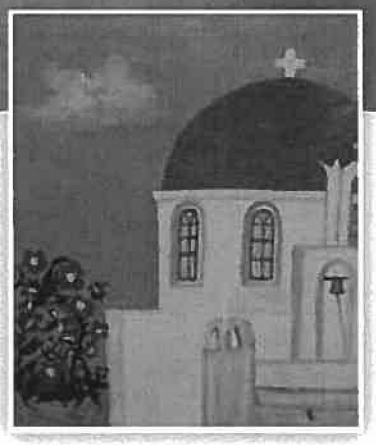


My Roots
Marina Pavlakis
2009 Schizophrenia Awareness Week Art Exhibition

Overview

The Queensland Plan for Mental Health 2007–2017 outlines the Queensland Government's vision to reform and improve mental health services over a 10-year period. The plan challenges the government, private sector and non-government organisations to work together to provide recovery-oriented, consumer-focused mental health services that:

- promote mental health and wellbeing
- prevent mental health problems and mental illness, where possible
- reduce the impact of mental illness on individuals, their families and the community
- promote recovery and build resilience
- enable people who live with a mental illness to participate meaningfully in society.

The plan was supported by a record increase in mental health funding—and brought the Queensland Government's investment to nearly $530 million in the 2007–08 budget. This represented the largest investment in mental health in Queensland's history. The Government has since invested further in mental health—bringing total plan funding to more than $632 million.

The reform directions outlined in the plan are grouped around five priority areas:

Priority area 1 Promotion, prevention and early intervention	Strengthen collaborative action to: • build individual and community resilience and wellbeing • effectively target key risk and protective factors • facilitate early intervention in known high risk groups for mental illness.
Priority area 2 Integrating and improving the care system	Enhance and develop the continuum of clinical mental health treatment and care for consumers, families and carers. This system will promote resilience and recovery.
Priority area 3 Participation in the community	Build capacity to assist and support people with mental illness to live full and meaningful lives in the community.
Priority area 4 Coordinating care	Facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers.
Priority area 5 Workforce, information quality and safety	Enhance and strengthen the capacity of services to provide high quality, safe and evidence-based mental health care.

Our results

Priority area 1
Promotion, prevention and early intervention

The Queensland Government has invested in promotion, prevention and early intervention activities to help more Queenslanders avoid mental disorders and the need for more intensive mental health interventions. These initiatives aim to strengthen collaborative action to build individual and community resilience and wellbeing, effectively target key risk and protective factors, and facilitate early intervention in known high risk groups for mental illness.

Summary of achievements

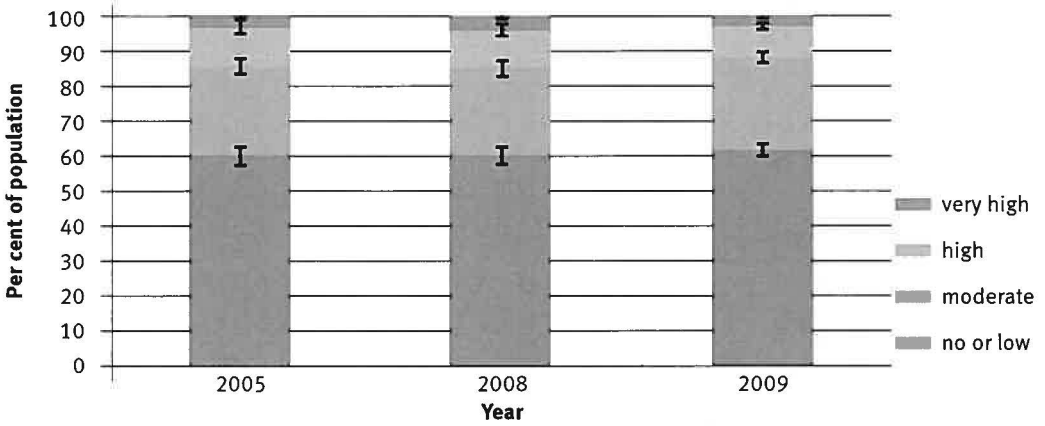
- invested $10.6 million to deliver promotion, prevention and early intervention initiatives with a further $7.3 million planned investment remaining for the stigma reduction social marketing campaign, commencing late 2011
- established the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention, and beyondblue Queensland Chapter
- trained 10,000 front-line police, ambulance and Queensland Health workers to effectively deal with people experiencing mental health crisis
- provided targeted programs to Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds and other at-risk groups
- established the Ed-LinQ initiative, which works with schools to identify and treat mental health problems and disorders affecting children and young people at an early stage

Psychological distress in the general community

High levels of psychological distress are often associated with poor mental health. In Queensland, population based mental health surveys have shown a downward trend in the reports of high or very high levels of psychological distress since 2007. These results demonstrate that sustained effort can contribute to better mental health outcomes in the population.

However, these positive results may decline in future surveys, due to the unprecedented natural disasters experienced by Queenslanders in the summer of 2010–11. In the 2011–12 budget, the Queensland Government invested funding, in partnership with the Commonwealth Government, to recruit 126 additional community mental health staff for disaster-affected areas.

Figure 1 Queenslanders reporting no/low, medium, high or very high levels of psychological distress, 2005–2009



Source: Queensland Omnibus Survey, 2005, 2008, Self Reported Health Status 2009 Survey

Priority area 2
Integrating and improving the care system

The Queensland Government has invested significantly in integrating and improving the care system to ensure the mental health system has the capacity to meet the needs of consumers, families and carers, and to promote resilience and recovery.

Summary of achievements

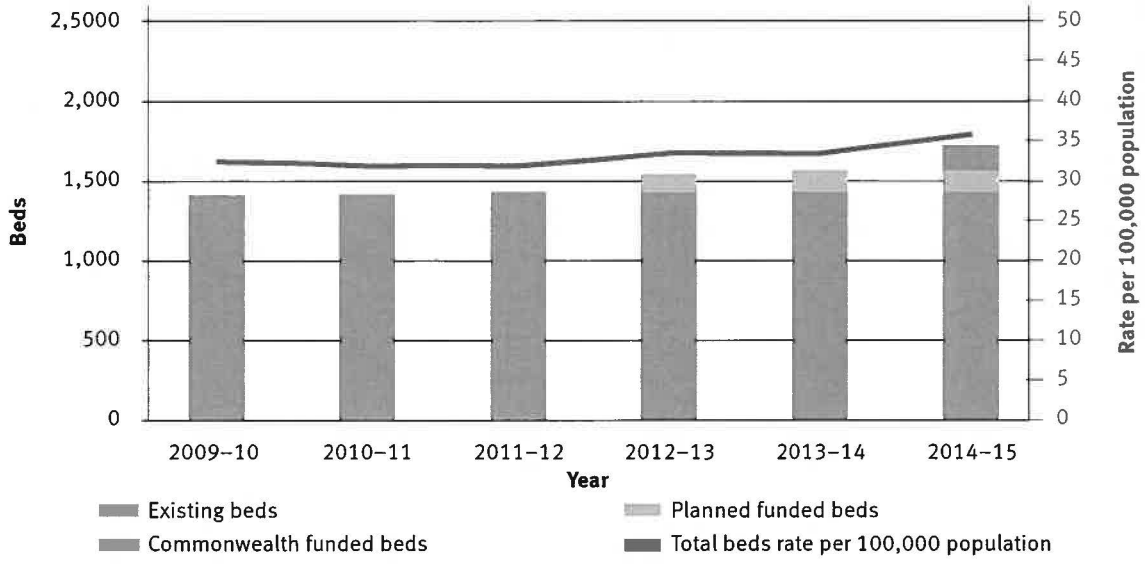
- invested $380.6 million to integrate and improve the care system
- established 569 new positions in community mental health
- commenced work to deliver 300 additional inpatient beds
- supported consumers and carers with representation at key decision-making forums and through the Consumer and Carer Worker Network
- implemented a new Consumer Carer and Family Participation Framework
- established service models that support integrated services

Increase in inpatient beds

More than $148 million has been allocated towards 17 capital works projects, to deliver 277 new or upgraded inpatient beds for acute and extended stay treatment. This will result in a net increase of 146 new beds across Queensland. Four of these projects have been completed, with 79 per cent of work for additional new inpatient beds to be completed by June 2012. By July 2012, ten of the 17 Capital works projects will be completed. In light of constraints experienced by some projects, alternative construction methods will be applied to ensure the capital projects are accelerated.

Inpatient services will also be boosted by a further 154 beds in partnership with the Australian Government (through the Health and Hospitals Fund) and the National Partnership on Improving Public Hospital Services. These investments will increase Queensland's inpatient bed numbers and contribute to the plan's 2017 target of 40 beds per 100,000 of total population.

Figure 2 Projected progress of inpatient beds in Queensland, 2009–10 to 2014–15



Source: Queensland Health, Queensland Government Population Projections to 2056 (2011 edition), Office of Economic and Statistical Research, Queensland Treasury.

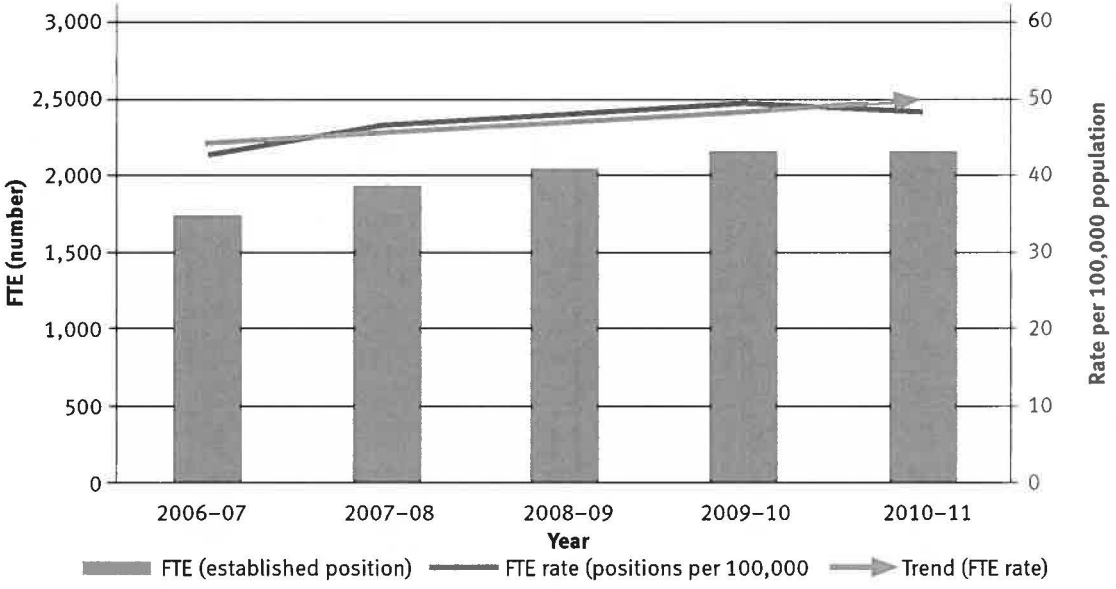
Increasing mental health clinical staff

The Queensland Government has provided funding under the plan for more than 400 new mental health positions in community mental health services since 2007. Additional positions have also been funded by other important initiatives, including Homeless Outreach Teams, Evolve Therapeutic Services for young people in care, and strengthening the Forensic Mental Health system.

As at March 2011, an additional 569 community mental health positions have been established.

These additional positions have driven improvements in the rate of clinical staff per 100,000 population. Notwithstanding Queensland's significant population growth, the number of clinical staff had reached 47 FTE per 100,000 of population by March 2011, or 67 per cent of the 2017 target. It is expected that, with additional staff funded from the 2011–12 budget, the 2011 target of 48 FTE per 100,000 of population will be met.

Figure 3 Queensland's community mental health staff—full time equivalent (FTE), 2006–07 to 2010–11

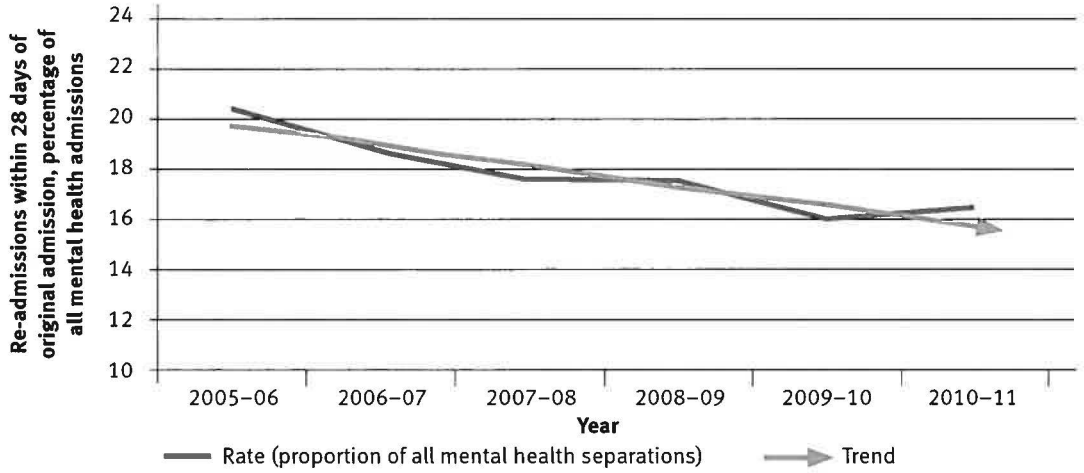


Source: Queensland Health, Queensland Government Population Projections to 2056 (2011 edition), Office of Economic and Stastitical Research, Queensland Treasury.

Decreasing inpatient care readmissions

Since 2006–07, readmissions within 28 days of inpatient treatment have decreased from more than 20 per cent in 2005–06, to 17 per cent of all separations in 2010–11. This demonstrates that increased investment in the mental health system is delivering more sustainable patient care and reducing unplanned readmissions.

Figure 4 Readmission rate to any Queensland inpatient facility within 28 days of original admission, 2005–06 to 2010–11.



Source: Data for 2005–06 to 2007–08 from Report on Government Services 2011 (RoGS), Productivity Commission. Data for 2008–09 to 2010–11 sourced from Queensland Health Admitted Patient Data Collection (QHAPDC) according to RoGS methodology. Data for 2010–11 is preliminary.

More Queenslanders accessing clinical mental health care

The Queensland Government's increased investment in additional staff and improved services has also enabled more Queenslanders to access community based clinical mental health services. In 2010–11, around 77,000 consumers accessed care through community based clinical mental health services in Queensland. This is the highest number since the commencement of the plan.

Consumer perceptions of care

The plan's success can be measured, in part, by examining the perceptions of consumers who use public mental health services.

Queensland Health conducted a survey of consumers of its public mental health services in 2010, to determine their views about the care they received. These surveys will occur annually and will be used to help drive improvements in mental health services.

The survey results showed that consumers were broadly satisfied with the service and care they received from Queensland Health's mental health services. In particular, adult consumers responded very positively to the question that "staff here believe that I can grow, change and recover". Youth consumers in community services also responded positively to questions that measured how well they were respected by staff.

In areas where there was lower satisfaction recorded, services have worked with consumers to develop action plans to address issues identified in the survey, and improve the quality of the care provided. It is expected that improvements to these scores resulting from action plans will be seen in future results.

Priority area 3
Participation in the community

The Queensland Government has invested in helping people with mental illness to more effectively participate in the community. These initiatives aim to help people living with mental illness improve their quality of life, by facilitating access to stable housing, income support, education, employment and non-government services.

Summary of achievements

- invested $110.6 million to improve participation in the community for people with a mental illness
- established additional transitional recovery services to help people exiting hospital connect with community services
- established additional housing and support program places to support people exiting hospital following treatment
- established additional personal support packages for people exiting hospital into hostel/boarding house accommodation through the resident recovery initiative
- established additional personal support packages for people with a mental illness transitioning from correctional facilities
- established additional places for peer-operated crisis and respite services

Better access to support services

The plan allocates $110.6 million to this priority for 2007–2012. Ninety-seven per cent of these funds have now been invested, to increase access to support services and accommodation in the community for people with a mental illness. These initiatives include:

- accommodation and personal support services through the non-government sector to:
  - enable people to transition out of hospital in a timely manner
  - reduce readmissions to hospital
  - establish Australia's first consumer-operated crisis prevention/respite houses to provide short term support
- personal support for consumers moving into social housing
- early intervention services (community and residential) for young people aged 15–25 years who are showing the early signs and symptoms of mental health problems.

The Government now funds more than 100 non-government mental health community organisations statewide, which provide support to approximately 14,500 people annually including:

- 470 people in social housing
- 800 people in hostel and boarding house accommodation
- 120 people recently released from a correctional facility
- 300 people through peer-operated services
- 90 young people through the early intervention Time-Out-House initiative

- 27 people transitioning out of hospital care
- more than 12,500 people with other supports through a range of existing community mental health programs and disability services.

The Government has also supported nine new social enterprises through the Queensland Inclusive Social Enterprise Project (QISEP). These enterprises have helped more than 80 people with a mental illness who had experienced difficulties in accessing the employment market.

Additionally, the Government has announced the Supporting Recovery: Mental Health Community Services Plan 2011–2017 (Supporting Recovery), to further strengthen and expand the services provided by the non-government sector. The above achievements have made a significant contribution towards delivering on Supporting Recovery Priority 3.3 – Community-based support.

Priority area 4
Coordinating care

The Queensland Government is reforming mental health to improve links between services and provide more integrated care to consumers, families and carers. Improved integration with these supports provides consumers, families and carers with the best chance of recovery from mental illness.

Summary of achievements

- invested $4.7 million in care co-ordination
- established and recruited 20 service integration coordinators to facilitate more seamless care to consumers across primary health, housing, employment, disability and mental health services

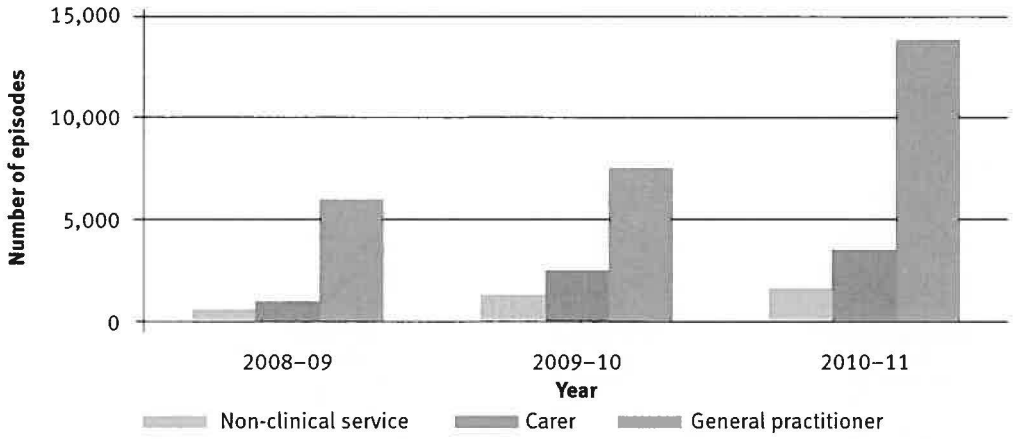
Care co-ordination

As part of the plan, the Queensland Government has established and recruited more than 20 service integration co-ordinators. These staff work to assist consumers with a severe mental illness, persistent symptoms and complex needs and who are at risk of falling through the gaps, have lost social and family support networks and rely extensively on multiple health and community services for assistance to maintain their lives in the community. Service integration co-ordinators work in partnership with government, non-government and private sector organisations, to connect consumers to services that will meet their needs.

Linking mental health care to community care

Since 2008–09*, there has been a steady increase in the number of identified mental health consumers with community supports such as carers, other non-clinical services, and general practitioners. In particular, liaison with GPs is important, to ensure integrated, continuous and well co-ordinated mental health care.

Figure 5 Community service episodes^ with identified third party contact in Queensland, 2008–09 to 2010–11



Source: Consumer Integrated Mental Health Application (CIMHA), Queensland Health

Note 1*: As CIMHA commenced on 17 November 2008, 2008–09 data is not available from 1 July 2008 to 16 November 2008.

Note 2^: A community service episode is a period of contact between a consumer and clinical community-based mental health service, which has discrete start and end points. It is defined as a more or less continuous period of contact.

Priority area 5
Workforce, information, quality and safety

The Queensland Government has invested in initiatives that will improve the skills of mental health workers and improve access to mental health information. This investment supports services to provide high quality, safe and evidence-based mental health care.

Summary of achievements

- invested more than $70 million towards workforce, information, quality and safety
- increased training and strengthened the role for the Queensland Centre for Mental Health Learning
- Invested approximately $10 million into the development of the non-government sector and workforce
- established a new clinical information system

Improved training

The Queensland Government has established a specialist unit, the Queensland Centre for Mental Health Learning (QCMHL), to improve the skills and knowledge of mental health workers. Over the last four years, nearly 7,000 Queensland Health staff have undertaken training through QCMHL. More than 2,000 staff now receive training through the centre each year, compared to 200 in 2006–07.

The Queensland Government has also funded training in:

- Mental Health First Aid for 653 non-government and Department of Communities staff
- ASIST (suicide prevention) for 93 non-government and Department of Communities staff
- Recovery-oriented Certificate IV in Mental Health for 22 TAFE teachers
- Mental Health Leadership and Management training for 30 non-government agency staff
- Recovery-Oriented Practice workshops for 58 government and non-government leaders.

The Government has also allocated funds to provide 400 scholarships to non-government staff to undertake the Certificate IV in Mental Health, and to employ four non-government regional sector development workers to help build the capacity of the non-government sector through linking with local government community development officers.

These achievements have made a significant contribution towards delivering on Supporting Recovery Priorities 3.6 – A valued workforce and 3.7 – Sector sustainability.

Better information

The Government has also established a new clinical information system, the Consumer Integrated Mental Health Application (CIMHA), to provide improved functionality, including secure electronic clinical notes and care plans. CIMHA merged three existing mental health information systems into a single statewide system and reduced data entry requirements, while providing clinical users with a sophisticated tool for day-to-day management of legislative and clinical processes. CIMHA also helps to ensure that any person requiring mental health care can access quality and consistent mental health services based on their individual needs.

The future

The addition of more staff and resources through the Queensland Plan for Mental Health 2007–2017 (QPMH) is ensuring the mental health system works more effectively, produces better results for consumers and contributes to improved mental health outcomes for all Queenslanders.

The Queensland Government's commitment to improving mental health services will continue. It has renewed its strong commitment to implementing the Queensland Plan for Mental Health 2007–2017 in the 2011–12 budget, through a partnership with the Australian Government. The Queensland Government has therefore allocated $38 million to recruit 126 additional community mental health staff in public sector services, and $10.5 million to recruit 30 community mental health positions through the non government sector. These resources will be allocated over two years to areas significantly affected by recent natural disasters, to provide specialist mental health support, individual and group support, and counselling. This budget funding is also supporting the establishment of two carer support hubs, a mental health promotion resource hub, and enhanced community coordination capacity.

In the coming years, inpatient services will also be improved with the commissioning of 300 new inpatient beds.

These increased resources will be accompanied by continuing reform activities, including improved training for our staff, better information systems and early intervention and prevention programs.

Queensland's mental health system will also face challenges in coming years, due to the impacts of recent natural disasters and economic stress from the global financial crisis. These events have placed more Queenslanders under pressures that can contribute to poorer mental health. Additionally, the Queensland population continues to grow more quickly than the rest of Australia and this may also increase demands for services.

Consequently, the Queensland Government will work closely with the Australian Government to realise the full potential of the National Partnership Agreements on Supporting National Mental Health Reform and the establishment of Early Psychosis Prevention and Intervention Centres.

Why a Mental Health Commission

Queensland's mental health system has undergone extensive expansion and reform since the National Mental Health Strategy was launched in 1992, and particularly since 2007 under the QPMH. Yet there is much more to be done, with big improvements still to be delivered under the next phase of the QPMH, and through the Australian Government's proposed 10-year roadmap for mental health reform and National Partnership Agreement on Supporting National Mental Health Reform.

Addressing the mental health needs of Queenslanders remains a key human rights challenge, one that cannot be met by Government acting alone. Nor are existing organisational arrangements within the mental health system best designed to take up this challenge.

Evidence suggests that a dedicated, stand-alone Mental Health Commission would improve the mental health system's ability to focus on the individual needs of clients and their families, and to provide more effective and co-ordinated services, ranging from acute care hospital services, to community-based and non-government services. It would also provide for more transparency in the allocation of resources, and accountability for the results achieved. The Commission would promote greater use of research and evaluation to inform future investment in mental health. Mental Health Commissions operate, or are being established, in several Australian jurisdictions and overseas.

Establishment of a Queensland Mental Health Commission will support further transformation of the mental health system and better responses to emerging priorities, pressures and opportunities. As an independent body, the Commission will provide strong leadership and advocacy, and aid the recognition of mental health as one of our most critical challenges.

The Commission will be well placed to promote the recovery and human rights of people with mental illness, taking into account the full spectrum of issues impacting on mental health and mental illness. It will play pivotal roles in policy development and in the direction of funding, and will focus on streamlining the mental health system, rather than adding another layer of bureaucracy.

The Queensland Government remains committed to ongoing reform and development towards the plan's 10 year vision of an improved and stronger system of mental health care in Queensland.

Feedback and contact details

We welcome your feedback on the Four Year Report on the Queensland Plan for Mental Health 2007–2017.

Please send your feedback to **MHIU-admin@health.qld.gov.au** or contact:

Mental Health Information Unit
Mental Health Alcohol and Other Drugs Directorate
Queensland Health
PO Box 2368
Fortitude Valley Qld 4006

This document is available at **www.health.qld.gov.au/mentalhealth**
Printed copies are available by phoning **1800 989 451**.

Minister's Office RecFind No:	
Department RecFind No:	Progressed by PMSU
Division/District:	DCHO
File Ref No:	

Briefing Note for Approval

Director-General

Requested by: Chief Health Officer **Date requested: 3 May 2012** **Action required by:**

SUBJECT: Cessation of the Redlands Adolescent Extended Treatment Unit Capital Program

Proposal

That the Director-General:

Approve the cessation of the Redlands Adolescent Extended Treatment Unit (RAETU) capital program.

Provide this brief to the Minister for noting.

Urgency

1. Critical. A Cabinet Budget Review Committee (CBRC) Submission has been prepared on the *Project Agreements for capital projects approved for Queensland health under the Health and Hospitals Fund 2010 Regional Priority Round* (HHF), and is potentially to be submitted in the week beginning 14 May 2012 – the strength of this CBRC Submission is reliant on the information in this Brief being approved and noted.

Headline Issues

2. The top three issues are:

   - The RAETU capital program has encountered multiple delays to date and has an estimated budget over run of $1,461,224. Additionally, recent sector advice proposes a re-scoping of the clinical service model and governance structure for the Unit.
   - There is an anticipated capital funding shortfall of $3.1 million for the regional mental health HHF projects, relating to Information Communications Technology (ICT), escalation and land acquisition. It is proposed to fund this shortfall through cost savings resulting from the cessation of the 15-bed RAETU which has been funded under Stage 1 of the *Queensland Plan for Mental Health 2007-17* (QPMH).
   - The HHF projects are critical in the reform of Queensland mental health services. The HHF projects focus on building community mental health service infrastructure in regional areas to facilitate a more integrated approach to service delivery in these areas – a key priority in the government's health reform agenda. This investment will address some of the inequities that exist for remote and rural consumers including lack of coordinated, integrated services that are close to their home.

Key Values

3. The key values that apply are the following:

☒ Better service for patients
☒ Improved community health
☒ Valuing Queensland Health employees and empowering its frontline staff
☐ Empowering local communities with a greater say over their hospital and local health services
☒ Value for money for taxpayers
☐ Openness

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Key issues

4. In 2011, $73.5 million in Commonwealth infrastructure funding was announced for eight mental health projects for 134 new mental health beds in regional areas of Queensland, under the HHF including:

    1. **$40.4 million for 69 regional mental health CCU beds** including: 20 bed CCU at Bundaberg; 20 bed CCU at Rockhampton; 24 bed CCU at Toowoomba; and 15 bed CCU at the Sunshine Coast; and

    2. **$33.1 million for 46 beds in regional acute/sub-acute/extended inpatient mental health services** including: 16 older persons extended treatment beds at Toowoomba; eight older persons subacute beds at Maryborough (as part of a 17 bed unit which includes nine acute beds); four bed adult acute unit at Bundaberg; and an 18 bed adult acute unit at Hervey Bay.

5. The HHF projects are complimentary to, but also essential components of, the continuum of care required in a balanced integrated care system. These will expand on the investment in Stage 1 of the QPMH and increase the capacity of the relevant Local Health and Hospital Networks to provide appropriate mental health services, including rehabilitation services, to consumers in regional and remote Queensland.

4. Information and Communication Technology (ICT) costs estimated at $2.5 million were not included in the HHF funding, and the indicative costing for the Bundaberg project included in the HHF applications for land purchase was underestimated by approximately $0.6 million.

5. It is proposed to fund the shortfall (estimated at $3.1 million) of the high priority HHF projects through cost savings resulting from the cessation of the 15-bed RAETU (funded under Stage 1 of the QPMH).

Background

6. The RAETU is one of the 17 projects funded under Stage 1 of the Queensland Mental Health Capital Works Program, and is intended to replace the Barrett Adolescent Centre, which is currently located at The Park Centre for Mental health (The Park).

7. Ceasing the 15-bed RAETU capital program will necessitate a review of the existing adolescent centre at The Park, and should give consideration to the benefits and disadvantages of this model of care. Limited sector consultation supports this review.

Consultation

8. Consultation regarding this Brief has included Health Planning and Infrastructure Division, Queensland Health (QH); limited consultation within the mental health sector; and the Intergovernmental Funding and Policy Coordination Unit, Strategic Policy, Funding and Intergovernmental Relations Branch, QH.

9. Further consultation will be conducted upon approval to proceed.

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Financial implications

10. The potential cost saving of not proceeding with the RAETU project is $15,150,524 in capital, and $1,824,979 in recurrent operating costs (from 2014-15). These savings can be re-allocated to fund the shortfall associated with the HHF projects.

Legal implications

11. There are no legal implications.

Attachments

12. Nil.

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File Ref No:	

Recommendation
That the Director-General:

Approve the cessation of the Redlands Adolescent Extended Treatment Unit (RAETU) capital program.

Provide this brief to the Minister for noting.

APPROVED/NOT APPROVED **NOTED**

DR TONY O'CONNELL
Director-General

16 / 5 / 12

To Minister's Office for Approval ☑

Director-General's comments

Author:	Cleared by:	Content verified by:
Dr Leanne Geppert	Dr William Kingswell	Dr Jeanette Young
A/Director	Executive Director	Chief Health Officer
MHPIU, MHAODD	MHAODD	Division of the Chief Health Officer
4 May 2012	4 May 2012	12 May 2012

Mater Children's Hospital Brisbane

Kids in Mind
Mater Child and Youth Mental Health Service

BARRETT ADOLESCENT CENTRE

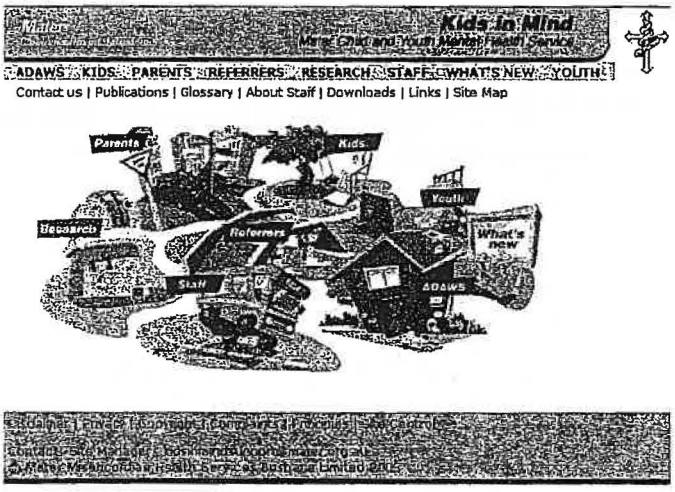
CONSULTATION on AGGRESSION and VIOLENCE at the BAC

August 2003

McDermott
Gullick
Powell
Kyte

Additional copies of the report can be obtained from:
Kids in Mind Consulting
Mater Child and Youth Mental Health Service
Raymond Terrace
SOUTH BRISBANE QLD 4101

Disclaimer
The opinions expressed in this report are those of the authors and are not necessarily those of any of the existing Barrett Adolescent Centre workers, CYMHS Team Leaders, or Queensland Health. Information in this report is from a combination of new data obtained from the Barrett Adolescent Centre and interviews with Queensland Health staff. The evaluation team are responsible for the methodology, data collection, analysis and conclusions drawn from this data. We thank the Barrett Adolescent Centre for their cooperation with this process, the many discussions around their endeavours and the data made available. Any similar process is fraught with omissions; events, forms, sheets, and questionnaires. We have attempted to minimise such loss, but note it will occur to some degree with this type of project.



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We would like to thank many people for their input into this report, including, Mater CYMHS Management staff, Peta Proctor for assistance with the literature review, and participating staff members.

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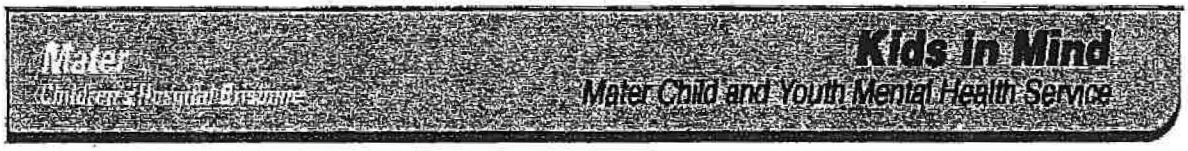
Appendix I: Information provided by the BAC

Figure I: Summary of Critical Incident by Incident Month.



Executive Summary

The Barrett Adolescent Centre (BAC) has been providing medium to long term therapy for Queensland adolescents for 20 years. Of itself, this is a commendable record of continuous service provision to a group considered by many parents and professionals to be extremely challenging. In recent times it is likely the client group of the unit has changed with admission of more individuals with challenging, predominantly externalising behaviour, more individuals with broad internalising and externalising behaviour and more serious self harm. This brief review considered the impact of critical incidents at the BAC from a multi-domain perspective: the current risk on the BAC from the perspective of the BAC clientele, BAC management practices, staff, environment and systemic issues, as well as a review of BAC responses to critical incidents.

The review found that there is a significant burden of critical incidents at the BAC across issues dealing with aggression and assault, self harm and being away from the unit without permission. Less prominent incidents included property damage and injuries. The major critical incidents co-occurred in vulnerable individuals. This means that if a patient was involved in an assault they were more likely to be involved in both future assaults as well as self harm incidents. Additionally, it appears that girls were likely to be involved in aggressive behaviour at rates higher than the societal norms.

The review team identified areas for the BAC management to consider in a broad response to critical incidents. Recommendations include consideration of the group most likely to benefit from care at the BAC, more structured and clear admission criteria, greater inclusion of risk management assessment in the clinical care pathway, more scrutiny of the usefulness and application of the risk assessment tool and consideration of staff and environment issues. Changes should include consideration of the current relationship with other service units at The Park as well as BAC responses.

To invest in significant program revision, and policy and procedural change requires enthusiasm and motivation. The review team feel that this is impeded by the current uncertainty about the future of the BAC. In a broad sense, securing certainty about the BAC is an outcome that has a clear implication for improved risk management at the BAC.

RECOMMENDATIONS

The recommendations section is structured as:

(1) General recommendations relating to the BAC target group, clinical care pathway and interventions,

(2) Recommendations pertaining to specific risk management issues,

(3) Over arching recommendations that relate to the continuation of funding of the BAC and the motivation and enthusiasm of staff to implement change. The overarching recommendations should be seen as fundamental to, and equally important to 1 & 2.

(1) General recommendations relating to the BAC target group, clinical care pathway and interventions:

1. In the absence of other forms of outcome measurement, a qualitative and experiential review of the usual clientele admitted to the BAC should be undertaken with a specific objective of considering the ~~most suitable target group for the~~ BAC.

2. The "have a go" ethos of admitting individuals to the BAC should be stopped and all potential referrals should be considered against strict and mutually accepted criteria.

3. BAC admission criteria should be more clearly operationalised.

4. Risk assessment should be specifically included in the BAC referral form and additional referral information obtained.

5. An inclusion of risk assessment should be made in the determination of whether an individual is accepted by the BAC. Issues around risk management should be included in information promulgated by the BAC about its program.

6. It should be more clearly annunciated to referrers, patients, families and staff whether there is a 2 week assessment period at the beginning of a BAC admission.

7. Analysis of risk assessment should be included in the determination of the effectiveness of the two week trial and whether the patient should remain at the BAC.

8. BAC staff should consider programming in the after school and early evening period as a risk management strategy.

9. The BAC should consider smaller groups size for therapeutic and recreational groups.

10. The BAC should consider a restructure of its program into smaller functional units including the possibility of having 2 home groups rather than a larger single cohort of adolescents on the unit.

(2) Recommendations pertaining to specific risk management issues

11. The BAC management should review the use of the risk assessment tool in the adolescence population: whether the tool is valid, the clinical use of the assessment tool findings in the BAC and the evaluation of the assessment tool over time.

12. There are policies related to risk management that have not been reviewed at the BAC for many years, the BAC management should review such policies.

13. The BAC management should instigate a critical and formal process of risk analysis following incidents where there was actual or potential significant morbidity or potential mortality.

14. The appropriateness of the A1-A7 system should be reviewed in light of contemporary changes in patient presentations at the BAC.