

Youth Mental Health Commitments Committee — Minutes

23 February 2016

Held at	15 Butterfield Street, Ground Floor, Training Room 1	Date	23 February 2016
Chair	Prof John Allan	Time	2:00pm – 4:00pm
Secretariat	Karen Rockett		



Attendees


Name	Position	Service
Associate Professor John Allan (JA)	Chief Psychiatrist Chair	Mental Health Alcohol and Other Drugs (MHAOD) Branch
Ms Sandra Eyre (SE)	A/Director, Strategy Planning and Partnerships Unit	MHAOD Branch
	Carer Representative	
	Consumer Representative	
Ms Carmel Ybarlucea (CY) (Proxy for the Queensland Mental Health Commissioner)	Director	Queensland Mental Health Commission
Professor David Crompton (DC)	Chair, Southern Mental Health Clinical Cluster	Metro South Hospital and Health Service (HHS)
Dr Stephen Stathis (SS)	Medical Director, Child and Youth Mental Health Service (CYMHS)	CYMHS, Children's Health Queensland (CHQ) HHS
Associate Professor Brett Emmerson (BE)	Chair Central Mental Health Clinical Cluster	Metro North HHS
Dr Alison Overland (AO)	Chair Northern Mental Health Clinical Cluster	Mental Health and ATODS, Cairns and Hinterland HHS
Ms Margaret Hoyland (MH) (Proxy for Ms Judy Krause)	Manager Clinical Quality & Safety	CYMHS, CHQ HHS
Ms Lucille Griffiths (LG)	Director Allied Health Mental Health and ATODS and Director Specialist/Rehabilitation Cluster and Child and Youth Cluster	Mental Health and ATODS, Cairns and Hinterland HHS
Mr Jason Flenley (JF)	Senior Director, Capital Projects Unit	Health Infrastructure, Office of the Director-General
Observers	Position	Service
Ms Ingrid Adamson (IA)	Project Manager	CYMHS, CHQ
Ms Anna Davis (AD)	A/Manager, Mental Health Strategy	MHAOD Branch
Ms Karen Rockett (KR)	Principal Policy Officer	MHAOD Branch
Mr Ian Purcell (IP)	Principal Project Officer	MHAOD Branch
Mr Bruce Ferriday (BF)	Senior Project Officer	MHAOD Branch
Ms Debbie Gordon (DG)	Senior Project Officer	MHAOD Branch



Apologies

Name	Position	Service
Ms Judi Krause (JK)	Divisional Director, CYMHS and Chair, Child and Youth Advisory Group	CHQ HHS
Dr David Ward (DW)	Director, Adolescent Psychiatry	Child, Adolescent and Young Adult Services, Royal Brisbane And Women's Hospital, Metro North HHS

Discussion

No.	Item	Actions
1.	JA welcomed group, led introductions and noted apologies.	
2.	Previous minutes Endorsed by all members present	 YMHCC MINUTES 101115.doc
	Actions from previous minutes	
3.	[10112015]: Terms of Reference	<ul style="list-style-type: none"> Refer agenda item 3.
4.	[10112015]: Review of epidemiological data and discussion <ul style="list-style-type: none"> 13 – 21 year age group added and tabled. Forward projection population data tabled. Socio economic disadvantage graphic tabled. Existing Headspace services plotted on state map and tabled. 	<ul style="list-style-type: none"> Refer agenda Item 4.
5.	[10112015]: National Mental Health Services Planning Framework <ul style="list-style-type: none"> CHQ HHS AHMETI information tabled. 	<ul style="list-style-type: none"> Refer agenda Item 6.
6.	[10112015]: Other business: Evaluation of site options <ul style="list-style-type: none"> SE progressed meeting with JF. 	<ul style="list-style-type: none"> Refer agenda Item 5.
7.	[10112015]: Other business: Sub-acute beds literature review <ul style="list-style-type: none"> MHAODB met with CHQ. MHAODB tabled expanded literature review. 	<ul style="list-style-type: none"> Refer agenda Item 5.
3.	Amended Terms of Reference All members present endorsed the following additions: “For the purpose of the committee planning, ‘young people’ are considered to be from 13 to 18 years of age within the context of the proposed service models. However, the needs of young adults aged 18 to 24 with developmental issues will also be considered.” and	ACTION: This item finalised and can be removed from agenda.  YMHCC TOR_REVISSED 23021

No.	Item	Actions
	"Considering patient flow and patient safety at transition points."	
4.	Epidemiological data	
	In sum, the data supports the placement of sub-acute services for young people in South East Queensland (as per the Queensland Government election commitment document):	
	<ul style="list-style-type: none"> • The data points to current high levels (70%) of young people aged 13-24 located in South East Queensland compared with the rest of the State. • A similar pattern is expected in 2021. • Over one third (36%) of Indigenous young people aged 10-24 years reside in South East Queensland. • Areas of highest disadvantage mostly lie in regional areas (i.e. outside of South East Queensland). • Roughly one quarter of young people seen by Queensland Health mental health services are seen by CHQ HHS, which draws clients from Metro North and Metro South HHS. • There is a higher than expected percentage of young people being treated by public mental health services in Mackay, Townsville and Cairns and Hinterland (22.57%) compared to the percentage of population of young people in these HHS (14.7%). This is probably due to the high percentage of Indigenous young people in this area (30.6%) who have a higher need for public mental health services. 	
5.	Evaluation of site options	
	<ul style="list-style-type: none"> • JF tabled Evaluation of Site Options report for a new tier 3 sub-acute facility for young people. • Note that the final version is attached for reference, as opposed to the draft version that was tabled. 	
	 <p>Site Options Report_Young people</p>	
	Discussion:	
	<ul style="list-style-type: none"> • Estimated capital costs are similar for one large facility or three smaller facilities: <ul style="list-style-type: none"> • 22 bed facility \$21,499,000 (GST exclusive) • 3 x 7 bed facilities \$22,512,000 (GST exclusive) • Timeframe 2 – 2 ½ years. NB to allow adequate time for community consultation. • Where the facility is located will impact on when the service is 	

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	<p>delivered, some HHSs are quicker than others in their administration and approval processes and therefore better able to deliver a facility on time, government sites generally already have infrastructure designation which mitigates time delays related to that process, more urban locations can often be more difficult to deliver on time as this involves more stakeholders compared with non-urban locations.</p> <ul style="list-style-type: none"> Refurbishing a built house was discussed as another possibility, but not considered in the report tabled. Advice from JF was that refurbishments involve greater risk and potential time delays. <p>Further considerations in line with site options include:</p> <ul style="list-style-type: none"> Barrett Adolescent Centre Commission of Inquiry recommendations Emerging evidence around partnership models for service delivery i.e., non-government organisations delivering psychosocial support in collaboration with the HHS. Design process incorporating cultural considerations (noted that correctional services do this well). <p>In summation, the committee envisage developing an options paper, of which a 22 bed facility will be one option. The committee will consider (and agree) other options to be included in the options paper based on evidence and best practice.</p>	
6.	<p>Literature review</p> <ul style="list-style-type: none"> 6.1 MHAODB tabled extended literature review. <p> Literature review_180216.pdf</p> <ul style="list-style-type: none"> 6.2 Children's Health Queensland tabled Discussion Paper on Sub-Acute Beds. <p> SSB Discussion Paper_February 2016</p> <p>Discussion:</p> <ul style="list-style-type: none"> The CHQ Discussion Paper was developed to look at evidence for sub-acute beds to treat severe and persistent child and youth mental illness, with the Barrett Adolescent Centre cohort included as part of a larger group of identified young people requiring this type of support. There is very little evidence to support long term inpatient treatment for young people (with the exception of 	

No.	Item	Actions
	schizophrenia and eating disordered young people).	
	<ul style="list-style-type: none"> • Evidence does support Step Up Step Down models to prevent inpatient admissions. • The Step Up Step Down model offers in-reach therapy, drug security and deals with a complexity of issues. This model enables family support and is district centric – therefore families are close. • The target cohort of patients and their families should be approached and asked what service options they need. • Consider defining the cohort and mapping against service need. • There is no evidence to support a 22 bed facility as being either necessary or therapeutically applicable. • Smaller units are demonstrated to be more conducive for treatment. • Security around substance access and abuse needs consideration. • The committee recognised that a small cohort of youth with severe and persistent mental illness do require longer term care and the Walker Unit in NSW was discussed as an example, being part of the Concord Hospital with access to onsite schooling and hospital security. • Model of care needs to be flexible to maximise efficient use of any facility i.e. be able to accommodate a range of illness, gender and/or culture. • The group discussed the option of establishing a small number (number to be determined) sub-acute beds based service located on a hospital campus (with access to drug security and more intensive in-reach therapy) supplemented by a step up step down service. • Any new facility will need to have information technology to assist with treatment options delivered via alternate modes e.g. tele-psychiatry. • Access to day program places would benefit Metro South, Gold Coast and Sunshine Coast areas, after review of the demographic data. • The committee should decide on the age range for service options and identify and risk manage any identified gaps between adolescent services and adult services. • DC advised feedback from Metro South clinicians was a preference for a maximum age of up to 21 years for service boundary based on the experience of better outcomes. 	<p>ACTION</p> <p>MHAODB to present alternative options in matrix by FRIDAY 26 February 2016.</p>

No.	Item	Actions
	<ul style="list-style-type: none">For consideration – contact Dr Nick Kowalenko (NSW) to review his work related to identifying services gaps for adolescents and young people transitioning to adult care.	

7. Next steps

- Summary of outcomes:
 - Develop different model of care options, considering pathways to post 18 years treatment
 - MHAODB to summarise different options in matrix
 - Next meeting – committee endorsed that next meeting will be considered as needed.
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