

## Headtohelp: Building Communities of Practice to Strengthen Child and Youth Mental Health Care and Reduce Burden on Specialist Services

*"I recently had an experience where a teenager I started on medication was escalating in distress and self-harm behaviour, but she presented 3 times to ED and eventually was put on XX's list for case management but was left in limbo for a long time. Each time, family had to repeat their story to a different person - I counted at least 8 separate names and it took me a long time to figure out who to call and who was responsible for this family. Meanwhile family struggling to cope at home while xxx keen to avoid admission.*

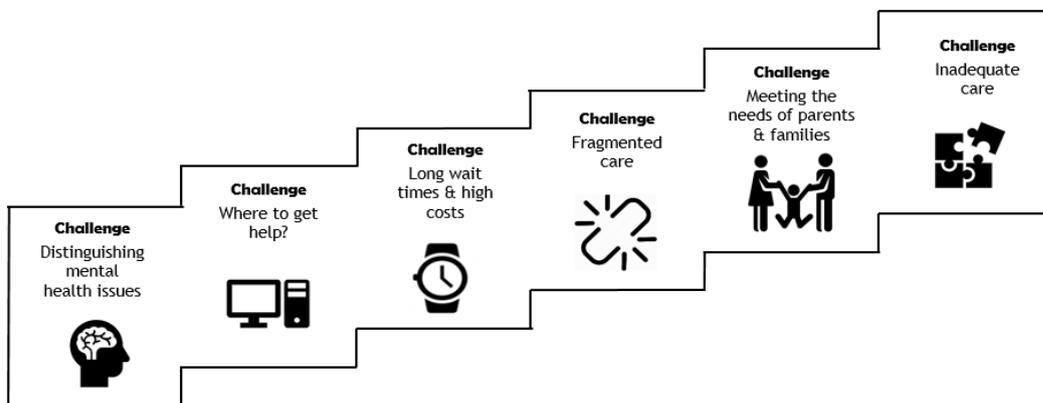
*I really want to see how we can skill up paediatricians, private psychiatry and community based practitioners to be able to offer that missing level of outpatient support so tertiary can really have space to deal with high risk patients, as well as developing a set of shared resources and procedures across primary secondary and tertiary interfaces."*

Email to Prof Hiscock from a community paediatrician in Melbourne's north west - September 8<sup>th</sup> 2020

### Child mental health care: Covid-19 impacts and challenges

The rates of mental health presentations in children and young people attending Victorian Emergency Departments (EDs) is accelerating with increases 3-times higher than those of physical health presentations.<sup>1</sup> With the Covid-19 pandemic and associated restrictions, paediatric mental health presentations have continued to surge, with a 35% increase compared with ED presentations for other conditions which have largely declined.<sup>2</sup>

Prior to the Covid-19 pandemic, the Health Services group at the Murdoch Children's Research Institute conducted interviews with 140 clinicians (GPs, paediatricians, psychologists, child & adolescent psychiatrists) and 28 families about the child mental health system. We asked about challenges in the system and potential solutions. Multiple challenges emerged, as depicted below.



Solutions were also offered. GPs, psychologists and paediatricians consistently voiced the need for improved access to child psychiatry expertise that would allow them to 'hold' patients for longer, thus reducing referrals to overburdened EDs and public child and adolescent mental health services. Several international programs provide exemplars of how to do this, ranging from telementoring programs (e.g. Project ECHO), to in-clinic training programs (e.g. UK's GPs With a Special Interest), to teleconsultations and shared care programs (e.g. Massachusetts Child Psychiatry Access Program).

### Headtohelp hubs: potential solution to an accessible, equitable mental health system for children

In recognition of Victoria's ongoing pandemic restrictions and their impact on mental health, the federal government has provided funding to Victorian PHNs for 15 new mental health hubs in Victoria.

1. Hiscock H, Neely RJ, Lei S, Freed G. Paediatric mental and physical health presentations to emergency departments, Victoria, 2008-15. Medical Journal of Australia [Epub ] 2018 Apr
2. Cheek J, Hiscock H, Craig S, West A, Lewena S. Emergency Department utilisation by vulnerable paediatric populations during COVID-19 pandemic. EMA 23 July 2020

The North Western Melbourne PHN has commissioned three Hubs in its region. The Headtohelp Hubs service model operates via an intake function that supports access and information using an initial assessment and referral decision support tool to connect clients to the right type of care and setting. Children and families are very much in scope.

We now have a unique opportunity to leverage the workforce and infrastructure of the Hubs to address the challenges identified above. Working in partnership with community clinicians and Hub mental health multidisciplinary teams, we could resolve the lack of access to child psychiatry expertise by building communities of practice and clinical education hubs. We could increase the confidence and capability of GPs, paediatricians, and psychologists to work with children and families. This in turn would support earlier access to care (including for siblings and carers) and increase the capacity of the primary and secondary care services which should reduce pressure on specialist services.

### Next steps

Over the next 12 months, we seek to co-design, develop, implement and evaluate a Community of Practice model that upskills frontline clinicians in child and adolescent mental health in Melbourne's north west. We will implement the Communities of Practice across the 3 NWMPHN Hubs. We will evaluate their effects on clinician confidence and competence in managing child and adolescent mental health problems, referrals avoided, and mental health presentations to local EDs, together with a health economics evaluation.

The advent of Hubs provides Victoria with a unique opportunity to lead an Australian-first model of care that provides solutions to some of our most pressing service challenges in child and adolescent mental health. By upskilling frontline clinicians, we can provide children and families with the care they need, sooner and relieve the pressure on our overburden hospitals and public mental health services.



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