

the COMPASS project

Connecting mental health paediatric specialists and community services



Even before COVID-19, Victorian emergency departments reported rising rates of mental health presentations in children and people under 18.

The pandemic accelerated this, impacting clinicians in primary and hospital settings. This crisis was driven by several factors, including:

- specialists unable to take on new paediatric patients
- long wait times to access specialist care
- fragmented care
- a lack of confidence for some GPs about how best to manage childhood mental health conditions.

One solution lay in reducing demand on ED and specialist services by upskilling community-based clinicians, improving their ability and confidence to identify and treat paediatric MH conditions.

North Western Melbourne Primary Health Network (NWMPHN) partnered with the Royal Children's Hospital's Health Services Research Unit and Mental Health teams to investigate.

The result was COMPASS a collaborative model comprising 4 discreet elements that collectively resulted in improved access and better use of resources to identify and manage common child and adolescent mental health conditions.

The 4 elements are:

- A community of practice supported by a paediatric psychiatrist.
- A child psychiatry secondary consultation service.
- Senior mental health clinician support to community-based mental health clinicians.
- Improved referral pathways and information sharing between RCH triage and NWMPHN mental health assessment and referral.

Evaluation of the pilot program demonstrated that it:

- built existing workforce capability;
- shifted appropriate care to lower cost settings, increasing specialist capacity;
- improved communication with children and parents seeking help;
- enabled earlier identification and access to treatment;
- and started to join up the fragmented care system.

COMPASS aligns with a key recommendation of the Royal Commission into Victoria's Mental Health System: to build

"a responsive and integrated system with community at its heart".

It is also an example of how NWMPHN drives system-level change.

Clinician reported confidence in outcomes measured, pre- and post-Community of Practice

OUTCOME MEASURE	PRE	POST
Knowledge of paediatric MH care		
• How to access services	75%	90%
• How to refer for child MH services	70%	90%
• How to prescribe first-line psychotropic medication	54%	87%
Non-pharmacological management of MH conditions		
• Aggression/challenging behaviours	75%	90%
• Obsessive compulsive disorder	34%	61%
• Post-traumatic stress disorder	36%	75%
• Self-harm	36%	75%
• Suicidality	32%	59%

The sustainable cost benefit of primary care

In one fortnight:

- a child psychiatrist provided secondary consultations for 22 community-based clinicians seeking medication and diagnosis advice
- 100 per cent of cases were referred back to the clinicians, thus avoiding presentations to specialist or ED services.

This saved **\$5050** compared to the cost of treating the patients in child and adolescent mental health services.

The secondary consult service continues to be available weekly.

For more information

Contact comms@nwmpnhn.org.au or visit nwmpnhn.org.au



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