EXHIBIT 664

Department of Health

Discussion paper: Rebuilding intensive mental healthcare for young people

Confidential

Prepared by Mental Health Alcohol and Other Drugs Branch

September 2015

Queensland Government

Contents

1. About this paper

1.1 Purpose

The purpose of this paper is to provide the Youth Mental Health Commitments Committee (YMHCC) with information to inform the development of a committee position paper. The position paper will form the basis of Queensland Health's plan to implement the Queensland Government's election commitments contained in *Rebuilding intensive mental healthcare for young people.* The position paper will also be informed by:

- recommendations regarding service models from the Commission of Inquiry into the closure of the Barrett Adolescent Centre (BAC)
- the Queensland Health Mental Health Drug and Alcohol Services Plan
- the National Mental Health Services Planning Framework.

1.2 Structure

This paper provides context to aid consideration of how to implement *Rebuilding intensive mental healthcare for young people*. The paper does this by:

- providing background information about historical and contemporary approaches to Queensland Health's service delivery to young people with extended and rehabilitation mental health needs
- detailing the Queensland Government's commitments and
- identifying some options for consideration.

2. Background

2.1 Literature review —Management of adolescents with severe and persistent mental health problems

Mental health disorders are the most prevalent illnesses affecting adolescents today. Considerable evidence suggests that adolescents with persisting and severe symptomatology are those most likely to carry the greatest burden of illness into adult life. Adolescence is an important time for mental health intervention. The prevalence of adolescent mental health problems in Australia is substantial accounting for more than half of the disease burden in this age group. 2.3 percent of young people aged between 13 and 18 years will experience severe mental illness in any given year. In Queensland this accounts for 8,060 young people with severe and persistent mental illness. Mental health problems in adolescence are associated with ongoing social and academic difficulties and increased morbidity and mortality later in life (Kennair 2011). The following is an overview of the international literature on service provision to adolescents with severe mental health difficulties.

Whilst there are recognised methodological challenges and limitations to this literature, multiple reviewers of this area come to a number of similar conclusions:

- An integrated system of care is required and current international trends are for a continuum of care approach
- adequate community treatment being important in any system of care including assertive outreach services and
- there is a growing evidence base for predominantly outpatient based interventions for emerging personality disorder (Gowers 2005).

The parts of a continuum with an evidence base are inpatient units, day programs, residential treatment, intensive mobile outreach services and community clinics. Inpatient treatment has been influenced internationally by managed care funding, an adoption of treating adolescents in the least restrictive environment and the concern that there is the risk of potential harm by an admission e.g. regression. This had led to a significant decrease to average length of stay with the average being under five days (Carlisle 2012). Of note, acute inpatient adolescent units treat adolescents with multiple risks and severe presentations (Tongue 2008, Usman 2014). A number of factors have been found to be consistently associated with improvement, including involvement of the family in intervention, a coherent framework of management on the ward and the availability of community services.

A consistent finding has been that length of stay in an adolescent unit has not been a consistent factor in outcome (Blank 2000, Hansen-Bauer 2011). Whilst some authors have noted an increase in re-admission rates with briefer length of stay, in general this is affected by the level of community services available. The outcomes studies of acute inpatient units show an improvement in a number of domains post discharge and with maintenance of this improvement being influenced by community intervention. Reviews note that inpatient units remain essential treatment settings for selected adolescents (Garrison 2006) with evidence of good clinical outcomes (Hanssen-Bauer 2011, Mathai 2009).

A number of articles were reviewed where the length of stay was longer than what has been defined in the literature as an acute admission (30 days) (Blanz 2000, Green 2001, Hoger 2002, Harnett 2005, Nadkarni 2012, Pfeiffer 1990, Rothery 1995). A striking finding was that only one article had admissions for longer than 6 months, with many being between 1 and 3 months. (Paterson 1997). The authors found improvement in a number of domains during admission. Similar factors were found as for acute inpatient units in terms of improvement and in one study, most of the improvement occurred in the first month of hospitalisation. (Green 2001). Like acute inpatient units, these units treat adolescents and families with severe and complex presentations and risk factors (Paterson 1997). When studied, the most common diagnosis was a psychotic illness.

Several reviews of day programs have found improvement in symptoms and general functioning in adolescents and their families (Deenadayalan 2010; Kennair 2011; Kiser 1996). There is a growing evidence base for specialist adolescent outreach services including a decrease in hospitalisation, improvement in symptoms and risk, and increased engagement with education (Assan 2008, Chia 2013, Duffy 2013, Lamb 2009, Preyde 2011, Schley 2008, Schley 2011, Simpson 2010). Rapid response outpatient follow up has been associated with decreased admission rate with a decrease in suicidality and increase in function (Greenfield 2002). Whilst the literature is complex, in general residential mental health treatment for adolescents has been shown to be effective (James 2011, Lamb 2009,

Rishel 2014) however maintenance of improvement may be dependent on community follow up after placement.

2.2 Child and youth public mental health service system

The Queensland Child and Youth Mental Health Service provides specialist mental health services for Queensland children and young people up to 18 years of age with severe and/or complex mental health problems.

This is achieved through a combination of hospital and community based services, outreach programs, telepsychiatry (via videoconferencing), early intervention, forensic, and other specialist services and programs.

Significant investment occurred in the child and youth mental health service system under the *Queensland Plan for Mental Health 2007-2017.* Child and youth mental health services provided across Queensland include:

- Early years specialist teams
- Community based clinics throughout Queensland (CYMHS)
- Evolve Therapeutic Services (specialised therapeutic services to children in the care of the Department of Child Safety)
- Acute inpatient services within Townsville, Toowoomba, Metro North (RBWH), Metro South (Lady Cilento and Logan) and Gold Coast (Robina)
- Adolescent extended treatment and rehabilitation Services (including Assertive Mobile Youth Outreach Services, day programs, youth residential rehabilitation units and sub-acute beds)
- Forensic Mental Health Services (in-reach to Cleveland Youth Detention Centre in Townsville and Brisbane Youth Detention Centres and outreach to clients of Youth Justice Services)
- The Ed-LinQ Initiative (including 12 coordinators across the State that aim to improve linkages between the education, primary care and mental health sectors).
- E-CYMHS.

2.3 Closure of the Barrett Adolescent Centre

The BAC was a state-wide specialist multidisciplinary assessment, and integrated treatment and rehabilitation program delivered at The Park Centre for Mental Health (TPCMH) at Wacol. The service was an Adolescent Extended Treatment and Rehabilitation Service. The service was for adolescents between 13 and 17 years of age with severe, persistent mental illness. This service also offered an adolescent Day Program for BAC consumers and non-BAC consumers of West Moreton Hospital and Health Service.

The BAC ceased operation in January 2014 due to a number of factors. This included the building not meeting occupational health and safety standards, and the model of care no longer meeting contemporary evidence based standards. In addition, closure of BAC was earmarked under the *Queensland Plan for Mental Health 2007-2017,* as the grounds of TPCMH were to be transitioned to a forensic only campus. Further to this, in its final year of operation the occupancy rate was 43 percent (utilisation of less than half of its 15 beds).

Prior to decommissioning of the BAC, a 15 bed adolescent extended treatment facility located at Redlands within the Metro South HHS was proposed. This project encountered multiple delays, a significant budget over-run and an unresolved environmental barrier. Sector advice at the time recommended a review of this clinical service model with the Redlands planning ceasing in August 2012.

Closure of the BAC raised concerns for some current and past patients, carers and members of the community, regarding the provision of extended treatment of young people with mental health problems.

2.4 Expert Clinical Reference Group

The closure of the BAC required careful consideration of options for the provision of mental health services for adolescents (and their families/carers) requiring extended treatment and rehabilitation in Queensland. Consequently, an Expert Clinical Reference Group (ECRG) of child and youth mental health clinicians, a consumer representative, a carer representative, and key stakeholders was convened by the Barrett Adolescent Strategy Planning Group to explore and identify alternative service options for this target group.

The ECRG recommendations did not include a proposed model of service—rather determined the key components of a service continuum for the identified target group across four tiers of service provision:

Tier 1	Public Community Child and Youth Mental Health Services;
Tier 2a	Adolescent Day Program Services;
Tier 2b	Adolescent Community Residential Service/s; and
Tier 3	State-wide Adolescent Inpatient Extended Treatment and Rehabilitation Service.

See Appendix 1 for further information regarding the ECRG service continuum.

2.5 Adolescent Mental Health Extended Treatment Initiative Model

In 2014, Queensland Health introduced the Adolescent Mental Health Extended Treatment Initiative (AMHETI) as a service response to the closure of the BAC. The AMHETI model of care was developed by Children's Health Queensland (CHQ) Hospital and Health Service (HHS), based on the work of the ECRG. CHQ undertook comprehensive research to determine how contemporary extended mental health treatment and rehabilitation care for young people should be delivered. This included site visits to child and youth mental health services in New South Wales and Victoria to observe first-hand the delivery of innovative an progressive models of service delivery to young people. The AMHETI was also developed in accordance with the National Mental Health Service Planning Framework (Appendix 2).

The AMHETI aims to ensure young people receive contemporary, family-centred services in the least-restrictive environment as close to their home and community as possible. The model is based on a continuum of care, underpinned by five key service elements:

a. adolescent tier 3 sub-acute beds

b. adolescent day programs

c. youth residential rehabilitation units

d. step-up/step-down units

e. Assertive Mobile Youth Outreach Service (AMYOS).

Children's Health Queensland HHS is responsible for the ongoing development, clinical oversight and implementation of the AMHETI for state-wide delivery. A staged approach to implementation has been developed that considers population need and local mental health service capacity. Within an existing recurrent budget of $8 million, CHQ HHS is delivering the following AMHETI service elements:

a. tier 3 sub-acute beds at Lady Cilento hospital on a needs basis.

b. adolescent day program in Brisbane North (there are existing day programs in Townsville, Darling Downs and Metro South).

c. two youth residential rehabilitation units in Cairns and South Brisbane (with two to be established in Townsville under the project *Rebuilding intensive mental healthcare for young people – north Queensland* and one in North Brisbane.

d. seven AMYOS teams across Queensland with five more to be established in Central Queensland, Cairns (as part of the Keriba Omasker Healing Response) and in Ipswich/ West Moreton, Sunshine Coast and North Brisbane.

2.5.1 What is a tier 3 sub-acute bed?

Sub-acute beds provide medium term, intensive, hospital based treatment in a safe and structured environment for young people with severe or complex symptoms of mental illness and associated significant disturbance in behaviour that precludes them from receiving treatment in a less restrictive environment.

Since the closure of the BAC subacute beds (to provide extended treatment and rehabilitation) have been available at the Mater Children's Hospital (2) and more recently Lady Cilento Children's Hospital (4). These beds provide state-wide access for young people with treatment resistant, severe and persistent mental health problems. The utilisation of these beds has been lower than expected. Since February 2014 Children's Health Queensland Hospital and Health Service (HHS) report an occupancy rate of approximately 25 percent with an average length of stay of five months. CHQ now provides these beds on an as needed basis.

2.5.2 What is a day program?

Day programs aim to reduce the severity of mental health symptoms and promote effective participation in areas such as schooling, social functioning, symptom management, and other life skills. They provide flexible and less restrictive treatment interventions that integrate with educational or vocational programs. There are day programs located in:

- Townsville (pre-existing service not funded under AMHETI)
- Darling Downs (pre-existing service not funded under AMHETI)
- Metro North
- Metro South (pre-existing service not funded under AMHETI).

2.5.3 What is a youth residential rehabilitation unit (youth resi)?

A youth residential rehabilitation unit (Youth Resi) provides long-term accommodation (up to 365 days) and recovery-oriented treatment for 16-21 year olds who have moved out of the acute phase of their mental illness but lack the skills or expertise for independent living, or a stable place of accommodation. The service is managed by a community managed mental health organisation with clinical in-reach services and referrals provided by specialist HHS mental health staff.

Two Youth Resi services exist in Greenslopes and Cairns, each with five beds. A new service in Townsville for 8 young people consisting of two 4-bed Youth Resi services is planned to be established via the project, *Rebuilding intensive mental healthcare for young people – north Queensland.* A procurement process to engage a quality service provider is currently underway for all four Youth Resi services, with the tender released on QTenders on 14 August 2015.

2.5.4 What is a step-up/step-down unit?

Step-up/step-down units (SUSDU) are a new service type for young people in Queensland, with the first to commence in 2017-18 in Cairns. The SUSDU model of service is designed for young people aged 13 to 18 years of age who require a higher intensity of treatment and care to reduce symptoms and/or distress that cannot be adequately provided for in the community, but do not require the treatment intensity provided by acute inpatient units.

SUSDU provides a step up service option to prevent admission through intense, short-term treatment and a step down option to assist early and seamless transition for young people when re-entering the community following an inpatient admission. The average length of stay is expected to be 28 days.

The AMHETI model proposes the development of one SUSDU facility initially in each of the three mental health clinical clusters (north, central and southern), to be located in a residential area close to an acute adolescent mental health facility.

2.5.5 What is the Assertive Mobile Youth Outreach Service?

Assertive Mobile Youth Outreach Services (AMYOS) provide mobile assertive engagement and prevention focussed interventions in a community or residential setting. The aims of this service are to assist adolescents who are at high risk and difficult to engage; manage crisis situations and to reduce the need for inpatient bed-based care. AMYOS teams are currently established in:

- Townsville
- Darling Downs
- Metro North (North Brisbane and Redcliffe/Caboolture)
- Metro South (South Brisbane and Logan)
- Gold Coast (undertaking a second round of recruitment to establish team)
- At the time of writing, AMYOS teams are to be established in Cairns and Central Queensland in 2015-16.

The table at Appendix 3 shows the location of existing services that fit under the AMHETI model as at September 2015.

2.6 Cairns Step-up/Step-down Unit

In June 2014 the former Director-General approved prioritisation and utilisation of capital savings of approximately $6 million from Australian Government funded mental health capital works projects, for development of a Step Up/Step Down Unit (SUSDU) in Cairns and Hinterland Hospital and Health Service (CHHHS).

Advice from the former Minister for Health at the time was that CHHHS is to take full responsibility and accountability for the planning and delivery of the facility, including the land acquisition, with the expectation of being operational full-time by January 2016. Recurrent funding for the service will be provided by the Department of Health, subject to agreement on activity volumes.

Initial local planning is underway to determine the appropriate model for the target population. The capital build is being managed by the Board Chair and the Chief Executive, CHHHS and the Project Control Group has been initiated by the Board Chair. CHHHS has identified a property on Law Street, North Cairns as the preferred location of the facility.

Related to the development of mental health facility for young people is the procurement for the Youth Resi service in Cairns, being led by CHQ HHS. The initial contract period is 18 months beginning 1 January 2016 terminating 30 June 2017. Operational funding for the Youth Resi will then be reallocated to contribute to recurrent operational funding for the purpose built SUSDU facility.

3. Queensland Government election commitments

In response to community concerns regarding closure of the BAC, the Queensland Government announced several commitments for adolescent mental health contained in the document *Rebuilding intensive mental healthcare for young people* (Appendix 4) which can be distilled into a) a commission of inquiry into the closure of the BAC and b) expansion of services.

3.1 Commission of inquiry

The Queensland Government announced a Commission of Inquiry into the closure of the BAC in parliament on 16 July 2015. The Inquiry will be headed by the Honourable Margaret A Wilson QC, who was formerly a Judge of the Supreme Court of Queensland and a Judge on the Queensland Mental Health Court (a division of the Supreme Court). The Commission of Inquiry will examine the decision to close the BAC and the adequacy of supports provided to former patients and families. The Inquiry will commence 14 September 2015, and is expected to be completed by 14 January 2016, however the time may be extended if necessary. The terms of the Commission of Inquiry are available at the Queensland Government Gazette, No. 64, 17 July 2015, Volume 369, page 361.

The recommendations of the inquiry will have a strong impact on the course of action taken in relation to implementing the expansion of services under *Rebuilding intensive mental healthcare for young people.*

3.2 Expansion of services

The commitment contains the following components:

- **Townsville component**
  - Establish youth residential rehabilitation services for up to 8 young people in Townsville.
  - Establish family residential facilities consisting of two, two bedroom units to support out-of-area families of young people receiving care in Townsville.

- **South East Queensland component**
  - Establish a new tier 3 sub-acute facility with up to 22 beds for young people with serious mental health issues in south east Queensland including an additional 20 place day program, an integrated special purpose school, step-down accommodation and family accommodation.

- **State-wide components**
  - Establish day program services in a number of locations across the state.
  - Review Assertive Mobile Youth Outreach Services (AMYOS).
  - Review youth residential rehabilitation services.

4. Implementation of the Townsville component

As the first step in delivering the commitments, the Department of Health has Government approval to progress activity for the Townsville component, for which the implementation plan is clear and the financial implications are known.

In April 2015, the Minister for Health announced the allocation of $11.8million over four years to establish two 4-bed Youth Resi and two 2-bedroom self-contained family accommodation facilities in Townsville. See the Queensland Government media release.

The MHAODB have been planning for implementation of the Townsville component and report to the Director-General about progress of this deliverable.

CHQ HHS is responsible for state-wide oversight of the model and to manage the procurement for the Youth Resi in partnership with MHAODB and Townsville HHS. The procurement process will be complete with the intended contract start date of 1 October 2015. The tender for the new Youth Resi service in Townsville is being undertaken concurrently with procurement for existing Youth Resi services in Greenslopes and Cairns.

Townsville HHS is responsible for managing referrals and clinical in-reach to the Townsville Youth Resi in collaboration with a procured community managed organisation.

In addition Townsville HHS will be responsible for establishing and managing family accommodation for out of area families whose child/ young person is receiving child and youth mental health services.

Following the contract start, the community managed organisation is responsible for providing a Youth Resi service to commence later in 2015 after establishing the localised model of care and referral pathways, based on the state-wide model of service.

5. Implementation of the South East Queensland and state-wide components

5.1 Available funding

A total of $40.51 million has been allocated to support the commitments consisting of: $22.7 million capital and $5.38 million (2015-16), $5.92 million (2016-17), and $6.51 million (2017-18) recurrent operational funding ($17.81 million recurrent funding for three years, 2015-18).

Funding allocated to the Townsville component is $11.8 million operational over four years. Funding is to be provided out of the allocated recurrent operational budget. On XXXX, the Director-General, Department of Health approved the allocation of $XXXX over XXXX years for the establishment of an additional three AMYOS teams (Ipswich/West Moreton, Sunshine Coast and North Brisbane) and a residential rehabilitation unit (North Brisbane), drawing upon the remaining allocation of $6.01 million operational funding.

This leaves nil operational funding and $22.7 million capital funding to implement the remainder of the South East Queensland and state-wide components of the commitments.

5.2 South East Queensland component

The Government commitment under *Rebuilding intensive mental healthcare for young people* includes:

- Up to 22 bed, tier 3 sub-acute facility including special purpose school
- A 20 place day program
- Step down facilities
- Family accommodation.

The MHAODB has already undertaken a range of activity for the South East Queensland components, including development of costings and site investigation.

The Department of Health has provisionally costed the full delivery of the 22 bed tier 3 facility at $74,521,851 million *over four years* ($47,614,805 million capital and $26,907,046 million operating).

The breakdown of the estimated recurrent *yearly* operational costs for the 22 bed tier 3 residential facility is $26,907,046 million (minus the following figures) including:

- the 20 place day program ($3,258,852 million)
- step-down facilities ($3,600,000 million)
- family accommodation ($200,000) and
- 42 place special purpose school ($2,528,624 million).

It is estimated that a 22 bed tier 3 facility would take up to three years to build including planning and construction, with service delivery expected to commence in 2018-19.

The Capital Infrastructure Delivery Unit, Health Infrastructure Branch undertook a preliminary review of site options for a 22 bed tier 3 facility and generated a summary report relating to BAC and the Redlands site (see Appendix 5). The Redlands site was to be the site for a replacement BAC. Given the problems with the Redlands site, Capital Infrastructure Delivery Unit advised that alternative sites should be investigated. The MHAODB has gained funding approval for the Capital Infrastructure Delivery Unit to prepare an evaluation of site options for a 22 bed tier 3 facility in South East Queensland.

5.3 State-wide component

The Government commitment under *Rebuilding intensive mental healthcare for young people* includes:

- Establish day program services in a number of locations across the state.
- Review Assertive Mobile Youth Outreach Services (AMYOS).
- Review youth residential rehabilitation services.

The Department of Health has provisionally costed the annual operational costs for day programs, AMYOS and Youth Resi services based on the annual expenditure of existing equivalent services across Queensland. The breakdown of the estimated operational costs per annum is:

- $2.089 million for a 15 place day program
- $450,000 for an AMYOS team and
- $1.3 million for a Youth Resi service.

CHQ HHS has submitted updates on the status of AMHETI services including future service priorities. Additional services in order of priority include:

- Ten more AMYOS teams across Queensland, commencing with Ipswich/West Moreton, the Sunshine Coast and additional teams in north and south Brisbane as priority areas (approx. $400k per team per annum, or $4m for 10 teams in total)
- A Youth Residential Rehabilitation Unit on the north side of Brisbane (approx. $1.3m per annum)
- An Adolescent Day Program in Logan (approx. $1.4m per annum)
- An additional Adolescent Day Program on the Gold Coast (approx. $1.4m per annum)
- Two Step Up/Step Down Units in Brisbane (north and south) and one in north Queensland ($3.7m operational funds per unit per annum; will require a purpose-built facility at an estimated cost of $5m per facility + land)
- Recurrent funding for subacute beds at the LCCH (subject to the recommendations of the Youth Mental Health Commitment Oversight Committee).

5.3.1 Expansion of day program services

There are currently day programs located in Townsville, Toowoomba, North Brisbane and South Brisbane. CHQ has indicated that based on the AMHETI model, the best location for future day program services would be in Logan and the Gold Coast. Provisional costing for a day program is $154,760 per place (ie. $2,089,620 for a 15 place day program).

5.3.2 Review of AMYOS teams and youth residential rehabilitation services

CHQ will be submitting a review of AMYOS teams to the YMHCC. This report will be provided by XXXX, 2015.

5.4 Issues

The Department of Health's analysis of the financial implications of the commitment indicates that it is unable to be delivered within the funding envelope announced. There is a shortfall of $xx million capital and $xx million operational costs for a 22 bed tier 3 facility over the forward estimate period 2015-19, compared with what is left of the Treasury allocation. This represents a financial risk for the Department of Health.

The Government commitment model provides intensive mental health care in an inpatient setting, with limited reach, focusing on the small cohort of young people with severe and persistent mental illness.

Evidence from contemporary models of care do not appear to support a large centralised facility providing intensive care with limited reach, at the expense of providing mental health care to a much larger cohort across the state.

Population data suggests that a 22 bed tier 3 facility will provide care to a small cohort of young people in south east Queensland (0.002 percent of 13 to 18 years olds with severe and persistent mental health issues) and this presents a significant risk for accessibility outside this area. Recent data also suggests the potential for service underutilisation, based on previous experience commissioning similar sized facilities and limited use of tier 3 beds at the Mater and then the Lady Cilento Children's Hospital from January 2014 to June 2015.

There are a number of delivery options that can also achieve the Government's goal of rebuilding intensive mental healthcare services while delivering best practice services across the state (see Appendix 6).

6. Discussion questions

1. **What is the best combination of service components for Queensland?**
   a) **How big should the tier 3 sub-acute facility be?**
   b) **How big should the step down facility be?**
   c) **How big should the family accommodation be to service the facility?**
   d) **How many additional day programs are required in Queensland?**

2. **What action should be taken in response to the review of AMYOS and Youth Resi facilities?**

7. Appendices

Appendix 1 – ECRG final recommendations documents


V5_Preamble_08 05 13_1.pdf


V5_Service Model Elements_08 05 13_1


Expert Clinical Reference Group Rec

Appendix 2 – National Mental Health Service Planning Framework: Taxonomy


NMHSPF+-+Draft+Taxonomy+-+Final.pd

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Appendix 3- Location of services that fit under the AMHETI model

	Cairns and Hinterland	Townsville	Central Queensland	Darling Downs	Metro North	Metro South	Gold Coast
AMYOS	Cairns*	Townsville	Central Queensland*	Toowoomba	North Brisbane Redcliffe/Caboolture	South Brisbane Logan	Gold Coast #
Day programs		Townsville^		Toowoomba ^	Chermside (new)	South Brisbane ^	
Youth residential rehabilitation	Cairns[1; 2] (5 beds)	Townsville (2 X 4 beds)[3]				Greenslopes[2] (5 beds)	
State-wide Sub-Acute beds						Lady Cilento[4] (4 beds)	

*Part of the Keriba Omasker Healing Response. Not yet established.

Not yet established (in recruitment)

^ Existing day programs

1 Was Time Out Housing Initiative (TOHI)

2 Contracts expire December 2015.

3 Not yet operational

4 Needs funding beyond 30 June 2015

Appendix 4 – Queensland Government election commitment: Rebuilding intensive mental healthcare for young people

laborplan_rebuilding-intensive-mental-healt

Appendix 5 – Health Infrastructure Branch site options summary

BAC and redland summary_20150722.p

Appendix 6 – Service options

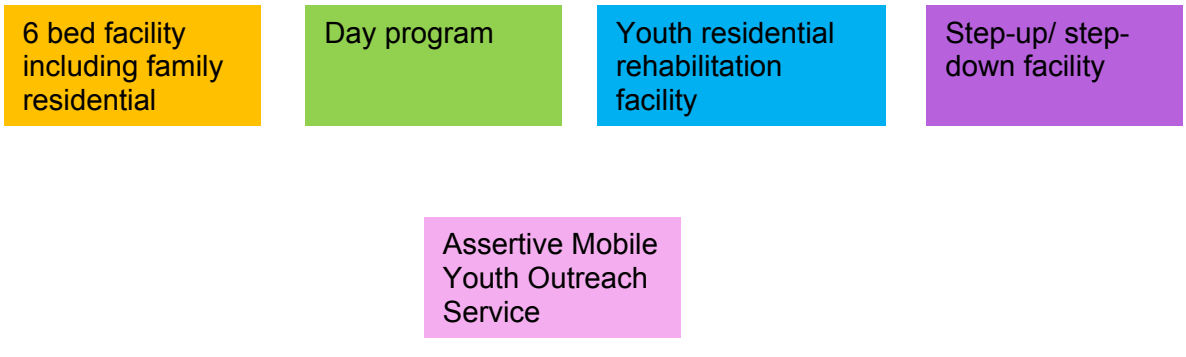
Option 1: Intensive care, broad reach

Intensive mental healthcare (includes five service elements – six, tier 3 sub-acute beds, day program, youth residential rehabilitation facility, step-up/step-down facility, assertive mobile youth outreach service).

Option one provides access to intensive mental health care in an inpatient setting and includes the full continuum of service elements ensuring the broadest reach to a large cohort of the target group. The cost to deliver this option is $141 million over five years ($116 million output and $25 million capital).

Option one delivers all service elements as described in the AMHETI. This offers the highest standard for the delivery of a comprehensive, integrated, continuum of care service for young people across Queensland. The six, tier 3 sub-acute beds based at the Lady Cilento Children's Hospital provide access to a special purpose school and day program. Evidence to date suggests that demand for the sub-acute beds based in the south east corner of Queensland has been minimal. The evidence-base supports better clinical outcomes are achieved by young people being treated close to home.

Figure 1: Option 1



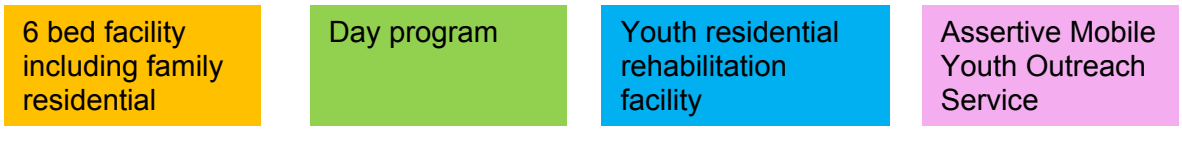
Option 2: Intensive care, partial reach

Intensive mental healthcare (including four elements – six tier 3 sub-acute beds, day program, youth residential rehabilitation facility, assertive mobile youth outreach service).

Option two provides access to intensive mental health care in an inpatient setting and includes a continuum of service elements excluding the step up step down element. This option still provides a broad reach to a large cohort of young people across the state. The limitations could be mitigated by boosting the intensive mobile outreach services to ensure increased support and clinical in-reach into the residential rehabilitation service element. The cost to deliver this option is $100 million over five years ($92 million output and $8 million capital).

Option two is a service model that includes the six tier 3 sub-acute beds, adolescent day programs, youth residential rehabilitation units and AMYOS. This is similar to Option 1 but does not include the step-up and step-down components. Option two represents a cost efficient model of care that maintains the hospital-based tier 3 sub-acute care in south east Queensland. However, this model has less reach across Queensland through the provision of purpose built facilities that aims to prevent acute admissions and enable early discharge from acute/sub-acute facilities.

Figure 2: Option 2



Option 3: Good elements of intensive care, broad reach

Intensive mental healthcare (including four service elements – day program, youth residential rehabilitation facility, step-up/step-down facility, assertive mobile youth outreach service).

Option three focuses on building community capability rather than intensive inpatient services providing access to intensive mental health care as close to home and usual supports as possible in the least restrictive setting. This option provides a broad reach to a large cohort of young people across the state. The cost to deliver this option is $116 million over five years ($96 million output and $20 million capital).

Option three is based on a best practice model of service in Victoria that considers the continuum of care. This is similar to Option 1 however does not have the six tier 3 sub-acute beds. This model is based on the evidence that young people are best supported and treated in their community close to home and takes into account that the current existing tier 3 sub-acute beds are not well utilised. It reflects evidence that suggests a sub-acute model increases the potential for institutionalisation and lack of connection to community and family. Further evidence supports that the needs of young people can be better met via a

continuum of care including localised assertive assessment and treatment (AMYOS) and short-term residential treatment facilities (step-up/step-down).

Figure 3: Option 3

Option 4: Expansion of AMHETI

Option four considers AMHETI services to be purchased from the remainder of the commitment funding envelope after establishing the Townsville commitment in 2015-16.

$40.51 million (over three years, 2015-18) has been allocated to deliver the election commitment ($22.7 million capital and $17.8 million operational over three years). The Townsville election commitments will cost $11.8 million over four years, leaving $6.0 million in operational funds over four years and $22.7 million capital, to implement any service option recommendations.

CHQ HHS continues to work with the MHAODB to explore recurrent funding options to expand all tiers of service across Queensland. Additional services sought, in order of priority, include:

- Ten more AMYOS teams across Queensland, commencing with Ipswich/West Moreton, the Sunshine Coast and additional teams in north and south Brisbane as priority areas (approx. $400k per team per annum, or $4m for 10 teams in total)
- A Youth Residential Rehabilitation Unit on the north side of Brisbane (approx. $1.3m per annum)
- An Adolescent Day Program in Logan (approx. $1.4m per annum and approximately $x million capital for refurbishment costs)
- An additional Adolescent Day Program on the Gold Coast (approx. $1.4m per annum and approximately $x million capital for refurbishment costs)
- Two Step Up/Step Down Units in Brisbane (north and south) and one in north Queensland ($3.7m operational funds per unit per annum; will require a purpose-built facility at an estimated cost of $5m per facility + land)
- Recurrent funding for subacute beds at the LCCH including approximately $x million capital for refurbishment costs (subject to the recommendations of the Youth Mental Health Commitment Oversight Committee).

All options require further development and consideration and would need to have regard to the finding and recommendations from the Commission of Inquiry into the closure of the BAC.

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