STATE CAPITAL WORKS PLAN

MENTAL HEALTH

2006-2016

July 2006

Contents

1.0 Summary

As part of the work being undertaken to establish a new State Mental Health Plan for Queensland, The Director of Mental Health asked Mr Kevin Fjeldsoe and Dr Terry Stedman to develop a state mental health capital works plan. This report provides the plan and associated methodology.

The plan considers the current standard of capital infrastructure for each inpatient program and the projected needs for growth over the next decade. In addition, the challenges of planning for capital development to meet the needs of community mental health service growth have been considered to establish principles to guide community mental health service capital planning in the future.

The plan has been derived from information collected during site visits conducted during May 2006 to each inpatient service in Queensland. This information was collected from structured interviews with key service providers to establish a local perspective on need for capital development. Local issues considered included socio-economic indicators, ethnicity, access and geography, levels of local community service development, access to accommodation and referral patterns. Data collected was then considered in the context of advice from specialist program groups convened to support the development of the plan.

The existing inpatient program structure was confirmed by the state planning group, as was the need to apply the principles of collocation and continued decentralisation of services to establish, where possible district or network self sufficiency. Planning guidelines established in the 10 Year Mental Health Strategy for Queensland (1996) and those developed by the Queensland Centre for Mental Health Research as part of this planning process were used to predict future needs for inpatient services. These projections were based upon best available population projections and service utilisation data.

The plan therefore brings together the opinions of local service providers, and expert reference groups to provide a plan based on agreed principles, planning guidelines and program structures. The plan assumes the development of community based services and in particular a comprehensive range of supported accommodation programs at the levels articulated elsewhere in the State Plan. The plan was adopted following review by key stakeholders at a forum convened on the 19th of June 2006.

The report provides recurrent and capital cost estimates for the plan. Recurrent costs are based on average bed day costs provided by Mental Health Unit. Capital costs are derived from estimates developed in consultation with Capital Works Branch. Costs should be considered to be indicative pending further development of costing methodologies.

The plan confirms that there are currently 1471 inpatient beds available across the state. This number includes 48 beds used to provide care to intellectually handicapped patients at Baillie Henderson Hospital, 16 acute beds currently decommissioned at Bundaberg and 7 beds at Ipswich and the Gold Coast which may be used from time to time but are not currently commissioned due to recurrent funding shortfalls.

Of these 1471 beds 700 are designated as acute. All acute units are collocated on general hospital campuses. Of this number 639 provide acute care for adults and older people and 61 provide acute care for children and young people.

There are currently 723 beds providing extended treatment services across the state. These programs are delivered from a mix of community based community care units, acquired brain injury units and psychogeriatric units collocated with generic services and a variety of programs provided from general hospital campuses and the states two Psychiatric Hospitals. Of these 723 beds there are 71 high security beds, 99 medium secure beds and 15 adolescent extended treatment beds.

The plan identifies the need for 1859 beds by 2016. This number includes 798 acute beds for adults and older people and 108 for children and young people. All of these would continue to be collocated on general hospital campuses. This represents an increase of 206 acute beds by 2016 with acute beds being provided at rate of 19.4 beds per 100,000 of total population at that time. The plan sees a substantial proportional increase in child and youth acute beds over this period and a substantial increase in acute psychogeriatric service capacity as acute units incorporate designated psychogeriatric units.

The remaining 953 extended treatment beds include 145 forensic beds, 167 medium secure beds and 20 adolescent extended treatment beds. If the 48 beds currently assigned to intellectually handicapped patients at Baillie Henderson Hospital are excluded this represents an increase of 230 beds by 2016 with beds being provided at the rate of 20.3 beds per 100,000 of total population. Continued application of the principles of collocation and decentralisation of services would see all extended treatment and dual diagnosis services delivered in community care units and all psychogeriatric services delivered in collocations with nursing homes. The plan sees a substantial proportional increase in forensic and medium secure beds.

If the 48 beds for intellectually handicapped patients are excluded the plan sees an increase of 436 beds or 30% over the life of the plan. The projected population increase for that period is 16.4%. Overall the rate of inpatient beds per 100,000 of total population will increase from 35.4 currently to 39.7 by 2016.

Should the plan be implemented in its entirety it will mean that the states psychiatric hospital will continue to downsize considerably. A significant number, possibly as many as 120 vacant beds of reasonable quality will become available should the plan be implemented as detailed. During the course of consultation to develop this plan the need for dedicated programs for young people with serious mental illness and complicating drug and alcohol problems was raised. In addition, the potential need for a dedicated program for intellectually handicapped forensic patients was identified. At least some of these vacant beds on the psychiatric hospitals could be utilised to meet these needs. It is understood that these potential service developments will be considered elsewhere in the plan.

The estimated capital cost to implement the plan is $413.4M. This total includes expenditures of $237.2M in the southern area, $133.6 in the central area and $42.5M in the northern area. The total cost includes allocations to upgrade or replace existing infrastructure some of which is in urgent need of redevelopment or substantial upgrading as well as estimates for development of new services as redevelopments of existing buildings or new projects. The estimates have also included costs associated with redevelopments which will occur as new hospitals are developed (eg Gold Coast). It is understood that these costs may be accounted for elsewhere by capital works branch but have been included to provide a complete picture of capital development costs for mental health. The estimated costs should be considered to be indicative only as it is not possible to accurately identify opportunity costs or costs associated with property acquisition should it be necessary. There has been no allowance made for inflation.

A provisional estimate of recurrent costs associated with the plan has been provided. The estimated annual recurrent cost would be $85.2M by 2016. This cost assumes recurrent cost savings as services move from the psychiatric hospitals or other services to new services and locations.

The plan provided does not establish priorities or schedules for service development to allow for annual estimates of expenditure to be established. This work together with work to confirm capital and recurrent costs would need to be undertaken before proceeding with implementation.

Planning for accommodation for community mental health services will also need to be considered given the anticipated growth. While this work is beyond the scope of this plan a number of observations can be made based on site visits and associated consultations with local service providers.

Generally accommodation for community mental health staff is inadequate and poorly planned. The current model of funding services by attaching funding to individual positions has limited the capacity to fund infrastructure development. Given staff are recruited usually in small numbers the quantum of funding is seldom sufficient to meet the need. Generally it appears that planning to accommodate community mental health staff has been limited by this and a rather opportunistic approach to collocation with generic health services. There are very few districts with adequate plans in place to meet future needs. A decision needs to be taken to either develop a plan for each district which does not necessarily rely on collocation and/or establish a funding model which makes adequate funding available as it is required to support infrastructure development.

The 10 year Mental Health Strategy for Queensland (1996) identified the need for the development of special care suites in selected rural hospitals. This implementation of this model has been problematic. The need to improve capacity to manage some mental health patients in rural and remote settings particularly those awaiting transfer remains. Work needs to be done to identify the best model to address the need. It is likely that a selected model will result in the need for some capital development in selected hospitals across the state. The rural and remote planning group is considering these matters. This plan has not included planning for this purpose.

2.0 Methodology

The development of this plan has relied on information gathered through structured consultations with service providers and advice from expert reference groups. It has been guided by the application of principles of service development confirmed by the State Mental Health Planning Group and planning guidelines developed by the Queensland Centre for Mental Health Research and those identified in the 10 year Mental Health Strategy for Queensland (2006). Costing models have been developed in consultation with capital works branch and mental health unit.

Consultations

During April and May 2006 site visits were undertaken to every inpatient service and selected community based services across the state as a first step in the gathering of information to develop the plan. Each visit included a structured interview using a proforma which was provided, where possible, prior to the visit. Discussions were held with local service providers including at least the District Manager or Executive Director of Mental Health Services or Clinical Director. In the vast majority of cases two or all of the above were consulted. Visits and inspections of inpatient units were, where possible, conducted with the clinician in charge of the particular unit or service.

A summary of service related data is provided as attachment 3. This data report is intended as a reference only and was developed as a first step in describing the actual and intended role and function of services more precisely in the future.

In addition, discussions occurred with those responsible for developing plans for specialist areas including, child and youth, adult, aged, forensic, rural and remote and emergency mental health to determine capital implications associated with planning and to confirm capital planning relating to the particular specialist area.

As the plan was developed each District Mental Health Service was recontacted to confirm that plans for their districts were consistent with their expectations. The plan was adopted following review by key stakeholders at a forum convened on the 19th of June 2006.

Principles

The State Mental Health Planning Group provided direction by establishing principles to guide service development and associated decision making. First the principle of mainstreaming and collocation was confirmed. In practice this has meant the continued development of acute services on general hospital campuses and where possible collocation of specialist extended treatment programs with relevant generic health services. Second the desire for the continued expansion of community based service models has led to the continued development of extended treatment and rehabilitation and dual diagnosis services using the community care unit model. The continued development of expanded ranges of specialised services in non-metropolitan centres supports the identified need to improve local access and continuity of care. This continued decentralisation of services needs to be considered in the context of capacity to recruit and retain specialist staff.

Planning Guidelines

Population projections used as a basis for planning were derived from the 2001 census conducted by the Australian Bureau of Statistics. These projections were last reviewed and updated in 2004. Population projections for 2006, 2011 and 2016 were considered. The projections are published on the Queensland Health website. It is understood that they form the foundation for planning being undertaken elsewhere in Queensland Health.

Planning guidelines have been derived from the 10 year Mental Health Strategy for Queensland (2006). The strategy provides a set of planning guidelines which are consistent with planning guidelines established in other jurisdictions in Australia. When tested against the service development needs identified during consultations with local service providers there was substantial congruence. Specialist groups consulted confirmed the guidelines as being consistent with their estimates of need.

The only areas where there was significant divergence were the forensic and child and youth subgroups. A new non-secure forensic inpatient program was proposed and included in the plan. The need for a new secure program for adolescents was also discussed and subsequently confirmed. Detailed planning for this unit should occur after the model is further defined. These are additional to the planned bed numbers.

The child and youth subgroup confirmed the planning guidelines and the expectation that children would be, for the most part, admitted to paediatric wards. They identified the need for admissions of parents, infants and young children to a new purpose built unit at The Mater Hospital.

The Queensland Centre for Mental Health Research was commissioned to develop planning guidelines derived from service utilisation information, disease prevalence rates and contemporary service modelling to establish estimates of service demand. This work was not completed in time to incorporate detail in this plan although provisional advice from that group indicated that the plan was consistent with the directions and findings developed at the time of writing.

Planning guidelines were also considered in terms of current levels of bed provision in other jurisdictions across the country and found to be consistent. They were also consistent with the rates identified by Dr Gavin Andrews and others in Tolkien 2 (2006).

Costing Models

Recurrent costs were calculated from average bed day costs for each specialist inpatient program supplied by Mental Health Unit. These average bed day costs are used to fund new services and to benchmark existing funding schedules. They have been updated to incorporate EB6 wage increases and are provided on the program summary table.

Capital redevelopment costs have been derived from costs associated with recent mental health capital developments in Queensland. They have been reviewed by Capital Works Branch and confirmed as provisional guides only. They do not include costs for property purchase or complicated site development. To develop a more accurate cost it is proposed that post occupancy evaluations be undertaken on selected units regarded as having incorporated successful design features to inform an update of the Building Guidelines for Mental Health Services in Queensland (1996).

These guidelines could then be used to more accurately estimate costs as part of a more detailed examination of the capital development opportunities associated with the plan. This review of building guidelines should also consider key policy directions related to safety. Of particular relevance would be those related to the use of seclusion and restraint.

3.0 Program Plans

Details of existing inpatient program bed allocations and planned allocations organised by program type and district are provided in attachment 1. Attachment 2 provides a more detailed summary of planning and service modelling for each district. Summaries are provided in each attachment for the Northern, Southern and Central areas.

Adult Acute

In Queensland all acute inpatient services are mainstreamed. There are currently 639 acute beds provided for adults and older people in models which generally aggregate these two programs. The need to provide dedicated acute units for older people is discussed elsewhere in this report. The projected number of beds for both groups is 798. This represents an increase of 159 beds in total. Acute beds for these groups are currently provided at the rate of 19.9 beds per 100,000. This rate would increase marginally to 20.8 by 2016. It was the consensus that continued capacity to manage at these rates will rely on planned expansion of secure units, improved local access to extended treatment services and rehabilitation units and most importantly development of flexible ranges of supported accommodation options in the community. Failure to achieve any of these objectives will mean that planning guidelines would need to be revised.

During consultations the need for mother-baby rooms was discussed. Most acute units have dedicated mother-baby rooms or at least multipurpose rooms which could be used for this purpose. It was noted that these rooms were, for the most part, seldom used for this purpose. Services reported a reluctance to admit due to escalating risks associated with managing babies and mothers in acute environments. A service model for this group is being considered by the child and youth reference group.

The development of acute services represents the largest single program investment in the plan. New Units are planned for the Gold Coast, Sunshine Coast, Mackay, Bundaberg and at Hervey Bay. Major extensions to existing services are planned for Logan, Bayside, Caboolture, and Rockhampton. Upgrades are also planned for units where standards of patient accommodation, bedrooms and bathrooms in particular, will need to be improved during the life of the plan.

Child and Youth

There are currently 61 acute and 15 extended treatment child and youth beds in Queensland. Of these 13 beds are currently not operational due to problems related to staff recruitment or funding problems. The most significant problem appears to be in Toowoomba where the 6 bed unit has been decommissioned for extended periods as child psychiatrists have not been available. They are no beds in North Queensland, 22 in the Central Area and 54 in the Southern Area.

The plan will see the total number of acute beds in the state increase to 108 with 54 to be located in the Southern Area, 38 in the Central Area and 16 in the North. Most

significantly, new services will be developed in Townsville and at Nambour. A staged development is envisaged with a day hospital being established first to be followed by the development of 8 inpatient beds in the first five years and the remaining 8 in the next as a critical mass of staff is assembled. The Barrett Adolescent Centre will expand to 20 beds providing the extended treatment service for the state.

As discussed previously in this report children will preferentially be admitted to paediatric units although occasional admissions to other units will be necessary. The children's unit at the Royal Childrens Hospital will provide a state wide specialist assessment and treatment service. The parents, infants and young children's service planned for the second half of the plan at the Mater may de developed as a specialist service for mothers and babies. In addition the need for a 12 bed secure unit for adolescents was identified. More detailed planning around the model and need for these services will need to be undertaken in the future.

New purpose built units will be developed at Townsville, Nambour, RCH, The Mater, and in Toowoomba. The Barrett Adolescent Unit will be redeveloped at Wacol if no other better site can be identified. Each new development will incorporate a day hospital and high dependency unit built to allow flexible use of beds. The capital cost model has made provision for day hospital extension to the standard unit development.

Older People

In Queensland some acute inpatient units have been developed with dedicated spaces or separate units for older people. Most have adopted a model where adults and older people are managed together. It is clear that where there has been no provision for older people the capacity to provide effective care and treatment for this group is compromised. It was the view of the vast majority of those consulted that future development of acute services should always include development of separate spaces or preferably dedicated units for older people. Collocation with generic acute aged care services has consistently been identified as the preferred option where possible. Small acute units will have difficulty achieving this goal as economies of scale restrict capacity.

There are currently 39 dedicated acute beds for older people across the state. It is estimated that application of this principle could see that number increase to 140 as new services are developed. Capital funding has been identified to support these initiatives.

The model adopted for providing extended treatment services for older people relies on collocation of services with generic aged care providers. While there is clear support for continued application of the model there have been some problems. Problems generally seem to relate to failures to establish effective partnerships. The older person's service plan will consider this issue in more detail.

The plan sees increases in extended treatment bed numbers in most existing units. New collocated units are planned for Toowoomba, Cairns and the Fraser Coast.

In Toowoomba extended treatment services are still provided at Baillie Henderson Hospital. A small number, approximately 24, very long stay older people may need to be cared for over an extended period as placement has been complicated. There are currently 148 extended treatment beds if this group is included. The number of beds planned will increase to 156 or 180 if these beds continue to be included.

High Secure

There are currently 71 high secure beds in the state. Of these 5 are yet to be commissioned at The Park and the 10 bed unit in Townsville experiences considerable problem providing an adequate standard of care to patients who require longer term inpatient treatment. The new plan will provide for redevelopment of the Townsville Secure Unit to allow it to function as an effective medium secure unit with limited capacity to care for forensic patients who require short to medium term assessment and treatment. It is estimated that this will equate to 5 forensic beds with patients requiring longer term treatment and rehabilitation being transferred to The Park.

The plan sees the development of 9 new high secure beds at The Park in the first half of the plan and an additional 10 in the second half bringing the total to 80. Redevelopment will include works to facilitate commissioning of the unopened beds and the establishment of a 5 to 10 bed high dependency unit.

A new 20 bed purpose built acute forensic unit will be established at The Princess Alexandra Hospital for patients in custody who require inpatient assessment and treatment.

A new non-secure forensic program will be developed in beds at The Park which become vacant as new community care units develop in the Southern Area. It is anticipated that 20 beds will be established in the first half of the plan and 20 in the second if a need can be demonstrated. The total number of forensic beds will therefore increase to either 125 or 145.

Extended Treatment and Rehabilitation and Dual Diagnosis

There are currently 328 beds provided for these programs in a mix of community based community care units, and beds located on psychiatric hospital or general hospital campuses. The plan identifies the need for this number to increase to 395 by 2016.

There are currently four 20 bed community care units or 6 if the units are Charters Towers (24 beds) and Townsville (27 beds) were included. Evaluations and consultations have indicated that the community care unit model achieves outcomes at least equal to those achieved in hospital based programs and that they are preferred by consumers and service providers.

This plan extends the model to replace all existing hospital based services with community care units. This means that 11 new units will be developed. These will be located at Rockhampton, the Fraser Coast, Toowoomba, Ipswich, Bayside with two units to be developed in each of the Gold Coast, Logan and PAH/QE2 Health Service

Districts. In addition community care unit places in the Sunshine Coast and RBH/TPCH districts will be extended by 15 and 13 places respectively.

The development of community care units at Rockhampton and Hervey Bay will need to be considered in terms of service capacity to recruit and retain staff although there is a clear desire by service providers to develop the service locally.

The development of community care units which rely on mixed extended treatment and rehabilitation and dual diagnosis programs will mean that there are no longer dedicated units for dual diagnosis clients. The ongoing needs of dual diagnosis clients who cannot be safely managed in community care units will need to be considered separately. Proposals for specialist programs for intellectually handicapped patients with challenging or other complex needs may emerge from current planning around this group.

Should the plan be implemented there will be a large number of vacant beds available at the two psychiatric hospitals available for other purposes. At The Park it is anticipated that 80 beds will become vacant. The plan for forensic service development has identified a need for 40 of these. At Baillie Henderson Hospital up to 70 beds may become vacant if developments proceed in Toowoomba and at Rockhampton and the Fraser Coast. The need for specialist extended treatment programs for patients whose mental illness is complicated by drug and alcohol abuse has been identified. More work needs to be done to develop this model.

The capacity to have non government organisations operate CCU's was raised during consultations. There was general support for the model to be trialled.

Acquired Brain Injury

There are four acquired brain injury units in the state. The units at Bayside and Eventide, Sandgate are collocated with generic acquired brain injury services. The unit in Toowoomba is located at Baillie Henderson Hospital while the Townsville unit is collocated with the Kirwan extended treatment and rehabilitation unit.

The plan identifies the need for a modest increase in beds with the Bayside unit extending from 20 to 28 beds and the Toowoomba unit reducing to 12 beds. It may not be cost effective to reduce beds in Toowoomba. In Townsville there has been a noticeable reduction in service demand in recent times. A review is to be undertaken to consider the function of the unit.

Medium Secure

There are currently 99 medium secure beds provided from 4 units across Queensland. They are located at The Park and the Baillie Henderson, Prince Charles and Townsville hospitals. The plan identifies the need for 167 beds in 2016.

New units are to be built at the Gold Coast, Princess Alexandra and Caboolture hospitals. Two of these units were planned in the 10 Year Mental Health Strategy for Queensland (1996) but not established. Small increases in bed numbers beds will be required at The Prince Charles Hospital, Baillie Henderson and Townsville units

while numbers will be reduced at The Park. In each of these cases provision has been made to undertake significant unit upgrades at the same time as additional beds are established. These upgrades are generally to focus on improvements in capacity to meet the needs of women, provide patients with privacy and security and to improve capacity to deliver effective long to medium term treatment and rehabilitation programs.

4.0 Area Summaries

Summaries for planned capital works for each area organised by district are supplied as attachment 2. The summaries include population projections. Planning guidelines have been applied to calculate inpatient service needs for 2011 and 2016.

Beds are classified by age for acute services and program type for extended treatment services. The charts identify current level of service provision and planned service levels. Notes clarify the extent of works proposed. Reference tables used to calculate capital costs are supplied.

Data summary sheets for each service provide a profile of demographics and other service related data including diagnostic and functional profiles. This data collection should be considered to be a first step in more accurately defining the expected function of the various inpatient programs.

- Southern Area

  - West Moreton

    Acute services located at Ipswich Hospital will require a significant upgrade in the first half of the plan. There are particular problems with the functionality of the high dependency unit. Accommodation will need to be upgraded to provide single and double rooms with ensuites. An 18 bed CCU will be developed in Ipswich. The high security unit at The Park will expand to include a non secure extended treatment program. The Barrett Adolescent Unit will be rebuilt on a site to be determined. There will be approximately 40 vacant extended treatment beds available at The Park if all community care units are developed as planned.

  - Gold Coast

    The Gold Coast Hospital is to be rebuilt on a new site at Parklands. This redevelopment will include 48 acute beds and a new medium secure unit. In addition redevelopment of adult and child and youth services on the Robina campus will see the establishment of 48 acute beds. Two new CCU's will be built at either end of the Coast. There is some urgency to progress this work as Robina Hospital commissions its accident and emergency department in June 2007.

  - Bayside

    The acute unit located at Redlands Hospital requires redevelopment and extension to include 19 additional acute beds. Work has commenced to identify solutions and expected costs. These estimates have been included in the plan. In addition the district will develop a new CCU and expand the aged care and acquired brain injury services provided at the Moreton Bay Nursing Care Centre by 12 and 8 beds respectively. These units are regarded as highly functional and are not likely to require redevelopment during the life of the plan.

  - PAH/Mater

The plan identifies the need for the development of two CCU's in the district. In addition, a new acute forensic unit and medium secure unit will be established on or immediately adjacent to the PAH campus. The acute forensic unit will provide specialist assessment and treatment for patients in custody who require access to specialist medical services. The acute psychogeriatric unit will require a major upgrade to develop single room accommodation, improved capacity to care for disturbed clients, improved ventilation and access to office space. The acute unit at PAH is relatively new and should not require redevelopment during the life of the plan.

The current Child and Youth inpatient unit at The Mater is considered to be poorly designed and located. It will need to be rebuilt elsewhere on the campus. Additionally, a new children's unit is scheduled for the second half of the plan. This unit may function as a mother baby unit. The child and youth reference group are considering the model.

- Logan

  The acute unit at Logan Hospital will be expanded by 25 beds through the redevelopment of an existing ward. The child and youth unit should be expanded by five beds at the same time as the adult and child and youth units are upgraded in the second half of the plan. The plan indicates the need for the development of 32 extended treatment beds most probably as two CCU's.

- Toowoomba

  The acute unit at the Toowoomba Hospital was commissioned in 2002. While space is somewhat restricted the unit is seen as being of reasonable design and provides a high standard of accommodation. It will not require redevelopment during the life of the plan. The exception is the child and youth unit which is poorly designed and needs to be redeveloped. The plan sees the development of a new larger child and youth unit and day hospital on a site to be determined. The resultant space made available would substantially resolve problems associated with space in the existing unit.

  Services currently provided at Baillie Henderson Hospital will be affected by the planned developments of CCU's at Rockhampton, Fraser Coast and in Toowoomba. Should these proceed as planned services remaining would include the medium secure unit, redeveloped and expanded to provide 27 beds and the acquired brain injury unit which would most probably remain as a 16 bed unit despite a projected planning need for 12 beds. Reduction to 12 beds would not be cost effective. Should a psychogeriatric unit be developed at Mt Lofty the continuing need for psychogeriatric services on the campus would be limited to continuing care for a group of very long stay patients who have complicated placement needs. In addition, the continuing need for 44 beds for intellectually handicapped patients would need to be considered as the group diminish. A site master planning exercise should be considered.

- <u>Central Area</u>

- Rockhampton

  The Rockhampton acute unit has undergone significant recent redevelopment. The remodelled high dependency unit is regarded as a best practice design. Plans are underway to develop acute beds for older people in a collocation with generic aged care services. Capital funding for this initiative has been included in the plan. Whilst the unit is generally well designed and functional the shared four bed dorms and shared bathrooms will need upgrading. This work is scheduled for the second half of the plan as the unit is extended to supply an additional 5 beds.

  The plan also includes provision for a new CCU to be developed in the district at a site to be determined.

- Bundaberg/Fraser Coast

  As the Hervey Bay Hospital and its associated population grows the need for an acute mental health unit on the campus will become increasingly evident. The Maryborough Hospital has developed a substantial focus on aged care. The combined populations of Bundaberg and Hervey Bay will require an additional 10 acute beds over the life of the plan. The plan proposes the development of a new 14 bed acute unit on the Hervey Bay Hospital campus with the existing unit at Maryborough being redeveloped as a 10 bed acute older persons service. This could be collocated with a new 7 bed extended treatment older persons unit. These older person acute and extended treatment services could meet the needs of the Hervey Bay/Fraser Coast Districts.

  At Bundaberg, the acute unit is in need of redevelopment and relocation. The unit is ageing and, despite considerable work, still provides most accommodation in four bed dorms with shared bathrooms. There is limited space. The unit is relatively isolated from the hospital. The plan provides for a new unit to be developed either closer to the existing hospital or as part of a new hospital redevelopment. Once vacated the unit could serve as a suitable base for community mental health staff.

  The plan also identifies the development of a CCU in the Bundaberg/Fraser Coast area. Its development would be contingent on capacity to recruit and retain staff.

- Sunshine Coast

  The acute unit at Nambour hospital is in urgent need of redevelopment. This will occur as part of the redevelopment of Nambour Hospital. The new unit will be expanded to include 20 additional acute beds designed to care for older persons and a 16 bed child and youth unit developed in three stages commencing with the establishment of a day hospital.

  A new 15 bed CCU will be established in the district while the CCU located at Mountain Creek will be upgraded in the second half of the plan. The Psychogeriatric unit located at the nursing home at Nambour hospital will be extended to include 5 additional beds.

- Redcliffe/Caboolture

  The acute unit at Caboolture is in good repair and regarded as well being well designed. It will not need upgrading during the life of the plan. The CCU at Redcliffe is also unlikely to need redevelopment or upgrading. Acute services on the Caboulture Hospital will be expanded to include 20 additional beds. As well, a 23 bed medium secure unit will be developed on the site. The psychogeriatric unit at Redcliffe Nursing Home will be expanded to include 6 additional beds.

- RBH/TPCH

  Acute Services located at RBH were commissioned in 1995. The unit will need to be upgraded during the second half of the plan to provide an improved standard of patient accommodation. In contrast, acute services at TPCH which developed some years later will not require upgrading during the life of the plan. The major problem encountered at TPCH is impaired capacity to meet the needs of older persons. Planning to develop a 10 bed unit collocated with generic aged care services is underway. Funding to support this initiative has been included in the plan.

  The medium secure unit located at TPCH needs to be redeveloped to better meet the needs of women and patients who require extended treatment and rehabilitation. The plan identifies funding for extension by 4 beds and redevelopment during the second half of the plan.

  The two CCU's are reasonably new and functioning well. They will not require upgrading. The plan identifies the need for an additional 13 CCU beds in the area and extension of the psychogeriatric unit at Eventide Sandgate to provide an additional 4 beds.

  The Child and Family Therapy Unit at RCH is considered to be poorly designed and located and no longer safe. The plan provides for development of a new unit and associated day hospital.

- <u>Northern Area</u>

  - Mackay

    The Mackay acute unit has many deficiencies. It is poorly located, has limited spaces for patient day to day activity, a poorly designed high dependency unit and a poor standard of patient accommodation. It requires redevelopment and expansion to provide 24 beds. Funding has been identified for a new unit.

  - Cairns

    The acute unit at Cairns Base Hospital is generally considered to be a well designed unit which functions well. The standard of patient accommodation is good although there a problems with space generally across the unit. The most pressing problems are related to capacity to manage older persons and younger persons. It was generally considered that the unit would function well if these problems could be addressed.

The child and youth unit planned for Townsville will also service Cairns. The development of a 6 bed older persons unit preferably collocated with generic aged care services has been included in the plan. The plan also identifies the need for the establishment of an extended treatment psychogeriatric unit in the second half of the plan.

Funding has recently been provided for 20 beds for supported accommodation in Cairns. It will be important to clearly distinguish these from extended treatment inpatient services. Funding for a CCU has been included in the plan. The need for the service should be considered after the supported accommodation places are established.

- Townsville

  There are currently no child and youth inpatient services in North Queensland. The plan includes provision for a three stage development of a 16 bed unit in Townsville at a site to be determined. The first stage involves the development of a day hospital followed by graduated opening of acute beds over the life of the plan.

  The acute unit is relatively new and unlikely to need redevelopment during the life of the plan although the need for 4 additional beds is identified in the second half of the plan. The medium secure/high secure unit on the other hand is in urgent need of redevelopment. The design has been found to be problematic. Problems relate to impaired capacity to meet the needs of women, indigenous clients and those requiring extended treatment and rehabilitation in a secure setting. There is very little available space for recreational, diversional or rehabilitative activity. The unit does not provide spaces to manage the varying levels of acuity encountered on the unit. Redevelopment to address these issues and provide a limited forensic capacity is proposed.

  The Kirwan Rehabilitation unit has been undergoing staged redevelopment. The redevelopments have greatly improved the quality of patient accommodation. Funding to finish this work has been included in the plan.