



QUEENSLAND GOVERNMENT



QUEENSLAND HEALTH

FUTURE DIRECTIONS FOR CHILD AND YOUTH MENTAL HEALTH SERVICES



QUEENSLAND MENTAL HEALTH POLICY STATEMENT

*f*OREWORD

Children and youth were identified in the National Mental Health Policy and Plan as a priority group with special mental health service needs. Key issues requiring consideration included future directions for service planning, the need for significant new service models and the need for appropriately trained staff.

This policy statement, *Future Directions for Child and Youth Mental Health Services* is Queensland Health's first policy on mental health service provision for children and youth. It was developed following extensive consultation with service providers, consumers and families, government and non-government agencies and other key stakeholders. It also takes into account recommendations from a formal review of existing community mental health services provided for children and youth, conducted in 1994 and the recommendations from the Consumer Consultation Project. Cabinet recently endorsed the Ten Year Mental Health Strategy which incorporates the strategic framework for the implementation of this policy statement.

In developing the policy statement it is recognised that children and youth present different patterns and types of mental health problems and disorders and require special consideration of their developmental context and legal status. Contemporary treatment for children and youth needs to be individualised and to draw from a range of therapeutic approaches which are appropriate for different ages, developmental stages, conditions and situations. The policy also recognises the importance of developing close links with other agencies such as education, paediatrics, juvenile justice and child protection services in meeting the needs of children and young people with mental health problems.

A statewide Professional Development Strategy has commenced for child and youth mental health services. This strategy will determine training and professional development requirements to build upon the existing expertise of individual professional disciplines in child and youth mental health services.

Delivering high quality services to young people and their families is a priority for the government. I welcome this opportunity for new directions in the delivery of child and youth mental health services. I am confident that this policy statement will guide us to achieve the vision "to promote, maintain and improve the mental health of the children and youth of Queensland."



Mike Horan
MINISTER FOR HEALTH

CONTENTS

1.	VISION	1
2.	INTRODUCTION	1
3.	BACKGROUND	2
4.	PRINCIPLES	3
5.	PLANNING CONSIDERATIONS	4
6.	SERVICE DIRECTIONS	
	Service Title	4
	Specialised services targeting those most in need	4
7.	SERVICE DELIVERY APPROACH	6
8.	SERVICE PROFILES	
	Children’s Mental Health Services	6
	Youth Mental Health Services	7
9.	ENSURING QUALITY SERVICES	8
10.	CLOSING THE GAPS	9
11.	GLOSSARY	11

Future Directions for Child and Youth Mental Health Services

VISION

To promote, maintain and improve the mental health of the children and youth of Queensland.

iNTRODUCTION

This statement aims to set specific and clear directions to guide the development of specialised mental health services provided by Queensland Health, within a wider system of services which impact on mental health for children and youth. These include government agencies in child health, adult mental health, public health, education and juvenile justice, as well as private sector health service providers and non-government community based organisations.

The development of this policy and planning statement was informed by extensive consultation with service providers, consumers and families, government and non-government agencies and other key stakeholders. It also takes into account recommendations from a formal review of existing community mental health services provided for children and youth, conducted in late 1994 and a consumer consultation project.

Major reform of mental health services is occurring throughout Australia. Guiding the development of this Policy and Planning Statement are policy directions articulated in

- . the National Mental Health Policy (1992) and Plan (1992)
- . the Queensland Mental Health Policy (1993) and Plan (1994)
- . National Goals, Targets and Strategies for improving Mental Health (1994)
- . the Health of Young Australians (1995)
- . the Ten Year Mental Health Strategy for Queensland (1996).

This is Queensland Health's first specific policy on mental health service provision for children and youth. A separate policy is needed for children and youth to ensure that services are tailored to meet their specific needs.

*b*ACKGROUND

Mental health problems and mental disorders in children, youth and young adults are usually expressed through emotional disturbance, behavioural problems, and problems with coping and relating to people.

These are often accompanied by cognitive difficulties, speech and language problems and disorders, and psychomotor difficulties. Certain developmental life transitions, physical and intellectual disabilities, and a range of medical disorders are known to be associated with mental health problems.

Children and young people often cannot communicate their experience or distress, relying on an adult to recognise their need and seek help for them. Because the child is in the process of development, including transitions between primary and secondary school and between adolescence and adulthood, the overall presentation may be diffuse and difficult to define in terms of a diagnosable psychiatric condition.

Information about the prevalence of mental illness in childhood and adolescence is limited. Review of current national and international figures suggest that between 10-18 per cent of those under 19 years of age have mental health problems or disorders that warrant recognition and treatment. Many of these problems are of a less severe nature and can be helped successfully by primary health care services and supportive social systems which can promote better adjustment, without the need to access specialist mental health services.

It is estimated that three to five per cent of children and young people under 19 years of age suffer severe disturbance and functional impairment. It is this group, a proportion of whom are likely to be involved in other service systems, whose clinical needs require the intervention of a specialist mental health service.

Recent data from Western Australia indicates that the proportion of the population under 19 years of age with severe levels of disturbance could be as high as eight to 10 per cent. An accurate prevalence level will be determined by the national epidemiological survey, which is being conducted as a key initiative of the National Mental Health Strategy.

Prevention and early intervention strategies are important in interrupting the development of severe mental health problems and disorders. Early and adequate intervention with mental disorders in childhood and adolescence allows many young people to resume a normal developmental pathway and reduces the longer-term impact of social rejection, educational failure, and inappropriate coping methods such as substance abuse. While it may often be difficult to diagnose mental health problems in the early stages, it is possible to target intervention because of known risk factors.

Service delivery for children and youth differs from service delivery for the adult population. Children and youth present different patterns and types of mental health problems and disorders and require consideration of their developmental context and specific legal status. Services are different with respect to their structure, staffing profiles, clinical practice and models of service delivery.

A spectrum of intervention strategies for the under-19 population is needed to maximise the effectiveness of mental health promotion and the prevention, early intervention and specialist treatment of mental disorders. (Illustrated in Figure 1, over)

At one end of the spectrum, mental health promotion and prevention programs targeting general population groups aim to promote health and well-being and prevent illness. Another level of intervention is detecting and intervening with mental health problems as they are developing. Child health services, primary health services, education, protective services, juvenile justice and other support systems for children and youth are the most appropriate vehicles for these strategies.

The mental health service's primary focus is on those whose level of need requires intervention by a specialist service and on developing targeted detection and early intervention strategies in collaboration with other agencies, for children and young people at higher risk of developing serious mental health problems. Further detail regarding the role and future directions for these services is provided in this policy statement.

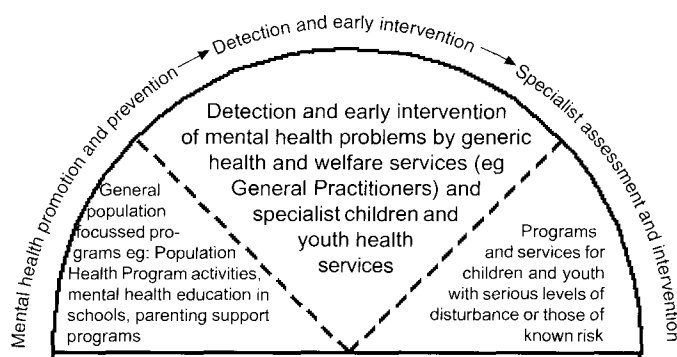


Figure 1: Spectrum of interventions needed to promote, maintain and improve mental health of children and youth.

P RINCIPLES

The following principles guide the delivery of mental health services for children and youth:

- . Each child or young person with serious levels of disturbance, or at risk, should have timely access to high quality mental health services, which take account of family and social circumstances, and cultural and language differences.
- . Service provision should include the development of strategies for identification and early intervention targeting those with known risk factors.
- . Mental health services for children and youth must be flexible and individually tailored, taking into account developmental and social contexts as well as clinical need.
- . Children and young people need to be able to make informed decisions and be involved in the processes affecting them.
- . Services should be developed, delivered and evaluated with the involvement of consumers and carers.
- . Mental health services for children and youth will be coordinated between adult mental health, general health, welfare and education services in ways that ensure children and youth have access to the particular mix of services they require.
- . The service approach will maximise the support given to the child's caring network, including parents, and build on existing strengths and opportunities within their environment.

PLANNING CONSIDERATIONS

National and state policies require that all specialised mental health components are integrated on a catchment specific basis. The organisational structure of CYMHS within the integrated mental health service will vary depending on size of the catchment, demographics and service delivery networks.

Service location and development of treatment teams need to recognise the importance of developing close planning and operational links with other essential services. The nature of such links will vary depending on the age range of the target population. For children and younger adolescents the development of links to other child services, including paediatric services, juvenile justice, educational services and child protection services are a priority.

Some children and youth need special consideration in service planning and delivery. These include:

- . those from an Aboriginal or Torres Strait Islander background
- . those with cultural and communication needs, eg. those from a non-English speaking background, or with profound hearing impairment
- . those from rural and remote areas
- . those who are homeless

Future planning and resource allocation will aim to provide an equitable distribution of services throughout Queensland. Role delineation guidelines will be developed to identify the range of expected services in rural and remote areas, provincial centres, major cities and in the metropolitan regions and future planning requirements.

Planning for rural and remote communities will include the use of teleconferencing and other technologies to provide rapid assessment and guidelines for treatment of children, youth and their families distant from CYMHS services. It will also include providing a range of service options for families, such as expanding local services, supported by visiting mental health services.

SERVICE DIRECTIONS

Service title

The statewide title of the service is *Child and Youth Mental Health Service*. The service can be known by the acronym CYMHS.

Specialised services targeting those most in need

Mental health services for children and youth are a component of Queensland Health's Mental Health Program, providing early diagnosis and intervention, treatment and rehabilitation for the target group. As specialist services they will target direct service delivery to that portion of the population whose disorders are severe and complex, or at risk of becoming so, and whose needs cannot be met by other services.

They also provide a lead role in addressing mental health issues across the spectrum of interventions, through the input of specialist knowledge and assisting other service systems in the areas of detection, prevention and early intervention.

Access to a specialist service will be determined by a clinical decision, taking into account the psychiatric nature of the disorder, the severity of disturbance, the complexity of the condition (including comorbidity), the extent of functional impairment and the level of child, young person's and/or family distress.

In most cases it is preferable that clients access the service through a referring agent such as a general practitioner, guidance officer or youth worker. However, in situations of acute need, service responsiveness requires that families or individual youth can directly access the service. Suicidal, psychotic, severely disturbed and traumatised children and young people whose behaviour is causing risk of harm to themselves or others will be given urgent priority.

Services will target children and youth known to be at higher risk of developing serious mental health problems and disorders. Targeted detection and early intervention strategies appropriate to local need will be developed by CYMHS services, in collaboration with other relevant agencies.

Examples of **high risk groups** include:

- . children and youth living with family members who have mental illness
- . children and youth in care or in contact with the law
- . those with early onset mental disorders (eg. conduct disorder, psychosis)
- . those suffering abuse, neglect or other traumas
- . children and youth with chronic illness or disability
- . youth engaging in substance abuse

Those at risk of developing mental health problems which are of a severe, complex or life-threatening nature are identified through a number of service systems which have established ongoing links with children, young people and their families. These include child health services, schools, general practitioners and community youth agencies. The role of CYMHS is to link with these agencies in providing advice, consultation and development of expertise in ensuring that a timely and appropriate response is provided. Such collaborative relationships will facilitate referral and access for those in need of specialist mental health assessment, intervention and ongoing case coordination.

Mental health services for children and youth are planned to address the age bands 0-13 years and 14-18 years, adopted to reflect current service delivery in schools, community health services and hospitals. Hospitalisation of children in children's wards tends to cut off at age 14 and children transfer from primary to secondary schools between the ages of 12 and 13 years. For larger catchment populations, services for these age groups may be organised separately and collocated with other age-appropriate services as best suited to local need. The needs of young adults over 18 years require specific planning consideration in the adult mental health service.

- . **Children (primary focus 0-13 years)**

Mental health services targeting children will focus on 0-13 year olds and their families, with flexibility in the older ages depending on developmental stage and family supports. Early detection and intervention strategies are necessary in this age band for those young children who are exhibiting severe disturbance or known to be at risk.

- . **Youth mental health service (primary focus 14-18 years)**

This service will focus on services to youth between 14 and 18 years with flexibility at both ends of the age spectrum, to respond to developmental, clinical and family needs. Early detection and treatment services for those with low incidence disorders which have a high risk of death or impairment, such as schizophrenia or eating disorders, are to be given priority. Historically, services oriented to children and youth have seen relatively few people in the older youth age group. To overcome this service gap, the development of service delivery models will need to prioritise improved access to services by this group.

To promote continuity of care for seriously disturbed youth, access to consultant psychiatrists, inpatient services and 24-hour mental health crisis response services necessitates establishing close links with adult mental health services.

- . **Young adult mental health services (over 18 years)**

Services to young adults over 18 years need to be identified and provided from within the adult mental health program, with close links to CYMHS. Such links will facilitate continuity of care and take into account the developmental focus.

SERVICE DELIVERY APPROACH

Contemporary treatment for children and youth is individualised, using a range of therapeutic approaches, appropriate for different ages, developmental stages, conditions and situations. Treatment approaches need to be open to review, as new evidence becomes available on effective interventions.

Professionals working in specialist children and youth mental health services need to possess a knowledge of childhood and adolescent development and temperament, disorders in children and youth and the course of these disorders, disorders in parents, resilience and protective factors, and patterns of interactions within families.

Services are delivered by a multidisciplinary workforce which needs to possess a core body of knowledge and skills which builds on the expertise of individual disciplines. Collaboration in treatment planning between and among multi disciplinary team members ensures consideration of the interactions between relevant biological, psychological and social factors.

In many situations, effective and efficient treatment may be quite brief. Timely and early intervention is desirable to minimise family disruption, reduce the length of intervention needed and produce better outcomes in the longer term. Children and young people with disabling, severe and complex disorders require longer-term case management and support, with some needing ongoing interventions over a period of years.

Since the social context of young people has a powerful influence on the onset, expression and remission of psychiatric disorder, working with families, schools and communities is a central part of treatment approaches. Effective case management practices will ensure that carers and other service providers are appropriately involved in treatment planning and service delivery.

In the delivery of services to individuals and their families, research has shown that better health outcomes are achieved by building on strengths and opportunities in the child and young person and their support networks.

The focus of the clinical approach of CYMHS will be on:

- . identification and early intervention to treat and reduce the development of additional problems, especially in known high risk groups
- . targeted, clinically appropriate, outcome oriented and effective interventions
- . maximising the support given to the client's caring network, and working in a specialist advisory and support role with other agencies, where clinically appropriate

SERVICE PROFILES

A range of service responses are to be provided as part of a single mental health service for a defined catchment population. Services will be designed to facilitate continuity of care within CYMHS. The following service components and priorities for service development have been identified.

Children's mental health services

Referral, intake and assessment services:

- . referrals are generally from another service provider. In situations of acute need, families or individuals can directly access the service
- . appropriate and timely specialised mental health assessment and consultation, including the capacity for emergency assessment
- . extended hours capacity in arrangement with the intergrated mental health service

Continuing treatment and case management services

Community treatment services providing a combination of:

- . clinic-based services, outpatient services, domiciliary and other visiting services
- . outreach to children in schools and in day programs
- . specialist individualised programs for children with specific disorders
- . outreach services to smaller communities, including rural and remote communities

Consultation and liaison services, including:

- . hospital and GP consultation and liaison services
- . interagency liaison and joint case management
- . input to interagency program planning and delivery and community development activities
- . CYMHS services linked with child and family support services e.g. respite, therapeutic fostering and day-relief services
- . education and training of community workers in mental health issues

Acute treatment services providing intensive responses which may include:

- . Day Treatment Services. Structured day - only treatment program which provides intensive treatment for brief or extended periods
- . acute inpatient services provided on a 24 hour basis. Periods of hospitalisation to be kept to a minimum. Age - appropriate environment, either in a dedicated children's mental health inpatient unit or access to general paediatric beds
- . Partial Hospitalisation. Step down service for ongoing stabilisation after acute inpatient treatment, before receiving ongoing treatment in the less intensive continuing treatment component

Youth mental health services

Referral, intake and assessment services:

- . referrals are generally from another service provider. In situations of acute need, families or individuals can directly access the service
- . appropriate and timely specialised mental health assessment and consultation, including the capacity for emergency assessment
- . extended hours capacity developed in arrangement with the intergrated mental health service

Continuing treatment and case management

Community treatment services providing a combination of:

- . clinic-based services, outpatient services, domiciliary and other visiting services
- . a range of outcome-focussed interventions
- . outreach provided within the context of the young person's everyday life, eg. outreach to schools, youth services
- . intensive treatment and support using case management approach for young people with severe disturbance and mental disorders
- . outreach services to smaller communities, including rural and remote communities

Consultation and liaison services, including:

- . consultation and liaison services provided to hospitals, general practitioners, Young People at Risk program, and youth services
- . CYMHS services linked with respite, supported accommodation options, and therapeutic fostering services
- . interagency liaison and joint case management
- . input to interagency program planning and delivery and community development activities
- . education and training of community workers in understanding mental illness, detection and referral

Acute treatment services providing intensive responses which may include:

- . Day Treatment Services. Structured day - only treatment program which provides intensive treatment for brief or extended periods
- . acute inpatient services provided on a 24 hour basis. Periods of hospitalisation to be kept to a minimum. Age-appropriate environment, either in a dedicated youth mental health unit or allocated mental health beds in adult wards. Capacity to provide care and treatment for those at higher risk of harm to self or others according to the requirements of the Mental Health Act for involuntary treatment
- . Partial Hospitalisation. Step down service for ongoing stabilisation after acute inpatient treatment, before receiving ongoing treatment in the less intensive continuing treatment component

Specialist day programs to assist young people with early onset psychosis or severe functional impairments from mental illness:

- . to be developed in collaboration and consultation with adult mental health services to enable continuity of care

eNSURING QUALITY SERVICES

Components of quality care include:

- . providing clear directions about what CYMHS can provide and how and when to refer
- . using assessment, management and intervention methods, which are selected on the basis of empirical evidence to provide the most appropriate clinical response
- . providing training, leadership and continuous support to CYMHS staff to ensure specialist skills and services
- . supporting other agencies to understand, detect and refer
- . making the service easy to access by closing gaps for high risk children, youth and their families and carers
- . having clear accountability for the quality of care provided and appropriate targeting of available resources
- . providing adequate resources to meet the need

Strategies for a number of these have been discussed earlier.

Training

A statewide professional development strategy is being developed, with input from all clinical disciplines. The first stage will identify the training requirements for the specialist skill areas to build on the existing expertise of individual professional disciplines. In the second stage, options for delivering a training program and identification of strategies for supervision, professional development, retention and career progression for the current CYMHS workforce, the incoming workforce and the adult mental health workforce will be developed. In the third stage a curriculum will be developed.

The identification of educational and support needs will be an integral part of this process, and strategies will be developed to assist staff working with rural and remote communities.

To provide academic and clinical leadership in this field, a Chair in Child and Adolescent Psychiatry has been established at the University of Queensland.

Queensland Health has also developed and enhanced the statewide training program for senior trainees in Child and Adolescent Psychiatry following negotiations with the Royal Australian and New Zealand College of Psychiatrists, Faculty of Child Psychiatrists, University of Queensland, and service providers.

Ongoing support and supervision

Geographical and professional isolation, and lack of a critical mass of specialists must be addressed in service planning. The second stage of the professional development strategy will examine strategies to ensure that support and supervision arrangements are in place. This might include the negotiation of agreements between services.

Quality of service provision

Information systems will be established in all CYMHS services to collate and evaluate process output and outcome data.

Services will seek to continue to be updated on developments in knowledge and skills and will actively participate in extending the boundaries of that knowledge.

The National Standards for Mental Health Services will be released in 1997 and services will be assisted to comply with these standards.

Families, children and youth will be involved in planning, delivery and evaluation of services to effectively orient services to meet local needs and focus on quality outcomes for clients.

Accountability

An officer will be appointed in each CYMHS with responsibility for service standards.

The Mental Health Services Program Manager is responsible for identifying and maintaining the CYMHS budget, and reporting on CYMHS expenditure and performance targets.

CLOSING THE GAPS

The responsibility for the mental health of children and youth cuts across departmental boundaries. To adequately address service gaps, the development of a system of care that integrates the service delivery of multiple sectors and agencies is required. Coordination of a number of service systems is important in providing effective prevention and promotion programs.

The mental health services will work closely with other sectors to:

- . achieve greater coordination of services for children and youth with severe emotional disturbance and their families (who are clients of several systems)
- . provide consultation, education, training and liaison services to systems providing services to less severely disturbed children and youth
- . provide specialist knowledge and input into the development of population health programs and early intervention strategies

Queensland Health will facilitate the development of service systems, based on interagency protocols to clarify mutual expectations of services and to standardise referral channels.

Strategies will include:

- * development of frameworks for interagency collaboration on service provision
- * establish or support existing local community networks
- * identify local area high risk needs
- * establish joint protocols for case management, shared care, confidentiality and joint programming
- * establish local agreements about service responsibilities

The links with other services are outlined as follows:

- **Agencies involved in mental health promotion and prevention activities**

Health promotion and prevention programs aim to address broad social, economic, and physical environments which impact on the mental health of children, young people and their families. Programs are targeted for delivery through schools, in the primary health sector with child health nurses, school health nurses and general practitioners, and youth agencies. The role of specialised mental health services in prevention and promotion is to provide input into the development of these programs and enable appropriate referral for identified high risk children and young people.

- **Private psychiatrist and allied health professionals**

About 50 per cent of severely disturbed children under the age of 14 years are seen by private psychiatrists. Private psychiatrists also provide a valuable rural mental health service ranging from fortnightly to quarterly visits, in collaboration with local primary health and mental health allied health professionals. The opportunity to refer to the public sector for intensive multidisciplinary interventions is particularly valued by the private sector.

Private psychologists, counsellors, and their allied health professionals provide a significant role in the treatment of children and young people with serious levels of disturbance.

- **General Practitioners**

The strengthening of linkages between children and youth mental health services and general practitioners is essential as general practitioners hold a pivotal position in health care and are often the first point of contact for parents of troubled children. General Practitioners provide the long-term management, with consultation and liaison support from the Child and Youth Mental Health Service. Shared care arrangements between mental health services and general practitioners are particularly useful in the support of families.

Innovative strategies to encourage links between the private and public sectors will be promoted and explored in the implementation of this policy, in keeping with Queensland Health's policy on private sector involvement in health services.

- **Education**

Schools play a major part of the lives of all children and young people. Schools provide a valuable vehicle for education programs aimed at promoting mental health and enabling the early prevention and treatment of mental health problems. A significant part of the work of CYMHS is to provide consultation and liaison services to schools, and to support teachers and guidance officers to assist with implementing intervention programs in the school setting. Where appropriate, CYMHS takes referrals for assessment and intervention. Teachers and guidance officers are well placed to participate in interagency case management arrangements, and to detect and refer children and young people with problems.

- **Public sector family and community support services**

Workers in systems, such as protective services and the juvenile justice system, have the potential to identify emotional distress or behaviour problems and assist through providing advice and emotional support. The specialised service should aim to assist workers in these service sectors to recognise severe difficulties and high risk situations and ensure appropriate referral.

Case management involving interagency collaboration is a key strategy for children and youth with serious disturbance and their families.

- **Non government community based youth and family counselling and parent support services**

These services provide a range of counselling and support services to children, youth and their families. Workers in youth specific services frequently deal with mental health issues and

require support to enable them to detect and appropriately refer people experiencing mental health problems. Family and youth counselling services, by providing information and support, have a significant preventive role, and may refer people experiencing more serious problems for specialist help.

. **Acute child and youth health services**

Child and youth health services are major health care providers for children and youth considered at risk of developing mental illness and disturbance. A range of specialist private and public developmental paediatric assessment and treatment services are involved in the effective detection and treatment of mental disorders at the earliest time after they begin. They assist families to manage behavioural and adjustment difficulties. When specialist mental health skills are necessary, referral will be made to a Child and Youth Mental Health Service for treatment or consultation and liaison.

. **Adult mental health services**

Coordination and collaborative service planning is required with adult mental health services. They provide services to the families of adults with severe mental illness, including information and support for relatives and children. Services for young adults from 18 years need to be identified and provided within the adult mental health program, with close links to the mental health services for children and youth. The adult service needs to give due regard to developmental and contextual issues in assessing young adults over 18 years.

. **General health**

General health services may need specialised input to assist them to meet the needs of children and youth with psychological responses to illness and disability. Child and Youth Mental Health Services need to develop close links with alcohol and drug programs which provide treatment, counselling and support to adults and youth who may also be parents.

glossary

Acute: recent onset of severe clinical symptoms of mental illness, with potential for prolonged dysfunction or risk to self or others. Treatment efforts are focussed upon symptom reduction, with an expectation of substantial improvement.

Acute inpatient service: provides assessment and short-term intensive treatment, as a part of the continuum of care, for people experiencing acute episodes of mental illness who cannot be treated more appropriately in other community settings.

Case management: the mechanism for ensuring continuity of care, across inpatient and community settings, for access to and coordination of the range of services necessary to meet the individual and identified needs of a person within and outside the mental health service. People with mental disorders and severe mental health problems have ongoing needs necessitating access to health and other relevant community services. This will vary in intensity according to the person's needs and also involve some delivery of clinical services.

Community treatment: is the provision of routine treatment and support services, in a variety of community settings, to people with mental disorders and serious mental health problems. These include clinic-based services, outpatient services, domiciliary and other visiting services, and consultation and liaison services to general practitioners, primary health care and private sector providers.

Continuing treatment and case management: formal process which follows the intake and assessment process, to ensure continuity of care for a person with a mental disorder or serious mental health problem requiring acute and ongoing treatment. It comprises a number of specialised

mental health service components, which include the provision of community treatment, outreach services, acute inpatient services in a variety of settings, psychiatric crisis response and treatment, mobile intensive treatment, and extended inpatient services in a variety of settings.

Continuity of care: is the provision of barrier-free access to the necessary range of health care services, across hospital, community and other support agencies, over any given period of time with the level of support and care varying according to individual needs.

Extended hours: is an extension of the normal working hours of the mental health service to a minimum of 12 hours per day (Monday to Friday), and at times appropriate to the needs of catchment populations on Saturdays and Sundays. This includes an after-hours on-call mobile response capacity (when resources permit), beyond the extended hours, to provide the intake and assessment service component, and limited case management.

Intake: is the initial contact by clinical staff for a person referred to a mental health service. It involves the collection of information to assess the appropriateness of a referral, and enables a person to be directed to the most appropriate service response within or outside the mental health service.

Integration: refers to the process whereby a mental health service becomes coordinated as a single specialist network, and includes mechanisms which link intake and assessment, and continuing treatment and case management to ensure continuity of care. A single accountable officer has management and budgetary responsibilities for all service components within a District and/or network mental health service.

Mental Health Program: is the framework for the provision of mental health services by Queensland Health and its scope is defined by the following:

- . services funded by Queensland Health for the specific purpose of providing intake and assessment, continuing treatment, community support services to people with mental disorders, serious mental health problems and associated disabilities
- . services normally delivered from a service or facility which is readily identifiable as both specialised and mental health in focus
- . services provided by dedicated personnel employed or contracted by state funded services.

Rehabilitation: is focussed on the disability dimension and the promotion of personal recovery, across inpatient and community settings, with an expectation of substantial improvement over short to mid term. The key requirement is reduction of functional impairments that limit independence. There is a relatively stable pattern of clinical symptoms and an emphasis on prevention of illness relapse.

Specialised mental health services: are specifically-designed health services for individualised assessment, continuing treatment and rehabilitation for people with mental disorders and serious mental health problems. They also provide specialised consultation and liaison services to other agencies and include a component offering expert advice to facilitate rehabilitation and promotion programs.