinical documentation suite to ensure timely expert mental health advice to other service providers.

• Integrated successful CASEA (CAST) program in kindergartens and primary schools with clinically significant outcomes.
Key Enablers for Success

• Leadership
• CEO/ Senior Management ‘buy-in’ and support
• Clear Vision
• Identification of champions (local people = local solutions)
• Strong focus on data and outcome monitoring
• Ensuring that the voices and young people and their families/carers were kept central to the reform process
Thank you