24th January 2020

Dear Sir/Madam,

I am a general paediatrician working in a regional centre. I work in public inpatients, indigenous and refugee health and private practice. As a general paediatrician I expect that a proportion of my work is in developmental and behavioural paediatrics. The rest would be in children with acute and chronic medical conditions.

Since graduation, myself and my colleagues have been overwhelmed by the need in mental health paediatrics. Some of these are associated with underlying developmental disorders such as Autism, but a large majority are in otherwise neurotypical children. Anxiety, self-harm, suicidal ideation, school refusal and eating disorders are becoming a prominent reason for referral to all my clinics as well as inpatient admission. In a general paediatric ward we do not have the set-up to give the best care to these children. I am treating conditions and prescribing medication such as anti-psychotics previously only in the domain of a psychiatrist.

Specific mental health concerns such as trauma, attachment disorder and PTSD are prominent in the indigenous health and refugee clinics. There is minimal appropriate infrastructure for these communities. In fact DHHS involvement or English as a second language often excludes these families from access to both public and private services. Other children with chronic health conditions such as type 1 diabetes also have a significant mental health burden which directly effects their health outcomes.

The current mental health services, specifically child and adolescent psychiatrists, are only able to see the tip of the ice berg, meaning that as general paediatricians we are managing these children alone. Furthermore, the general paediatricians in the area are also full and the burden is falling on GPs or being unmet. Finally, as the children reach adulthood it is impossible to find appropriate ways to transition children to adult care. Many are on medications that can only be prescribed by a Paediatrician on Psychiatrist - and there are no psychiatrists, both in public or private, to take on their care. Public mental health is for the most severe cases only. I have one patient with non-verbal ASD that we have been trying to transition to adult care without success for 2 years. He is now approaching 20. There is no service who can take on his care.

I cannot see anyway forward except to rethink the entire mental health service. Recognition of the role of paediatricians in mental health and greater communication and shared care with psychiatrists. There needs to be care and focus on prevention and lower morbidity aspects of mental health to ensure continued engagement in schooling to ensure the best outcomes for our young people.

Yours sincerely,

Dr Kate McCloskey

MBBS MPH&TM FRACP PhD