



The Royal Children's
Hospital Melbourne

IMYOS INFORMATION SHEET

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Integrated Mental Health Program

Intensive Mobile Youth Outreach Service (IMYOS)

FRC901400

The Intensive Mobile Youth Outreach Service (IMYOS) is one element in the continuum of services provided by the Royal Children's Hospital Integrated Mental Health Program.

IMYOS assists young people with severe mental health problems, who are considered to be at risk to themselves or others and who are difficult to engage. IMYOS clients typically present with multiple and complex needs and are frequently involved with a range of other services such as Child Protection, Youth Justice and Drug and Alcohol Services.

In the Western Metropolitan region, RCH IMYOS services clients up to 15 years of age, and Orygen Youth Health IMYOS sees clients from 15 – 24 years.

IMYOS aims to promote the mental health and well being of clients by working directly with the young person and systematically with the young person's family/friends and other service providers to develop a system of support and care around the young person.

Core activities include: proactive engagement of the young person, identification and treatment of mental health disorders, support for the young person's family/caregivers, and consultation support to other service providers assisting the young person.

IMYOS staff use a highly flexible outreach approach to engagement and treatment, and provide services in the least restrictive environment possible, including in the young person's home or residence, school or other community settings.

The frequency and duration of client contact is usually greater than that provided elsewhere in CAMHS. Initially, contact may be on several days a week. In general, IMYOS will be involved with young people for between 3-18 months, but occasionally longer.

Given the complexity of needs presented by IMYOS clients, the intensity of the interventions required for change, and the liaison required with caregivers and staff from other agencies, a significant time commitment is required for each client. As such, caseloads for a full-time IMYOS clinician typically range from between 8 – 10 clients.

In general, referrals to IMYOS are received from community team clinicians who, despite providing limited outreach appointments themselves, have been unable to engage clients in the outpatient setting. Referrals are less commonly received from other areas of the IMHP e.g. HC&L and Banksia inpatient unit or from outside the service.

Referrals from High Risk Youth Schedule meetings at DHS, and transfers of IMYOS clients from other regions are fastracked to our team via intake.

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IMYOS REFERRAL CRITERIACriterion 1

Displays signs and symptoms of severe mental illness

Criterion 2

Is under 15 years age

Criterion 3

3A: Exhibit high-risk behaviours that place them at risk of further deterioration of their mental health

For example, the client:

- Experiences recurrent suicidal ideation and /or makes attempts
- Exhibits recurrent self-harming behaviour
- Is at risk of exploitation (i.e. through prostitution, absconding)
- Displays criminal/ offending behaviour
- Has drug and alcohol issues
- Displays challenging and/or difficult to manage behaviours

Clients are expected to present with risk of harm to self and may present with a risk of harm to others, to fulfil this criteria.

and/or

3B: Are at risk of deterioration in their mental health due to a suspected or untreated severe Axis-1 disorder

For example, the client experiences severe agoraphobia and/ or depression and is unable to access services.

Criterion 4

Presents with difficulty in engaging with Mental Health Services

Include evidence of attempts to engage the young person in the referral form please. Eg: detail which of the following have occurred:

- Provision of a number of outpatient appointments that were failed
- Attempts to visit the young person at home
- Offers to meet at an agreed neutral environment, eg; school or other service
- Extensive phone contact with the young person and/ or system
- Letters sent to the young person and/ or system
- Secondary consultation offered to other providers in the system
- Repeated crisis intervention but inability to engage in consistent office based appointments

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MAKING A REFERRAL TO IMYOS

FRC90100

1. Case manager to **discuss potential referral** with the appropriate liaison clinician (listed below) prior to completing a referral form. Also consider booking a time to present the case at the IMYOS Intake meeting (usually on Wednesday morning at 9.15 – 11.15am at the Travancore CAMHS Campus).

<u>Clinician Name</u>	<u>Team</u>	<u>Contact Details</u>
Lisa Commadeur	Inner West, Mid West, Banksia	
Sean Ironside	South West, North West, HCL	

2. It is also essential that a potential referral be **discussed with the client and their family** and permission is sought before a formal referral is made.
3. Initiate an Formal Referral
 - a. Complete an **IMYOS Referral Form**

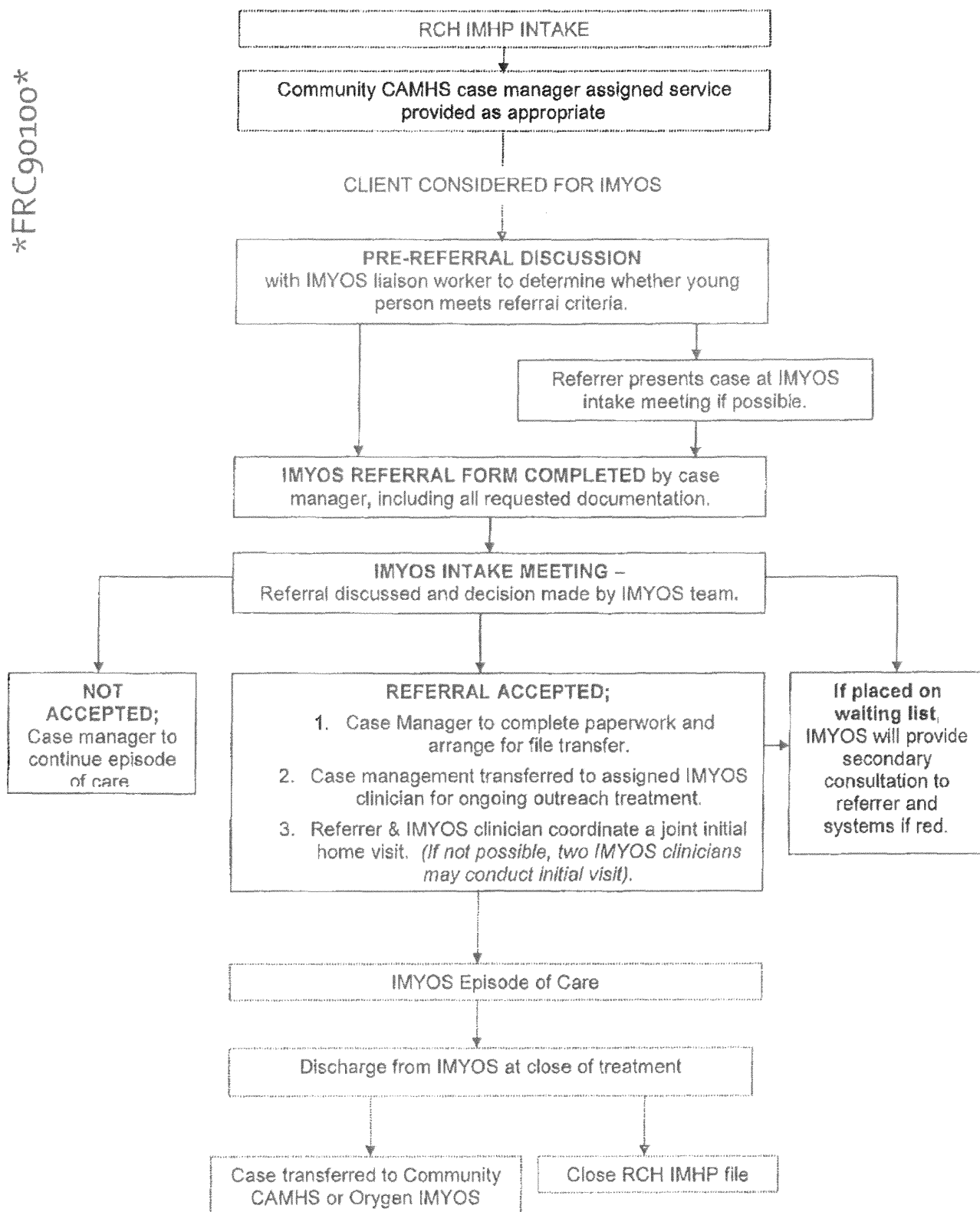
In addition to addressing the IMYOS referral criteria, the referrer is asked to

 - Define their **goals for IMYOS** involvement as these need to be feasible.
 - Complete the **Engagement scale and BPRS (Suicidality/Hostility)** on the referral form. These are used by IMYOS as a comparison measure in order to monitor change in presentation and efficacy of IMYOS treatment.
 - b. Complete the **Home Visit Risk Assessment Form**. This information is required to be submitted according to OH&S guidelines to maximise the outreach worker's safety. If you are unable to complete the form by direct contact it is acceptable to obtain the information through telephone contact with a parent/guardian.
 - c. Attach **CAMHS Assessment Summary**. We request that you email your latest Assessment Summary as we redevelop this as we gather further information during the IMYOS episode of care.
 - d. Attach any **Additional Reports/ Documents** that support the referral.
4. Referrals received by the team are discussed in the next IMYOS clinical team meeting. Feedback and a decision regarding whether the referral has been deemed appropriate for IMYOS will be provided to the case manager after the intake meeting.

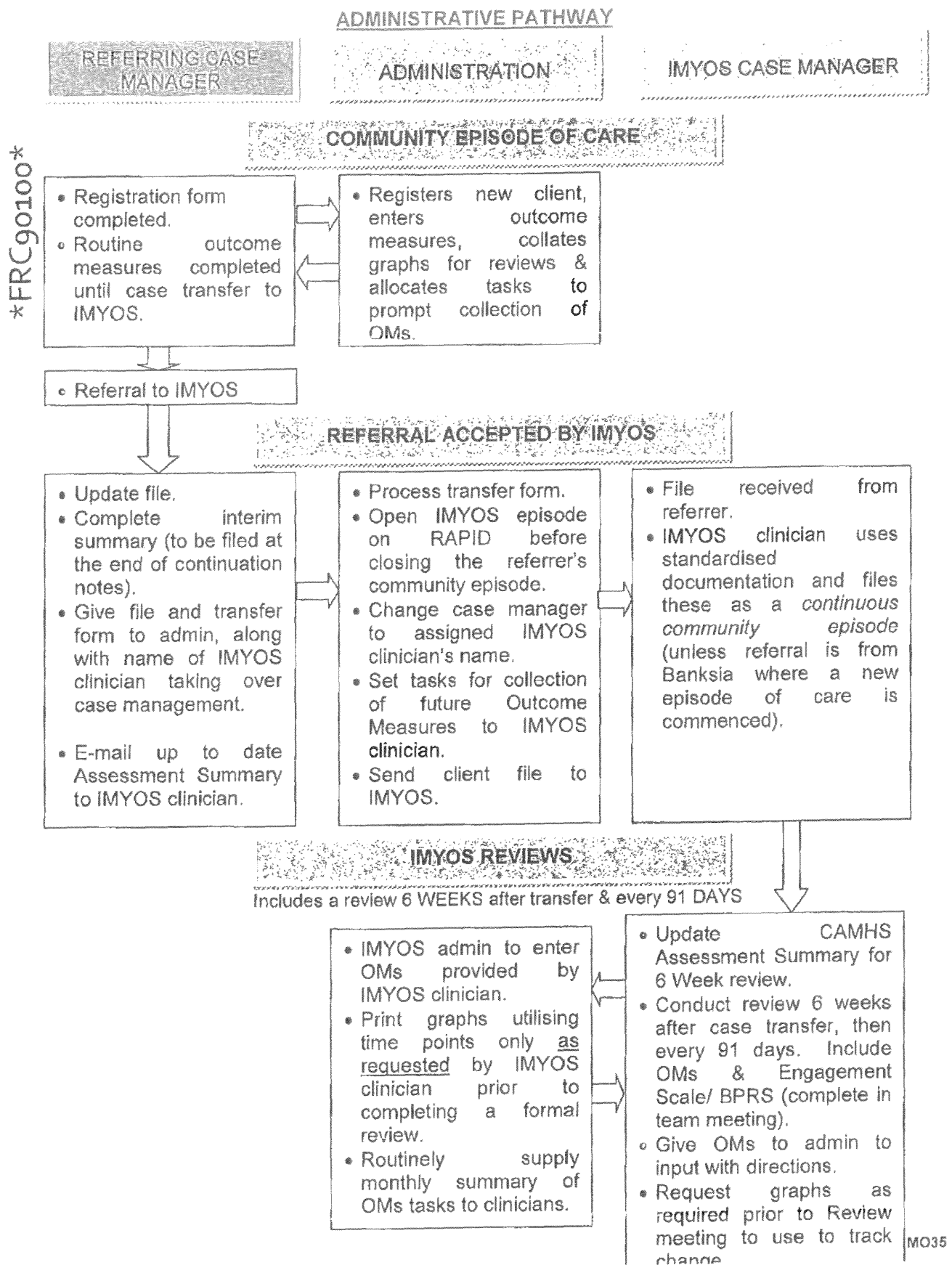
* Please Note: Only completed referrals can be considered by the team. To ensure that your referral is considered in a timely manner, please double check that all sections have been fully completed and are legible, and that all requested documentation is attached.

Note: Referrals are prioritised depending on the client's level of risk. Those meeting Criterion 3A will take priority over those meeting Criterion 3B.

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IMYOS REFERRAL PATHWAY

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Children's Health Queensland Hospital and Health Service

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Financial and Workforce Planning Transition Working Group

Date: 22/10/2013**Time:** 1.30**Venue:** Conference Room, 1.11, Admin Building, The Park

Chair:	Michael Miller (MM), Finance Director, Budget Service, Finance and Corporate Division, WM HHS
Secretariat:	Project Officer, SW AETR, WM HHS
Attendees	Lorraine Dowell (LD), Allied Health, WM HHS Sharon Kelly (SK) Executive Director, MH&SS WMHHS Padraig McGrath (PMc) Nursing Director WMHHS Leanne Geppert (LG) A/Director, Strategy, MH&SS, WM HHS
Conf Call	Alan Fletcher (AF), Senior Director, Clinical and Financial Planning, CHQ HHS Di Woolley (DW), Executive Director, People and Culture, CHQ HHS Deborah Miller (DM), A/Executive Director Office of Strategy Management, CHQ Emma Foreman (EF), Principal Project Officer, Planning and Partnerships Unit, MHAODB Kristen Breed (KB), A/Director, Information and Performance Unit, MHAODB Ingrid Adamson (IA), Project Manager, SW AETRS, CHQ HHS Alan Miller (AM), Executive Director, Workforce, WM HHS Stuart Bowhay (SB), Director Clinical Costings, CHQ HHS Shelley Nowlan (SN), Executive Director, Nursing Services, CHQ HHS Jennifer Crimmins (JC), Allied Health, CHQ HHS Louise Blatchford (LB), Principal Service Agreement Officer, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch (LB)
Apologies	Kathryn White (KW), A/Director, Workplace Relations, WM HHS Helen Ceron (HC), Senior Director, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch
Observers/ Guests:	Nil

Item No	Topic	Action	Committee member	Due date
1.	Presentations			
		Nil		
2.	Meeting opening			
2.1	Welcome and Apologies		Chair	
2.2	Statement of Conflict/Interest	Nil		
2.3	Overview of Statewide Strategy <ul style="list-style-type: none"> An overview of the Statewide Strategy was provided to the group including the background and history. Please see the Presentation for details (sent separately with minutes). 	Nil	LG	
2.4	Overview of Working Group		Chair	
	Business			

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Item No	Topic	Action	Committee member	Due date
3.	Matter for Decision			
3.1	<p>Review and agree on changes of Terms of Reference (ToR) for recommendation to the SW AETRS Steering Committee</p> <p>Discussion Points:</p> <ul style="list-style-type: none"> DM advised the group the ToR had been endorsed by the Steering Committee (SC). Any changes made would need to be submitted to the SC for further endorsement. The group reviewed the functions under the ToR. SK stated that the group is about future focussed service options. DM asked about the current workforce at the Barrett Adolescence Centre (BAC). SK advised that the West Moreton Hospital and Health Service (WMHHS) is responsible for the current BAC workforce strategy and that current BAC workforce planning is not within the scope of this Working Group. All standard HR processes are being adhered to including regular consultation and information provision to the BAC workforce. DM advised that Children's Health Queensland (CHQ) HHS had received union enquiries regarding staff at BAC. SK advised that those enquiries need to be sent to the WMHHS Local Consultative Forum for action. DW stated that the enquiries referred to staff not feeling engaged. SK advised that WMHHS has been in regular contact with the unions about BAC. KB had to leave the meeting and noted that Health Services Act 1991 is irrelevant as it has now been repealed. The Chair asked the group for agreement of the purpose. Discussion occurred around the transfer of funds including that BAC funding would be returned to the purchaser (system manager) who would then allocate the funds to CHQHHS. The allocation of funds would need to go through the contract variation process and depending on timing through the next available amendment window. Several members queried the need to delay further meetings of this group until clarification of funding transfer processes could be received, and until new service models were clearer (so that future workforce planning could occur). The working group needs to align closely to the work of the Service Options Group (Model for Service) Working Group. 	<p>Email with details of union enquiries to be sent to AM and SK</p> <p>Remove Health Services Act 1991 from ToR</p> <p>Healthcare Purchasing to clarify and notify WMHHS and CHQ if this the correct process for the return and reallocation of funds.</p> <p>Clarification is sought from the Steering Committee on the following:</p> <ul style="list-style-type: none"> How will the existing BAC funding be dealt with by the Department of Health? What is the current amount of funding available from all sources? Focus and purpose of this Working Group is on future state of 	<p>DM</p> <p>LJ</p> <p>LB</p> <p>LJ to send to Secretariat of Steering Committee to action</p>	<p>ASAP</p> <p>Before the next meeting</p> <p>ASAP</p> <p>ASAP</p>

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Item No	Topic	Action	Committee member	Due date
	<ul style="list-style-type: none"> The Chair determined that further review of the ToR and meetings will be placed on hold until clarification is sought and direction is provided by the Steering Committee on the future of this working group. The group was in agreement with this and the meeting was closed. 	services?		
4.	Matters for Discussion			
4.1	Barrett Adolescent Centre Workforce <ul style="list-style-type: none"> Not discussed. 	Nil		
4.2	Development of Workforce Plan for future services <ul style="list-style-type: none"> Not discussed. 	Nil		
4.3	Identification of funding sources for the new services <ul style="list-style-type: none"> Not discussed. 	Nil		
4.4	Development of a Plan for allocation of funding and resources to CHQ <ul style="list-style-type: none"> Not discussed. 	Nil		
4.5	Communication Plan and Stakeholders <ul style="list-style-type: none"> Not discussed 	Nil		
5.	Matters for Noting			
5.1	Project Risk Register	Nil		
5.2	Action Item Register	Nil		
5.3	Statewide Strategy Project Plan	Nil		
Next meeting TBA				

ENDORSED BY:

Signature:

Date:

Name:

Position:

Ingrid Adamson - Financial and Workforce Planning Working Group - Adolescent Mental Health Initiative

From: Ingrid Adamson
To: Alan Fletcher; Alan Millward; Deborah Miller; Dianne Woolley; Emma Foreman; Helen Ceron; Jennifer Crimmins; Kathryn White; Kristen Breed; Laura Johnson; Leanne Geppert; Lorraine Dowell; Louise Blatchford; Michael Miller; Padraig McGrath; Sharon Kelly; Shelley Nowlan; Stuart Bowhay
Date: 21/11/2013 9:13 AM
Subject: Financial and Workforce Planning Working Group - Adolescent Mental Health Initiative

Good Morning,

As agreed at the first meeting of the Working Group on 22nd October, issues regarding the purpose and Terms of Reference of the Working Group have been raised with the SW AETRS Steering Committee. The Steering Committee agree that the purpose of this Working Group has shifted since the commencement of the Initiative and, consequently, have decided to disband the formal Working Group structure.

It is understood that work in regard to workforce and financial requirements for the proposed SW AETR model of care will be undertaken on an as-needs-basis with the appropriate representatives identified, and progress on this work will be reported back to the Steering Committee by the project manager on a regular basis.

It was also agreed that CHQ HHS, WM HHS and MHAODB will continue to work together to identify current BAC operational funding, culminating with an amendment proposal for submission to the Service Agreement Management Unit at Qld Health.

On behalf of the project team and Steering Committee, I would like to thank you for your time to date, and I will be in touch with some of you individually to progress specific elements as required.

In the meantime, if you have any questions, please feel free to contact me.

Warm regards

Ingrid

Ingrid Adamson

Project Manager - SW AETR
Office of Strategy Management

Children's Health Queensland
Hospital and Health Service

Level 1, North Tower
Royal Children's Hospital
HERSTON QLD 4029
www.health.qld.gov.au/childrenshealth

Adolescent Extended Treatment and Rehabilitation Models Summary of Site Visit to NSW

Date: Visits conducted from 23rd October 2013

Purpose: To review alternative models of Adolescent Rehabilitation and Extended Treatment

Reviewers:

- Dr Stephen Stathis, Clinical Director, Children's Health Queensland (CHQ) Child and Youth Mental Health Services (CYMHS)
- Ms Judi Krause, Divisional Director, CHQ CYMHS
- Ingrid Adamson, Project Manager, Statewide Adolescent Extended Treatment and Rehabilitation Initiative (SW AETR), CHQ Office of Strategy Management

Sites visited:

- Rivendell, Concorde Mental Health Services, Western Sydney
- Walker Unit, Concorde Mental Health Services, Western Sydney

BACKGROUND

The site visits were precipitated by the announcement that the Barrett Adolescent Centre (BAC), a fifteen bed inpatient adolescent extended treatment and rehabilitation facility based at The Park, Wacol, would be closing in late December 2013. An Expert Clinical Reference Group (ECRG) had identified a range of recommendations across the continuum of extended treatment and rehabilitation spectrum to best meet the diverse needs of this cohort.

Characteristics of Adolescents requiring extended treatment and rehabilitation:

- severe and complex mental illness
- impaired development secondary to their mental illness
- persisting symptoms and functional impairment despite previous treatment delivered by other components of child and adolescent mental health services including CYMHS community clinics, Evolve, day programs and acute inpatient child and youth mental health services
- will benefit from a range of clinical interventions

Severe and complex mental illness in adolescents occurs in a number of disorders. Many adolescents present with a complex array of co-morbidities as outlined below:

- Persistent depression, usually in the context of childhood abuse. These individuals frequently have concomitant symptoms of trauma, e.g. PTSD, dissociation, recurrent self-harm and dissociative hallucinations.
- Adolescents diagnosed with a range of disorders associated with prolonged inability to attend school in spite of active community interventions. These disorders include Social Anxiety Disorder, Avoidant Disorder of Childhood, Separation Anxiety Disorder and Oppositional Defiant Disorder. It does not include individuals with truancy secondary to Conduct Disorder.
- Complex post-traumatic stress disorder. These individuals can present with severe challenging behaviour including persistent deliberate self-harm and suicidal behaviour resistant to treatment within other levels of the service system.
- Persistent psychosis non responsive to integrated clinical management (including community-based care) at a level 4/5 service.

- Adolescents with a persistent eating disorder such that they are unable to maintain weight for any period in the community. These typically have co-morbid Social Anxiety Disorder.

Concorde Mental Health Services, Western Sydney

Met with Dr. Phillip Hazell, Clinical Director, Rivendell. Phillip was also a representative on the ECRG. Both Rivendell and the Walker Unit are part of the Concord Centre for Mental Health, the Walker unit is located on the grounds of Concord Hospital and Rivendell is located on adjacent land, which has been donated to the NSW Government.

NSW does not have any dedicated acute inpatient beds for paediatrics, nor are there many therapeutic residential units. There is a High Dependency Unit in Concorde Hospital and a therapeutic residential unit in Campbelltown, called Sherwood house, which has inreach from Child and Adolescent Mental Health Services (CAMHS).

The Walker Unit and Rivendell are two inpatient facilities along a spectrum of care, with the Walker Unit treating for more severe mental health problems than Rivendell. The target age group for these units is 12 to 18 years of age (or high school equivalent). Both facilities can manage dual diagnosis although they don't deal with alcohol and other drugs often. They work with a substantial number of autistic children with comorbidities. The Walker Unit tends to deal with unusual and bizarre conditions that require a secure facility.

There is limited day program capacity in NSW with only three units available in Wollongong, Rivendell and Redbank. However, NSW has a strong state-wide consultation liaison service, which provides support to young people in non-mental health wards at hospitals, as the first tier of service. This is supported by community CAMHS teams in most areas, although there are capacity issues with case load. Community CAMHS is predominantly a centre-based service usually not having resources to conduct home visits. They had 1,800 CAMHS admissions in 2011.

Early management and care at the local health district reduces the wait list into Rivendell and the Walker Unit.

They have established a Statewide Tribunal to review difficult cases and have found that in most instances the young person does not end up in the Walker Unit, but rather receives alternative treatment and care.

NSW also has residential services, typically comprising small group homes of 4 to 6 adolescents serviced by out-of-home care providers. These services tend to be linked to the state child protection services.

Phillip advised that if NSW were to expand their service offering, they would invest in IMYOS services as this would serve their consumers better than, say, more acute units. This lack of assertive outreach has been identified as a service gap in NSW as has the lack of step up and step down and residential facilities for adolescent rehabilitation and extended treatment.

Rivendell

Rivendell is a bed-based inpatient unit operating five days per week for young people, who require day program / residential-based care and who can be discharged home on weekends or have alternative care arrangements (relatives, etc.).

It is a 24 bed unit however they usually only accommodate up to 15 adolescents due to staffing and funding capacity. They have residential placements but these are not therapeutic, nor are they a foster or institutional care arrangement. Rivendell was described as more like a boarding school. It is based on voluntary attendance and does not utilise restraint or seclusion practices.

They typically have 24 adolescents in their programs including those who are attending the day program. Programs can cater for up to 30 adolescents with a maximum of 6 students per class.

Rivendell can be used as a step down option from the Walker Unit, especially in regard to schooling.

The unit receives inreach from CAMHS and provides a CAMHS service for outpatients, who are within the Concorde Centre for Mental Health local health district geographical catchment.

It was noted that the parents are very motivated and engaged, and will collect their children for the weekend, with some regional families renting nearby units. For children without homes to return, they are accommodated in a refuge for the weekend. This did not appear to be a common occurrence.

Rivendell offers two programs:

1. Lawson Program for school refusal, anxiety, depression and obsessional behaviours – there is high demand for this program and the waitlist is up to 6 months
2. Yaralia Program for psychotic and autism spectrum – there is usually no waitlist for this program

The programs link with distance education and many students don't return to mainstream schooling seeking vocational options instead. Those adolescents that do fully complete a program have almost 100% success rate of returning to mainstream schooling.

A comprehensive, multi-disciplinary assessment is conducted by two clinicians using a range of measures both nationally endorsed and others. Assessment will be conducted within the family home, where possible. The Admission Planning Meeting determines whether an adolescent should go on the wait list.

Twenty-five percent of adolescents are within Rivendell's catchment and the remaining seventy-five percent are managed by local health districts until they can be accommodated by Rivendell. Rivendell accommodates people from across NSW regions and the ACT. Geography will typically determine if an adolescent will stay overnight or attend the day program.

Average length of stay is two school terms (up to 6 months). Some young people stay much longer and go home over the school holidays. Other adolescents move between overnight stays, the Day Program, or step down from the Walker Unit.

Rivendell operates on the principle of a recovery model within the continuum of adolescent extended treatment and rehabilitation.

Staffing Mix:

10 FTEs; registered nurses rostered Monday to Friday (4 in AM, 3 in PM, 2 overnight) – nurses work with inpatient adolescents only (not outpatients nor case management). Outpatients are referred to CAMHS.

Allied Health – 3 FTE psychologists; 3 FTE social workers; case manager; individual and family therapy. There are also registrars divided across inpatient and outpatient

They provide workforce development and training around de-escalation practices.

Education Services

School is classified as a special school and encompasses vocational education. It has 11 teachers and they also travel to acute units, when required. Phillip recommended not linking clinical treatment to education treatment.

A lot of work is invested into discharge planning, including referral to the adult mental health service or transition to private practice.

Rivendell is used for youth camps during school holidays, typically run by community outreach organisations.

Walker Unit

The Walker Unit provides extended treatment and rehabilitation services in a secure unit. There is no documented model of service – it is still in development. The unit has been in operation for over two years now.

They treat resistant young people who are unable to be integrated back into the community at this stage, and it is not suitable for them to remain in acute inpatient. Diagnostic profile includes unrelenting self-harm, psychosis, bipolar, borderline IQ, learning difficulties, developmental delays and borderline personality disorders. Will treat young people with substance issues co-morbidity – will detox. Exclusion: eating disorders. Majority of young people are under the Mental Health Act.

Adolescents come from across NSW, including from regional centres

Referral is through CAMHS acute services, usually acute inpatient units, and rarely community referrals. There are no formal referral forms.

All referrals have comprehensive assessment by two clinicians, who will often visit the home of the family, even if out of the district. They are finding this a resource-intensive model and are looking at reviewing it. They also utilise telehealth as well.

A range of measures are utilised for assessment, including CBCL, CSD depression measures and YSR's as well as national CAMHS outcome measures (CGAS, HONONSA, FIHS, SDQ).

There are three points of family involvement: on admission; at a mid-point in treatment for family therapy; and in the lead up to discharge. They are working up to the capacity to have families stay for short periods of time.

Recovery planning commences at admission – Health Service districts are kept engaged with varying levels of success – especially with difficult-to-transition young people requiring adult mental health care.

They have a multidisciplinary team approach with a consultant psychiatrist having single point of accountability for clinical outcomes.

It operates 24 x 7 – they have no overnight leave policy (for ABF purposes).

There are daily ward programs and individual therapy. Onsite schooling is provided and targeted at individual assessment level. Education services are also provided by the Rivendell School.

There are bi-weekly ward reviews.

Average length of stay is up to 6 months with some outliers up to 2 years.

The unit has some linkages with Coral Tree and Redbank House (family admission) but usually for much less severe cases.

Most families provide their own accommodation in Sydney to accommodate the weekday admission model. The Walker Unit is exploring how to involve families more and have an option to admit families for intensive work, although this has not happened as yet.

ALIGNMENT OF THE NSW UNITS TO THE ECRG RECOMMENDATIONS

The Expert Clinical Reference Group (ECRG) developed a service element document which proposed four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

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

Service (new)

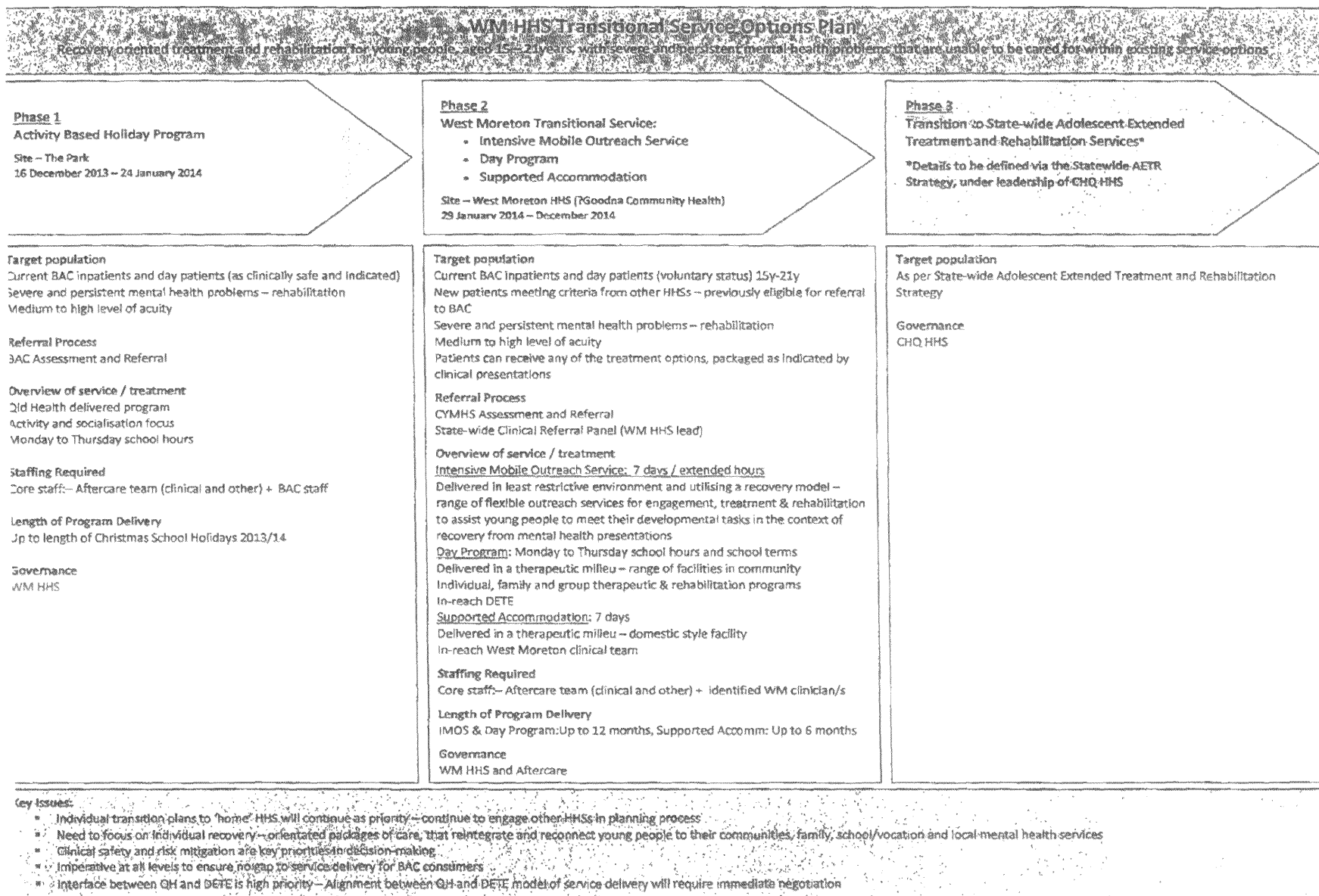
Rivendell service complements Tier 2 and potentially Tier 2b.

The Walker Unit would complement Tier 3 by providing a subacute, contemporary, bed-based model of care.

WM HHS Transitional Service Options Overview

	Intensive Mobile Outreach Service	Day Program	Supported Accommodation
Service Description	Mobile intensive outreach services 7 days / extended hours	Transitional day program providing extended mental health treatment and rehabilitation Monday to Thursday, school hours, school terms 10 places West Moreton HHS	Bed based residential and respite service for after hours and on weekends 4 beds 24 hours / 7 days West Moreton HHS
Location	West Moreton HHS & Brisbane metropolitan area		
Target Population	Consultation – Liaison to local CYMHHS services Current BAC patients as clinically safe and indicated. New patients meeting criteria.	Current BAC patients as clinically safe and indicated. New patients meeting criteria.	Current BAC patients as clinically safe and indicated. New patients meeting criteria.
Selection Criteria	Age 15 – 21 years Level of acuity or risk assessed as high – actively suicidal, homicidal or aggressive No capacity to engage and comply with treatment	Age 15 – 21 years Level of acuity or risk assessed as high – actively suicidal, homicidal or aggressive No capacity to engage and comply with treatment	Age 15 – 21 yrs Level of acuity or risk assessed as high – actively suicidal, homicidal or aggressive No capacity to engage and comply with treatment
Referral Process	CYMHHS Assessment and review by State-wide Assessment Panel	CYMHHS Assessment and review by State-wide Assessment Panel	CYMHHS Assessment and review by State-wide Assessment Panel
Length of Stay	Up to 12 months	Attendance up to 4 days per week for up to 12 months	Up to 12 months
Intervention	Case-by-case basis Delivered in least restrictive environment and utilising a recovery model Range of flexible outreach services delivered via consultation liaison model Education in-reach and vocational services where required (DEVE) Integrate with local acute inpatient, day program, public community MH teams & NGO programs	Monday to Thursday Delivered in a therapeutic milieu Individual, family and group Therapeutic Program Rehabilitation Programs Flexible targeted programs Education in-reach and vocational services where required (DEVE) Integrate with local acute inpatient, IMOS, public community MH teams & NGO programs	Case-by-case basis Provides accommodation but not the intervention Day program attendance optional In-reach CYMHHS & IMOS support Integrate with local acute inpatient, day program, IMOS, public community MH teams & NGO programs
Referral Down or Out	Local CYMHHS, Day Program Experienced child and youth mental health staff, with capacity to work independently with supervision provided Consultation liaison model provided to the local mental health service of the consumer	Local CYMHHS, IMOS Multidisciplinary mental health team	Local CYMHHS, Day Program, IMOS Aftercare staff on day/evening/night In reach clinical staff
Staffing required	Multi-disciplinary staffing profile with clinical skills and training, sourced by Aftercare	Multi-disciplinary staffing profile with clinical skills and training, sourced by Aftercare	Multi-disciplinary staffing profile with clinical skills and training, sourced by Aftercare
Funding	Training and supervision provided by DoH Fund from BAC operational funds and DoH bridging funds	Training and supervision provided by DoH Fund from BAC operational funds and DoH bridging funds	Training and supervision provided by DoH Fund from BAC operational funds and DoH bridging funds
Management	Partnership between Aftercare and WM HHS	Partnership between Aftercare and WM HHS	Residential accommodation to be in partnership with Aftercare and WM HHS
Notes	Flexible service delivery, least restrictive setting, extended hours, part of integrated individualised package, recovery focussed, developmentally appropriate Pilot for new service options being developed Ensures no gap to services for consumers while new service options being developed	Flexible targeted programs, part of integrated individualised package, recovery focussed, developmentally appropriate, provides peer context to support adolescent development Pilot for new service options being developed Ensures no gap to services for consumers while new service options being developed	24 hour / 7 days supported accommodation, integrated with local acute inpatient, day program, IMOS, public community MH teams & NGO programs Pilot for new service options being developed Ensures no gap to services for consumers while new service options being developed
Challenges	Insufficient capacity to manage acuity, severity & complexity of presentations Safety of home visiting, mobile service delivery	Insufficient capacity to manage acuity, severity & complexity of presentations Travel demands on consumers to West Moreton Extends separation period from 'home' HHS	Insufficient capacity to manage acuity, severity & complexity of presentations Safety for patients & staff Difficulty finding step down accommodation Will not target needs of current consumer group – low occupancy
Recommendations	Resources (staffing, \$), demand, procurement process timelines	Resources (staffing, \$), demand, procurement process timelines	Resources (staffing, \$), demand, procurement process timelines

West Moreton HHS
Initial Draft for Discussion – Not for Dissemination
April 2013



NMHSPP: Service Element and Activity Descriptions

mobile

2.1.5 Service Category-- Intensive Community Treatment Service

2.1.5.1 Service Element - Intensive Community Treatment Team - C and A - 0 - 17 years

2.1.5.2 Service Element - Intensive Community Treatment Team- Adult - 18 - 64 years

2.1.5.3 Service Element - Intensive Community Treatment Team - Older Adult 65+ years

Attribute	Details
Description	<p>Intensive Community Treatment Services (ICTS) are delivered by multidisciplinary teams who provide ongoing recovery oriented assessment and assertive treatment and care, aimed at improving the quality of life for persons with complex mental health needs requiring intensive intervention in a community or residential setting.</p> <p>The key functions of Intensive Community Treatment Services are to:</p> <ul style="list-style-type: none"> provide intensive, developmentally appropriate, specialist mental health interventions and ongoing assessment for those persons who require the higher intensity (level of contact, range of interventions/services) treatment, rehabilitation and support to recover from mental illness minimise the impact of mental illness on people, their family, friends, support people and carers, who are living in the community facilitate access to a broad range of clinical and non-clinical services to enable people to establish, re-establish or reclaim a meaningful life work with the person and their network to develop their sense of self efficacy, personal support systems and live independently to participate fully in their community ensure engagement with primary care and other specialist service providers to enable access to early intervention and timely treatment. <p>Age specific adult (18-64) Intensive Community Treatment Services are provided on an extended hours basis and delivered via mobile outreach. Child and Adolescent (0-17) and Older Persons (65+) Intensive Community Treatment Services are primarily provided in business hours and may be provided over extended hours to meet particular needs. All age services have an early intervention and prevention focus to assist people to manage crisis situations and reduce the need for inpatient care for the length of an inpatient stay. The approach places a strong emphasis on psycho education, vocational rehabilitation, and consultation, collaboration and co-ordination with other key services and health care providers.</p> <p>Services work with other key services to facilitate joint care planning and case management with general practitioners (GPs) and other health care providers. Services work to build partnerships and support the development and access to a comprehensive range of services and supports.</p>
Fundamental Attributes	Intensive Community Treatment (ICT) services are mobile and delivered by multidisciplinary teams in home and/or community settings. The team treatment approach has an emphasis on recovery, rehabilitation and community integration and may be provided over months and/or years.
Service specifications and suggested modelling attributes	
Target Age:	0-17years 18-64 years 65+ years
Target Population Profile	<p>Infants, children and adolescents up to the age of 18 years (who are experiencing psychological distress and/or a mental illness) and their family, friends,</p> <p>Adults with serious and/or persistent mental illness or personality illnesses, that have a significant impact on their functioning. Individuals</p> <p>Individuals over the age of 65 who have severe impairment and/or distress related to serious mental illness or mental illness, most commonly initial or recurrent affective or</p>

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	support people and carers. They may present with a range of mental health problems and/or illnesses, but predominantly, they will have diagnoses such as depression, anxiety illnesses, adjustment illnesses, attachment illnesses, developmental illnesses and behavioural illnesses including complex attention deficit hyperactivity illness and conduct illness.	engaged with ICT services may have diagnoses such as schizophrenia, psychosis, severe personality illness and affective illnesses complicated by co morbidities including substance misuse and personality illnesses.	psychotic illness. Older people accessing ICT services may commonly present with associated significant levels of disturbance and psychosocial disability due to their illness and/or exacerbation of underlying personality traits, drug and alcohol problems and physical health care needs; or serious mental illness complicated by functional problems associated with ageing; or severe mental illness and complications of behavioural and psychological symptoms associated with dementia (BPSD) or other age-related illnesses.
Hours of Operation	Extended Hours	Extended Hours	Business Hours
Workforce	Multidisciplinary As per Staffing Profile	Multidisciplinary As per Staffing Profile	Multidisciplinary As per Staffing Profile emphasis on physiotherapy and occupational therapy
Evidence Base			
Level of Evidence:	1		
Key Reference Sources:	<ul style="list-style-type: none"> Queensland Public Mental Health Services Models of Service- Community Care Team and Mobile Intensive Rehabilitation Team Child and Youth MHS, Older Persons Community Models of Service 2011 (Endorsed Executive Director Mental Health, Queensland 02/07/2010) Framework of recovery oriented practice (Victoria) http://docs.health.vic.gov.au/docs/doc/0D4B08DF135B90E0CA2578E900256566/\$FILE/framework-recovery-oriented-practice.pdf Mobile Support and Treatment Teams Victoria, http://docs.health.vic.gov.au/docs/doc/5163B638988176D1CA257A2C001319E3/\$FILE/aged_mh_ict_pstatement.pdf Issakidis C et al. Intensive case management in Australia: A randomized controlled trial. <i>Acta Psychiatrica Scand</i> 1999 May 99 360-367. Adaobi Udechuku James Oliver Karen Hallam, Frances Blyth, Melissa Leslie, Marina Nasso, Paul Schlesinger, Lorraine Warren, Miles Turner, Graham Burrows¹ <i>Assertive community treatment of the mentally ill: service model and effectiveness</i> Article first published online: <i>Australasian Psychiatry</i> 11 JUN 2005 		
Limitations of Evidence:	Nil		
Recommendations for future research:	N/A		

Service Element ~ Intensive Community Treatment Team ~ C and A - Staffing Profile

Information from Care Package	
Hours Per Annum for all individual	220
Total range of population (or care ps)	2,250
Total Hours Req per Annum	495,000

Form FTE	435.48
FTE/Client	0.19
Cross board clients/FTE	5
Annual Cost Salaries	*****
* Including Overhead 27.5%	*****

Nurse	Years needed (annual)	Annual FTE	Salary **	Cost
1NMDR	70,669	59.74		\$9,146,885
1NMDR	33,556	39.51	\$200,564	\$5,933,850
1NMDR	47,113	39.52	\$239,394	\$5,193,205
1NMDR	-	-	\$161,745	\$0
1NMDR	-	-	\$300,566	\$0
1NMDR	94,325	88.53		\$7,343,292
1NMDR	76,105	72.03	\$51,560	\$5,875,045
1NMDR	18,120	15.30	\$119,310	\$1,968,248
1NMDR	-	-	\$59,216	\$0
1NMDR	261,656	227.66		\$20,905,536
1NMDR	75,743	65.00	\$95,532	\$5,293,705
1NMDR	75,743	65.00	\$95,532	\$6,293,705
1NMDR	75,743	65.00	\$95,532	\$6,293,705
1NMDR	34,428	29.96	\$67,381	\$3,012,421
1NMDR	65,449	59.56		\$1,047,189
1NMDR	13,771	11.98	\$58,631	\$704,917
1NMDR	9,921	8.63	\$55,331	\$557,818
1NMDR	34,428	29.96	\$4,428	\$1,969,690
1NMDR	10,319	8.99	\$51,721	\$561,765

Annual Cost Salaries	\$3,157,502
Total Overheading Products	\$3,667,940
Indebting Overheads	27.5%

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2.1.6 Service Category - Day Program

2.1.6.1 Service Element - Day Program Team - C and A 0 - 17 years

2.1.6.2 Service Element - Day Program Team - Adult - 18 - 64 years

Attribute	Details	
Description	<p>Mental Health Day Programs may be used as a part of an overall treatment strategy and/or an alternative to inpatient care. Day programs are usually time limited and targeted to treat specific age groups, illnesses, symptoms or address developmental difficulties, or needs (e.g. children and adolescents, anxiety symptoms, eating disorders, functional problems). The goal is to reduce the severity of mental health symptoms and to promote effective participation in the areas such as schooling, social functioning, symptom management and other life skills. Day programs aim to support the person to achieve their recovery goals utilising a flexible approach that enables work with family, friends, support people and carers and other agencies. (e.g. education, social services)</p> <p>Day Programs are usually integrated with both Mental Health Inpatient Units and Community Mental Health Services to enhance continuity in service provision, provide a flexible range of intensive therapy, treatment and rehabilitation options to maximise recovery within a therapeutic milieu</p> <p>The key functions of Day Programs are to:</p> <ul style="list-style-type: none">• It provides multidisciplinary and collaborative consultation, diagnostic assessment, treatment and a range of evidence based interventions including recovery and discharge planning• It provides alternatives to a hospital admission for people with severe and complex mental health issues who need additional support or intensive outreach due to difficulties engaging in mainstream services.• Arrange, coordinate and support access to a range of integrated services to ensure seamless service provision.	
Fundamental Attributes	<p>Day programs are usually time limited; provide targeted treatment interventions in the least restrictive environment possible while recognising the need for safety, with the minimum possible disruption to the family, friends, support people and carers, educational, social and community networks.</p> <p>Day programs for children and adolescents differ significantly from adult day with a focus on the developmental context and specific requirements for family involvement, integration with education programs and a multifaceted/multi modal approach.</p>	
Service specifications and suggested modelling attributes		
Target Age:	0-17 years	18-64 years
Target Population Profile	<p>Pre-school and school age children with complex needs and/or developmental illnesses. E.g. autism with speech and language illness, disruptive behavioural illnesses, Eating disorders. The aetiology of their symptoms may be rooted in sexual abuse, physical abuse, neglect, parental separation, chaotic family environments, inappropriate discipline and/or a genetic predisposition. They may also have a history of criminal activity, periods in "care", learning</p>	<p>Persons with severe and complex mental health issues such as emerging personality illness, eating disorder, chronic depression and extreme anxiety. Individuals with serious and/or persistent mental illness who may have diagnoses such as schizophrenia, psychosis, severe personality illness and affective illnesses complicated by co morbidities who experience social isolation and severe functional problems.</p>

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	difficulties, emotional and behavioural difficulties, abuse, chronic physical illness / disability; sensory problems; parental mental illness or substance abuse ; trauma or refugee status. Day programs aim to provide intensive treatment interventions with whole families aimed at improving parenting skills, promoting healthy child development, preventing placement and facilitating family stability.	
Frequency of activity	Sessions (may be up to 5 days a week)	Sessions (may be up to 5 days a week)
Hours of Operation	Usually Business Hours but Increasing emphasis on flexibility	
Workforce	As per Staffing Profile	
Evidence Base		
Level of Evidence:	2	
Key Reference Sources :	<ul style="list-style-type: none">• Evaluating the outcomes of adolescent day programs in an Australian child and adolescent mental health service. Nicola Kennair, David Mellor and Peter Brann. http://ccp.sagepub.com/content/16/1/21.abstract• The Evidence Base to Guide Development of Tier 4 CAMHS, Zarina Kurtz, April 2009 National CAMHS Support Service, Department of Health. http://www.nmhdn.org.uk/silo/files/the-evidence-base-to-guide-dvt-of-tier-4-camhs-apr-09.pdf• Modified from Queensland Public Mental Health Services Models of Service Child and Adolescent Day Programs 2011• Review of the PDRSS Day Program, Adult Residential Rehabilitation and Youth Residential Rehabilitation Services for the Victorian Department of Health State of Victoria, Department of Health, 2012	
Limitations of Evidence:	Nil	
Recommendations for future research:		

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2.3.2 Service Category – Sub-Acute Services (Residential and Hospital or Nursing Home Based)

Descriptor

The category of Sub-acute services comprise three elements:

- **Step up/step down services**

These community based residential services are provided for people who have recently experienced or who are at increasing risk of experiencing an acute episode of mental illness. The person usually requires higher intensity of treatment and care to reduce symptoms and/or distress that cannot be adequately provided in the person's home but does not require the treatment intensity provided by acute inpatient units.

Typically, people enter facility-based sub-acute care through one of two pathways

- By 'stepping down' from a period of treatment in an acute inpatient unit to allow continued treatment in a supportive environment aimed at achieving further symptom reduction and recovery from the acute episode
- OR
- By 'stepping up' from the community when experiencing an increase in symptoms/distress to receive treatment in a supportive environment designed to prevent further deterioration and relapse and so avoid admission to hospital.

- **Rehabilitation services**

Community based sub-acute residential rehabilitation services have a primary focus on interventions to improve functioning and reduce difficulties that may limit the person's independence. Rehabilitation services are primarily focused on addressing the disability dimension of mental illness and promoting personal recovery.

These services are characterised by an expectation that they can offer a range of interventions that will assist the person to live successfully in the community of their choice, over the short to mid-term. People admitted to rehabilitation services have complex needs associated with a mental illness. Clinical symptoms, while severe, are usually relatively stable allowing engagement in rehabilitation activities.

- **Intensive Care Services**

Intensive care services are provided as collocations with other mental health inpatient services on hospital campuses. They provide medium term recovery oriented treatment and rehabilitation in a safe, secure, structured environment for people with unremitting and severe symptoms of mental illness and an associated significant disturbance in behaviour which precludes them receiving support safely in a less restrictive environment. Services include, specialist behavioural and symptom management programs, individualised and group rehabilitation programs aimed at maximising individual functioning and recovery oriented pre-discharge and community placement planning to support safe transition to more independent living.

Distinguishing Features

- Sub-acute step up/down and sub acute rehabilitation units for adults may also be placed on sub acute hospital campuses or delivered in community residential settings.
- Sub-acute step up/down and sub acute rehabilitation units young people (12-17) and/or adolescents (16-25) are delivered in community residential settings.
- Sub-acute rehabilitation services are often provided as collocations with non-acute residential services.
- Sub-acute rehabilitation services for older adults (65+) are generally co-located on hospital campuses with generic aged care or acute older persons inpatient services.

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- Sub-acute intensive care services are provided for ages 16 to 65+ in collocations with other inpatient services on general hospital campuses or in some cases psychiatric hospital campuses.
- Services are delivered by multidisciplinary teams operating as part of a local integrated mental health service system.
- Services are delivered as collaborations between specialist clinical and community support sector services with staff available on site 24 hours per day.
- The person's needs for care are complex and require significantly higher levels of support from clinical and specialist rehabilitation staff than would normally be provided in the community.
- Improvements are expected to occur in the short to medium term and stays are measured in weeks and months, not years.
 - Step up/step down care has an average length of stay of 14 days for adults and 28 days for younger people. For adults the expected length of stay does not exceed 30 days.
 - Sub-acute service for older persons operate with an average length of stay of 70 days
 - Sub-acute rehabilitation services have average lengths of stay of 70 days for adults and older adults with expected lengths of stay not exceeding 6 months. The model for older people is a combination of step up/down and rehabilitation services.
 - Intensive care services operate with average lengths of stay of 120 days
- In contrast, non-acute services have expected lengths of stay greater than 6 months.
- Sub-acute and non-acute intensive care units are usually provided as secure units gazetted to allow for involuntary detention.

Inclusions

- Community based residential units which provide sub-acute services.
- Sub-acute community residential units are defined as bed-based facilities (usually around 5 to 20 beds) that provide overnight care with mental health trained staff available on site 24 hours per day.
- While sub-acute rehabilitation services are optimally delivered in community residential settings, this service category may include inpatient units located on general or psychiatric hospital campuses
- Sub-acute services may be provided as a collocation with or sub-program of a residential non-acute service.
- Includes intensive care sub-acute services which are generally provided as co-locations with the non-acute hospital based intensive care program.
- Older person's mental health sub-acute units are located in nursing homes and on general or psychiatric hospital campuses.

Exclusions

- Intensive treatment and rehabilitation provided by specialist community mental health teams in homes or other places in the community.
- Personalised support with varying levels of intensity linked to housing or otherwise provided by a support worker in the person's home. These services are generally provided by the community support sector and are represented elsewhere in the NMHSPP model.
- Hospital based inpatient care in units which have been arranged to respond to the varying acuity needs of people admitted and continuing to require acute inpatient care.
- Support provided by older person's mental health teams to people with complex needs in generic nursing home beds.
- Non-acute services. While non-acute services also have a focus on recovery and rehabilitation, the expectation is a length of stay of more than 6 months
- Crisis accommodation and respite accommodation generally provided by the community support sector which does not meet criteria for a non-acute staffed residential service (i.e. not staffed for a minimum of 6 hours per day).

Example Services

- Adult prevention and recovery care (PARC) units in Victoria.

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- Youth prevention and recovery care (Y-PARC) units in Victoria.
- Transitional Recovery Program, Queensland
- Sutherland Hospital sub-acute mental health unit, New South Wales.
- Sub-Acute treatment and rehabilitation provided in Community Care Units and Secure Rehabilitation Units in Queensland and Victoria.
- Intermediate Care and Community Rehabilitation centres in South Australia
- Barrett Adolescent Unit – TPOMH Queensland
- Older person's mental health sub-acute unit, Calvary Hospital, Australian Capital Territory.

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2.3.2.1 Service Element - Step Up/Step Down - Youth (Residential)

Attribute	Details
Status	Not gazetted, although people may be subject to community treatment orders and forensic orders.
Services Delivered	The aim of the service is prevent further deterioration of a person's mental state and associated disability and so reduce the likelihood of admission to an acute inpatient unit (step up). The service also aims to enable early discharge from acute care through the provision of an intensive safe and supportive residential community residential program (step-down). The service aims to provide short term transitional recovery oriented care and support to minimise the trauma and impact of a first episode or relapse of a mental illness. The service takes an integrated approach to clinical recovery and psychosocial interventions with a focus on stabilisation and management of illness, engagement or reengagement in positive and supportive social, family, educational and vocational connections.
Key Distinguishing Features	Services are located in the community, and delivered in a community residential environment. They are delivered as partnerships and/or collaborations between clinical services and the community support sector. There is a strong focus on early and active engagement of family/friend/support person or carer in a young person friendly environment. Services operate as a component of a district or area integrated mental health system.
Service specifications and other useful descriptors to illustrate service elements.	
Target Age:	Youth (12-17) or (16-24)
Diagnostic Profile	People who meet the criteria for admission to an area mental health service inpatient unit but whose level of risk is such that they can be safely supported in a less restrictive environment than an acute inpatient unit.
Average unit size	14 beds
Hours	24 hours / 7 days
Suggested Modelling Attributes	
% Occupancy	85%
Average LOS	21 days
Annual readmission rate	10%
Indicative staffing FTE/Bed	1.37 FTE per bed
Sources	<ul style="list-style-type: none"> Youth prevention and recovery care (Y-PARC) framework and operational guidelines. Victorian Government 2010. Primary source. Statewide Youth Sub-Acute Unit: An Integrated Service Approach. Government of South Australia. April 2012. Presentation for NMHSPF EWG, Models of Residential Services, Dr Gerry Naughtin, Mind Australia.

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Service Element -- Step Up/Step Down -- Youth -- Stuffing Profile

[illegible]

Bed Based Service Parameters	
Flots	14
Availability	3.00%
Average Available Beds	14
AD/Bed Year	365
Occupancy	85%
OD/Bed Year	\$10.2
ALOS (days)	20
Admissions/Bed/Year	11.26
Admits/Bed/Bed/Year	3.04
Revenues/Bed/Year	10.67

SCHEME		STAFF CATEGORY	FTE	FTE/Fed	Hours/ day	hrs/used	Hours annual	FTE/expl	orginal	Cost	Hours/ Fed	Overhead %
MANHRE	TOTAL					avail			per day		per person	
MANHRE	TOTAL		19.24	2.37	88.88	6.42	32,789	1,701	\$78,136	\$1,405,452	7.5	28%
MANHSE		Vocational Qualified	5.09	0.58	38.00	2.71	13,370	1,715	\$55,860	\$608,380	5.1	25%
MANHSE		Peer Worker	1.25	0.13	8.63	0.62	4,170	1,715	\$54,844	\$101,158	0.7	25%
MANHSE		Tertiary Qualified	3.18	0.36	37.21	2.69	13,766	1,082	\$90,301	\$781,652	3.2	25%
MANHSE		Medical	1.12	0.08	5.43	0.26	1,351	1,766	\$152,055	\$170,633	0.5	25%
MANHRE	TOTAL		FTE	FTE/Fed	Hours/ day	hrs/used	Hours annual	FTE/expl	Salary **	Cost	OT/heads %	
MANHRE		Total Medical	1.12	0.08	5.43	0.26	1,351	1,766	-	\$1,701,633	0.5	25%
MANHRE		Psychiatrist	0.57	0.04	1.57	0.12	550	1,766	\$106,972	\$99,317	0.2	28%
MANHRE		Registrar	0.59	0.04	2.56	0.25	1,045	1,766	\$120,630	\$71,248	0.1	25%
MANHRE		Junior Medical Officer	0.00	0.00	0.00	0.00	-	-	\$150,783	\$0	-	25%
MANHRE		Other Medical Specialist	0.00	0.00	0.00	0.00	-	-	\$106,972	\$0	-	25%
MANHRE		Total Nursing	3.56	0.25	16.00	1.34	5,840	1,639	\$365,746	\$365,746	1.5	25%
MANHRE		Registered Nurse	3.56	0.25	16.00	1.34	5,840	1,639	\$102,673	\$365,746	1.5	25%
MANHRE		Nurse Practitioner	0.00	0.00	0.00	0.00	-	-	\$150,136	\$0	-	25%
MANHRE		Enrolled Nurse	0.00	0.00	0.00	0.00	-	-	\$74,927	\$0	-	25%
MANHRE		Total Allied Health	4.63	0.33	21.71	1.55	7,026	1,715	-	\$371,979	1.8	25%
MANHRE		Psychologist	1.16	0.08	5.43	0.26	1,351	1,715	\$89,023	\$101,960	0.5	25%
MANHRE		Social Worker	1.16	0.06	5.43	0.39	1,981	1,715	\$102,860	\$102,860	0.5	25%
MANHRE		Occupational Therapist	1.16	0.08	5.43	0.51	1,951	1,715	\$89,038	\$102,860	0.5	25%
MANHRE		Other TQ (ie pharmacist)	1.16	0.08	5.43	0.59	1,967	1,715	\$99,531	\$95,278	0.5	25%
MANHRE		VQ and PQs Workers	3.68	0.71	46.69	3.83	17,040	1,715	\$355,227	\$355,227	3.8	25%
MANHRE		Consumer/ Peer Worker	0.32	0.07	4.34	0.33	1,585	1,715	\$54,844	\$30,679	0.4	25%
MANHRE		Ques Peer Worker	0.52	0.07	4.34	0.31	1,535	1,715	\$54,844	\$30,679	0.4	25%
MANHRE		VQ/MH Worker	0.89	0.58	33.00	2.71	13,870	1,715	\$153,660	\$435,868	8.2	25%
MANHRE		VQ Other	0.80	0.20	05.00	0.10	-	-	\$65,105	\$0	-	25%

Annual Cost Salaries	\$1,445,435
* Including Overheads 25%	\$1,806,794
Average Daily Available Bed Day C	5254
Average Cost per Patient per Annu	\$17,013

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2.3.2.5 Service Element – Sub-Acute Intensive Care Service (Hospital)

Attribute	Details
Status	Gazetted
Services Delivered	Sub-acute intensive care services provide short to medium term treatment and rehabilitation in a safe, structured environment for people with unrelenting and severe symptoms of mental illness and an associated significant disturbance in behaviour which precludes their receiving treatment in a less restrictive environment. Services include, specialist behavioural and symptom management programs, individualised and group rehabilitation programs aimed at maximising individual functioning and minimising the effects of long term care and recovery oriented pre-discharge and community placement planning to support safe transition to more independent living.
Key Distinguishing Features	Sub-acute intensive care services are located on hospital campuses usually operating as a sub-program collocated with non-acute intensive care services. Units are designed to provide a reasonably high level of security. Programs have a strong focus on safety, security and risk assessment and management. They operate as a component of a district or area integrated mental health service system. Not to be confused with low, medium and high security forensic units.
Service specifications and other useful descriptors to illustrate service elements.	
Target Age:	Adults, older adults and selected young people with special needs.
Diagnostic Profile	Primary diagnoses usually include schizophrenia, psychosis or severe mood illnesses. Also may have complex presentations including issues with personality illness or exacerbations of underlying personality traits, drug and alcohol illnesses, complex trauma and clinically significant deficits in psychosocial functioning. Associated issues of behaviour and risk which indicate a need for rehabilitation include severely disorganised behaviour leading to difficulty in managing activities of daily living, impaired impulse control, vulnerability, ongoing risk of aggression, and significant risk of self harm.
Average unit size	8 beds
Hours	24 hours / 7 days
Suggested Modelling Attributes	
% Occupancy	85%
Average LOS	120 days with an expected maximum stay of less than 180 days (6 months)
Annual readmission rate	10%
Indicative staffing FTE/Bed	Multidisciplinary 1.61 FTE/ bed.
Sources	<ul style="list-style-type: none"> Community Care and Secure Extended Care Units, Program Management Circular, Victorian Government, 2007. Secure Mental Health Rehabilitation Unit Model of Service, QPMHS, Queensland, 2011. Primary source. Multi-Site Benchmarking of Medium Secure Units, Queensland Mental Health Benchmarking Unit, QH, 2010.

JMI ISPF: Service Element and Activity Descriptions

Service Element -- Sub-Acute Intensive Care Service -- Staffing Profile

[illegible]

Annual Cost Savings	\$3,968,626
* Including Overhead 30%	\$5,159,224
Average Daily Available Bed Day C	\$359
Average Cost per Patient per anno	\$36,381

400

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1. The first step is to identify the key components of the system. This involves understanding the hardware, software, and data involved. For example, in a web application, this might include the server, the database, and the user interface.

Category	Number of standardized admissions per person multiplied by target population	52-58
Staffing		
Nurse	Total Medical	31.53
Nurse	Psychiatric	80.7
Nurse	Podiatric	172.0
Nurse	Junior Medical Officer	0.0
Nurse	Order Secretary	0.0
Unit	Total Nursing	2455.6
Nurse	Registered Nurse	2311.9
Nurse	Nurse Practitioner	101.6
Nurse	Enrolled Nurse	142.2
Nurse	Total Allied Health	278.0
Nurse	Psychologists	48.1
Nurse	Social Workers	92.2
Nurse	Occupational Therapists	46.1
Nurse	Other	92.2
Nurse	Vol and Peer Workers	347.5
Nurse	Careless or Free Worker	73.8
Nurse	Caree Post-Worker	73.8
Nurse	Volunteer Worker	0.0
Nurse	Vol Driver	2.0
Total		3092.0

Bed Based Service Parameters	32
Bedside	100%
Availability	24
Average Ave Table Beds	345
AD/Bed/Year	90%
Community	328.5
OSD/Bed Year	120
ALOS (days)	274
Admissions/Bed/Year	10%
Against Readmit Rate	2.49
Patients/Bed/Year	

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Department of Health

Mental Health Services

CSOF v3.2

Module overview

Please note: This module must be read in conjunction with the *Fundamentals of the Framework* (including glossary and acronym list).

The Mental Health Services module represents a range of mental health services for people in Queensland. Mental health is a specialist area of healthcare promoting optimal quality of life for people with mental disorders or mental health problems. Mental health services are concerned with the assessment, diagnosis, monitoring and treatment of people who have a mental illness or disorder characterised by a clinically significant disturbance of thought, mood, perception, memory and/or behaviour. Fundamental principles underpinning effective mental health services involve consumer-centeredness, family/carer involvement and recovery planning.

Mental health services address the needs of a broad mix of patient types across the entire age spectrum (children, adolescents, adults and older persons). A person's need for mental health services can be short, medium, long term or intermittent, and often spans various levels of care and service areas across the health continuum.

The delivery of mental health services routinely considers and responds to the special needs that may be associated with the mental health of:

- Aboriginal and Torres Strait Islander peoples
- people of culturally and linguistically diverse backgrounds
- people living in rural and remote areas
- people in out-of-home care
- people with a comorbidity or complex needs—this may include, but is not restricted to, people with a mental health diagnosis as well as:
 - an intellectual disability
 - a substance-use disorder
 - a dementing illness or other brain disorder/s
 - severe or complex medical problems
 - a sensory impairment
 - a forensic history.

For the purpose of this module, the term:

- **dedicated pharmacy service** refers to a pharmacy that is either based on the hospital campus or is a nominated pharmacy in the community with which a service agreement has been established for the delivery of mental health pharmacy services, with these services delivered according to requirements outlined in the Australian Council on Healthcare Standards
- **extended-hours** refers to hours of service provided outside of business hours and are determined by the service
- **psychogeriatric** refers to older persons mental health services which may include dementia services



- **qualification** refers to either formal qualification/s from a higher education institution such as a university, at either under-graduate or post-graduate level, or informal qualification/s obtained as part of ongoing professional development, employer-based in-service program, or a College / Professional Association.

By national convention, the accepted term used when referring to a mental health patient is **consumer**, with consumers supported by their family and/or carers. However, on occasion the terms **patient**, **people** and **person** have been used in the module to maintain consistency with other modules.

The Mental Health Services module consists of four sections as described in Table 1:

Section 1: Adult Services

Section 2: Child and Youth Services

Section 3: Older Persons Services

Section 4: Statewide and Other Targeted Services

Table 1: Mental health services defined in the CSCF

Service section	Service subsections	Service subsection notes
1. Adult Services	1.1 Ambulatory Services	Levels 1–6, including services delivered by Continuing Care Teams, Mobile Intensive Treatment Teams and community-based Acute Care Teams
	1.2 Acute Inpatient Services	Levels 2–6. Private sector commences at Level 3 for psychosurgery only, otherwise commences at Level 4
	1.3 Non-Acute Inpatient Services	Levels 4–6, including criteria for Community Care Units, Secure Mental Health Rehabilitation Units, and Acquired Brain Injury and Mental Health Units
2. Child and Youth Services	2.1 Ambulatory Services	Levels 1–6
	2.2 Acute Inpatient Services	Levels 2–6
	2.3 Non-Acute Inpatient Services	Level 5, including criteria for Adolescent Drug and Alcohol Withdrawal Service
3. Older Persons Services	3.1 Ambulatory Services	Levels 1–6
	3.2 Acute Inpatient Services	Levels 2–6
4. Statewide and Other Targeted Services	4.1 Adult Forensic Services	Level 6 (relevant to public sector mental health services only)
	4.2 Child and Youth Forensic Services	Level 5 (relevant to public sector mental health services only)
	4.3 Deafness and Mental Health Services	Level 6 (relevant to public sector mental health services only)
	4.4 Eating Disorders Services	Level 6
	4.5 Emergency Services	Levels 4–5, including services delivered by hospital-based Acute Care Teams (relevant to public sector mental health services only)
	4.6 Evolve Therapeutic Services	Levels 4–5 (relevant to public sector mental health services only)

Service section	Service sub-sections	Service sub-section notes
	4.7 Homeless Health Outreach Services	Level 5 (relevant to public sector mental health services only)
	4.8 Perinatal and Infant Services	Levels 3–6
	4.9 Transcultural Services	Level 6 (relevant to public sector mental health services only)

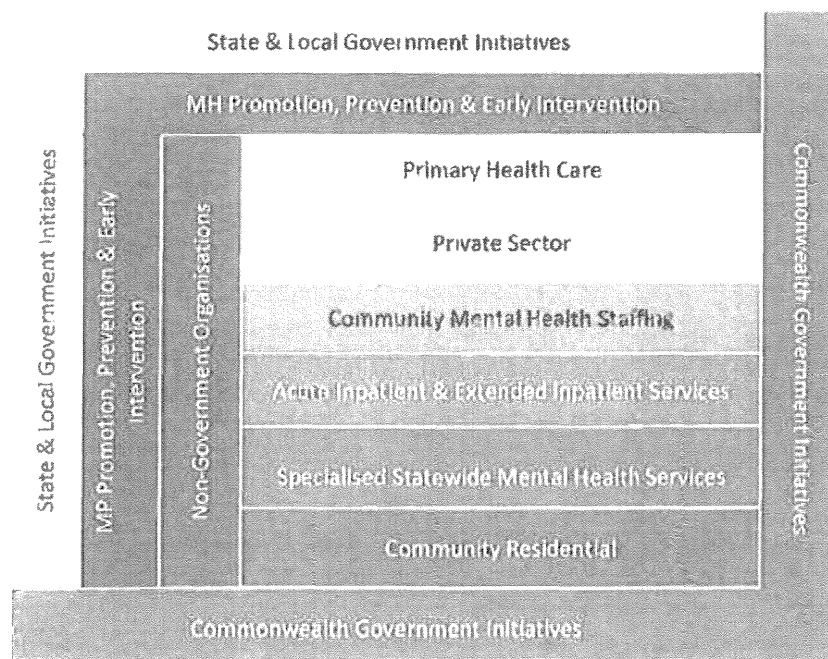
Note: Sections held over until next review of CSCF were Older Persons Services, Non-Acute Inpatient Services, and Statewide and Other Targeted Services including Intellectual Disability and Mental Health Services, Consultation-Liaison Mental Health Services, and Early Psychosis Services.

An integrated Queensland mental health service system

A strong focus on the integration of mental health services across Queensland ensures people living with mental illness have access to the right care and support at the appropriate time. The mental health service system offers a range of inter-connected clinical and community service options to ensure an individual's care is coordinated and responds to changing needs over time.

Along the continuum, mental health care may take place in a number of settings, including a general acute unit, a dedicated mental health unit or hospital, a residential program, an institutional facility (e.g. a prison), a community-based setting or in the person's home. All service components within the Queensland mental health service system are integrated and work together to promote continuity of care (Figure 1).

Figure 1: Queensland Mental Health Service System¹



Note: Private sector includes acute inpatient and ambulatory mental health services.

Private sector mental health service system

Private sector mental health services recognise people with a mental illness or disorder ideally require access to a comprehensive range of services, with an emphasis on coordination, integration and individualised care.

Care options generally include a comprehensive continuum-of-care model, incorporating multidisciplinary services and care across a range of settings appropriate for the consumer. The full continuum of care ranges from intensive, admitted, overnight treatment to day hospital, outpatient and community care, and 24-hour access to psychiatric emergency care for patients of the private mental health service system.

At all times, admission, treatment and care are under the supervision of the treating psychiatrist, irrespective of the care setting.

Mental health service areas

The Mental Health Services module defines broad service areas separately so detailed definitions can be provided for each specific service area. In line with the framework used for reporting under the National Mental Health Strategy, the service areas are broadly defined as follows:

Ambulatory mental health services deliver mental health care to non-admitted consumers, including services at hospital outpatient clinics and non-hospital community mental health services, crisis or mobile assessment treatment services, and day programs. Services are streamed according to age groups.

Acute inpatient mental health services deliver mental health care to admitted consumers, usually on a short- to medium-term and intermittent basis. Services are streamed according to age groups.

Non-acute inpatient mental health services deliver mental health care to admitted consumers over a long-term period and involve a specialist rehabilitation component to care. Previously, many of these services have been known as extended treatment/care services. Services are streamed according to age groups.

Statewide and other targeted mental health services deliver a statewide, centrally coordinated mental health service and are defined separately for at least one of the following reasons:

- they deliver statewide mental health care
- they provide mental health care across the age spectrum
- they deliver targeted mental health care programs for nominated populations.

General support services

Documented processes and collaborative partnerships—relevant to the service being provided and individual consumer need—should be established between a mental health service and a range of:

- clinical support services including (but not limited to) registered medical practitioners (general practitioners); health services (acute, non-acute and ambulatory) for the target population; and alcohol, tobacco and other drug agencies
- non-clinical support services including (but not limited to) education, housing, vocational and other appropriate government agencies (e.g. Queensland Police Service) and non-government agencies.

Risk management

In addition to risk management outlined in the *Fundamentals of the Framework*, there are specific risk management requirements relevant to mental health services. These may include the management of risk behaviours, such as violence or self-harm, or risk issues, such as neglect or maltreatment. As the consumer's assessed level of risk (and/or complexity) increases, a higher level of mental health service capability is required to ensure the safety of those involved.

Risk and complexity are defined in the module using the following parameters, which were adapted from the American Association of Community Psychiatrists (2000)²:

- **Risk of harm** refers to potential to cause significant harm to self or others
- **Functional status** refers to the degree to which social responsibilities, interactions with others, vegetative status and self-care can be managed

- **Comorbidity** refers to complications arising in the context of co-existing medical illness, substance use, intellectual disability or other psychiatric disorder
- **Recovery environment** refers to environmental factors (including family support) that contribute to the onset or maintenance of mental illness or that may support efforts to achieve/maintain mental health
- **Treatment and recovery history** refers to recognition of a person's historical experience and its potential to inform the present episode of care
- **Engagement** refers to consideration of the person's understanding of illness and treatment, in addition to their ability or willingness to engage in the treatment and recovery process.

In the application of the American Association of Community Psychiatrists' risk matrix (Table 2), consideration should be given to the consequences, immediacy, magnitude and likelihood of each domain. Risk factors can be categorised as either static, historical factors (e.g. gender, age) or dynamic, changeable factors (e.g. increased stress due to a life event). A range of sources (relevant to the individual case) should be accessed in the assessment of risk, such as the consumer, the consumer's carers and relatives, the Queensland Police Service and the referral source.

Consideration should also be given to the complexity of each presentation or situation. For example, a person presenting with several identified 'low-risk' factors might be more accurately assessed as 'moderate risk' due to the complexity of their situation. As situational complexity increases, it is expected that input from a higher level of service is required.

The risk matrix should be used as a guide and is not intended to replace clinical risk assessments conducted on an individual basis by experienced and qualified mental health clinicians. Furthermore, it is acknowledged this risk matrix does not reflect the risk parameters of all age groups (e.g. infants) and does not necessarily take into account individual special needs or vulnerabilities. Therefore, this risk matrix should be considered as only one component of a suite of risk assessment tools.

Table 2: Risk matrix—a guide to defining risk while using the Mental Health Services module

	Risk of harm	Functional status	Comorbidity	Recovery environment	Treatment and recovery history	Engagement
LOW RISK Requires only general level of observation and/or standard level of care that might focus on monitoring and/or respite.	<ul style="list-style-type: none"> No current suicidal, homicidal ideation, plan or intentions Low likelihood for harmful behaviour Ability to care for self with support Intact impulse control 	<ul style="list-style-type: none"> Transient impairment in functioning, but able to maintain some meaningful relationships Minor or intermittent disruptions to usual activities 	<ul style="list-style-type: none"> Evidence that medical, substance use and/or other psychiatric illnesses or problems have potential to develop which may affect presenting problem 	<ul style="list-style-type: none"> Life circumstances predominantly stable At least one source of support available 	<ul style="list-style-type: none"> Where relevant, prior experience/s with treatment/recovery been predominantly successful 	<ul style="list-style-type: none"> Potential to understand and accept illness and its effects (with support and psychoeducation)
Moderate RISK Requires visual proximity and/or regular clinician contact	<ul style="list-style-type: none"> Current suicidal or homicidal ideation without intent, plan or past history Potential for harmful behaviour Evidence of self-neglect Impaired impulse control 	<ul style="list-style-type: none"> Becoming conflicted, withdrawn, alienated or troubled in most significant relationships, but maintains control over impulsive or abusive behaviour Deterioration in ability to fulfil responsibilities (e.g. work/school) 	<ul style="list-style-type: none"> Medical, substance use and/or other psychiatric illnesses or problems exist that may affect presenting problem and will then require additional intervention and monitoring 	<ul style="list-style-type: none"> Significant discord or difficulties in family or other important relationships Recent important loss or deterioration of personal/material circumstances Exposure to danger Pressure to perform surpasses ability to do so in significant area Limited support resources accessible 	<ul style="list-style-type: none"> Previous or current treatment/recovery associated with partial remission or control of symptoms Previous treatment/recovery has required strong professional or peer support in structured settings 	<ul style="list-style-type: none"> Some variability in understanding or accepting illness, associated disability and/or comorbidities Limited commitment to change and accepting responsibility for recovery
HIGH RISK Requires one or more clinicians in immediate proximity.	<ul style="list-style-type: none"> Current suicidal or homicidal intentions with a plan Episodes of harmful behaviour to self or others, or high likelihood for this to occur Extreme compromise of self-care Markedly impaired impulse control. 	<ul style="list-style-type: none"> Extreme deterioration in social interactions with minimal control over impulsive or abusive behaviour Inability to attend to basic personal needs and associated impairment in physical status Complete inability to maintain any aspect of personal responsibility in usual roles (e.g. parental, citizen, occupational). 	<ul style="list-style-type: none"> Significant medical, substance use and/or other psychiatric illnesses or problems currently exist and require significant monitoring/intervention Comorbid illnesses or problems place person in additional danger of complications, and impair potential for recovery from presenting problem. 	<ul style="list-style-type: none"> Serious disruption of family/social milieu or life circumstances Episodes of victimisation or violence Overwhelming demands No support resources accessible. 	<ul style="list-style-type: none"> Past or current treatment/recovery associated with minimal success Symptoms persistent 	<ul style="list-style-type: none"> No understanding or awareness of illness, associated disabilities, or comorbidities Unable to actively engage in treatment Avoidant, frightened or guarded.

Source: Adapted from the American Association of Community Psychiatrists (2000)

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The reader should consult other key documents, such as the *Model of Service for Mental Health in Queensland* (public sector specific), to inform their knowledge of the mental health system and, more specifically, to understand clinical processes and workforce roles.

For the purposes of this module, age-specific services are generally categorised as follows:

- Child and Youth Services—0 to 18 years
- Adult Services—over 18 years
- Older Persons Services—65 years and older who meet specific criteria associated with the ageing process and complex mental health needs.

However, there will be some exceptions to these age-range guides, based on factors such as culture, personal background or need, clinical presentation, developmental status or the available service setting. Service managers and providers are required to consider these issues and the relevant site-specific policies and procedures before deciding which section of the module is most relevant to their service provision.

Older persons services must consider the following when planning and coordinating services:

- maintenance of function and the ability to remain at home (if preferred)
- family/carer risk factors, including high rates of morbidity among carers
- access to, and collaboration with, appropriate health and aged-care supports
- medical comorbidity, especially chronic diseases related to ageing
- comorbid cognitive disorders
- sensory impairment
- social isolation
- grief and loss.

Where a health service provides a consumer with both mental health care and general healthcare, the service is required to comply, for instance, with the relevant components of the Children's Services modules (for consumers aged up to 18 years), *Medical Services* module (for consumers aged over 18 years) and other relevant CSCF modules, in addition to the Mental Health Services module.

Service networks

In addition to what is outlined in the *Fundamentals of the Framework*, specific service network requirements include:

- services providing mental health care must have documented processes and collaborative working partnerships with government and/or non-government organisations, support agencies and family support services
- documented processes are to be established and maintained between both lower and higher level services of the one service network (e.g. between Level 2 and 5 of acute inpatient services) and across service networks (e.g. across ambulatory and acute inpatient services).

Service requirements

In addition to what is outlined in the *Fundamentals of the Framework*, specific service requirements, policy and procedure requirements, documented processes, integrated mental health recovery plans, and common elements for inpatient care relevant to all mental health services are detailed below.

Specific service requirements:	<ul style="list-style-type: none"> □ All screening, assessment, treatment and planning tools are age-specific. □ Routine clinical detail collected to inform assessment, diagnosis, intervention and/or recovery.
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<input type="checkbox"/>	Assessments and interventions reflect age-appropriate, evidence-based care.
<input type="checkbox"/>	Assessments and interventions in Levels 4, 5 and 6 services reflect multidisciplinary input
<input type="checkbox"/>	Assessments and interventions are associated with a documented case review process, and are conducted in accordance with the National Standards for Mental Health Services and for involuntary consumers, the <i>Mental Health Act 2000</i> .
<input type="checkbox"/>	Service delivery reflects specific needs of target population and individual
<input type="checkbox"/>	Consumers and family/carers are supported to initiate contact with and engage in all ambulatory, inpatient and community-based mental health, health and support services.
<input type="checkbox"/>	Consumer's individual educational program is coordinated with and integrated into their inpatient or day program, wherever appropriate.
<input type="checkbox"/>	Multidisciplinary (and where possible, multisystemic) collaboration for review of all care plans in cases where risk status of mental health consumers escalate beyond capability of current service level (or in case of emergency mental health presentations), including consultation-liaison with higher level mental health service (which may be via telehealth facilities).
<input type="checkbox"/>	Acknowledgement of need for multisystemic input into all mental health care.
<input type="checkbox"/>	All episodes of care are documented in a health record.
<input type="checkbox"/>	Consideration of decision-making capacity and/or role of alternate, legally appointed individual or agency in decision-making on behalf of the consumer.
<input type="checkbox"/>	Working knowledge of processes involving involuntary treatments and consumer rights under the <i>Mental Health Act 2000</i> as issues may arise concerning ability of children, adolescents and adults to consent to treatment.
<input type="checkbox"/>	Level 3 to 6 ambulatory services and Level 4 to 6 inpatient services deliver integrated mental health care and ensure continuity of care for those accessing services.
<input type="checkbox"/>	Level 4 to 6 services conduct audits of effectiveness of clinical and referral pathways.
<input type="checkbox"/>	Consumers with eating disorders (who are on refeeding program) should be assumed to be at risk of refeeding syndrome and be managed accordingly in an inpatient setting.
<input type="checkbox"/>	For all services caring for children and/or adolescents, including Subsections 4.1, 4.3 and 4.5 of Section 4, Statewide and Other Targeted Services, and occasional adult service, there is a documented process and/or contact with a child protection liaison officer with clear child protection referral processes in place.
<input type="checkbox"/>	Clinicians delivering Level 6 services represent a critical mass of expertise, and provide statewide leadership and education in specialist mental health clinical management to other service providers.

	<ul style="list-style-type: none"> □ Provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.
Current policy and procedure:	<ul style="list-style-type: none"> □ Should explicitly outline care pathways and inform assessment, diagnosis, admission, monitoring, treatment, evaluation, ongoing care, referral, transfer and discharge of mental health consumers. □ Reflect specific needs of target population and individual. □ Inform 24 hours a day response to psychiatric emergencies and high-risk situations. □ Inform management of high-risk behaviour/s and address any (but not be limited to) relational, pharmacological, physical and environmental interventions used in management and containment of violent and/or self-harm behaviours. □ Inform short-term, high-dependency care and stabilisation of mental health consumers awaiting transfer for inpatient admission. □ Inform identification, prevention, response to and evaluation of adverse clinical events. □ Inform safe administration and ongoing management of consumers receiving electroconvulsive therapy (ECT) and psychosurgery in services authorised by the <i>Mental Health Act 2000</i> to provide these services, and should inform how to manage special needs and/or age-specific needs, and vulnerabilities of consumers accessing the service. □ Inform management of non-active consumer cases. □ Inform processes of consultation-liaison between higher level services (Levels 4, 5 and 6) and lower level services. □ Inform refeeding programs used to treat inpatients with eating disorders, and should align/comply with Australian and/or local standards and requirements. □ Inform continuing care of mental health consumers admitted to / discharged from inpatient mental health care.
Documented processes should:	<ul style="list-style-type: none"> □ Demonstrate links and collaborative partnerships with other mental health services (ambulatory, acute inpatient and non-acute inpatient) as is relevant to target population.
	<ul style="list-style-type: none"> □ Demonstrate links with local government, non-government organisation/s and other general support services. □ Reflect timely responses and specific needs of individuals. □ Demonstrate involvement of consumers and carers in planning, operation, monitoring and evaluation of mental health services (Levels 3 to 6).
Integrated mental health recovery plans should include:	<ul style="list-style-type: none"> □ Assessments pertaining to each person's family/carer factors, including family/carer risk factors. □ Risk assessments pertaining to each mental health presentation.
	<ul style="list-style-type: none"> □ Developmental/educational/vocational tasks relevant to consumers.

	<ul style="list-style-type: none"> □ Family/carer and community roles in ongoing care and support of the person.
Common elements for inpatient care include:	<ul style="list-style-type: none"> □ Encouragement and support for consumers (in conjunction with their family/carers) to participate, when clinically indicated and feasible, in efforts to carry out basic, developmentally appropriate activities of daily living during hospitalisation, and some other general activities (such as recreational, social and educational/vocational activities) may be offered and/or facilitated.
	<ul style="list-style-type: none"> □ Provision of services reducing stress related to resuming normal activities in the post-hospitalisation environment (e.g. promoting access to community services associated with ongoing consumer care and mobilising family resources). □ Where the service level capability is stipulated as short-term or intermittent care only, but medium- or long-term care is warranted for any given consumer of that service, ongoing and age-specific consultation-liaison is required with a higher level mental health service.

Workforce requirements

In addition to workforce requirements outlined in the *Fundamentals of the Framework*, specific workforce requirements include:

- each mental health area/unit/service is staffed according to:
 - occupancy rates
 - current severity of illness experienced by consumers
 - special individual needs
 - age-specific needs and vulnerabilities.
- clinicians within Level 4, 5 and 6 services demonstrate high levels of clinical expertise in assessment, intervention and evaluation of consumers presenting with a dual diagnosis of mental health and substance-use disorders, with ongoing professional development accessed in this area.
- clinicians demonstrate ongoing education and training in clinical and safety programs relevant to the practice of mental health service delivery
- clinicians providing mental health services participate in clinical practice supervision with clinician/s who are qualified and experienced in mental health.
- clinicians providing mental health services for children, adolescents or older persons participate in age-group-specific clinical practice supervision with clinician/s who are qualified and experienced in the respective area/s.
- clinical practice supervision is required on a case-by-case basis if the clinician's contact with mental health consumers or with specific groups of mental health consumers, such as children, is intermittent or limited

Where relevant to specific service levels:

Medical

- registered medical specialists with credentials in psychiatry demonstrate satisfactory completion of clinical training and possess a Fellowship in Psychiatry recognised by the Royal Australian and New Zealand College of Psychiatrists.
- psychiatry trainees or registrars supervised according to Royal Australian and New Zealand College of Psychiatrists professional documents and guidelines.

- a registered medical specialist with credentials in psychiatry manages the care of consumers receiving ECT in accordance with the *Mental Health Act 2000*.
- a designated medical officer (however titled) accessible 24 hours a day to enact a *Care and Treatment Order for a Child* for all child and youth inpatient facilities.

Nursing

- registered nurses have qualifications and/or experience in mental health.

Allied health

- allied health professionals have relevant qualifications.

Other

- interpreter services (e.g. language and sign language) accessible as required.
- access to mental health workforce and/or associated key stakeholders or service providers as required with expertise in:
 - Aboriginal and Torres Strait Islander mental health
 - transcultural mental health
 - dual diagnosis (e.g. mental health disorder plus alcohol/other drug disorder)
 - consumer and carer support needs.

Section 1 Adult Services

Subsection 1.1 - Ambulatory Service

Adult Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5
Service description	<p>capable of providing limited short-term or intermittent non-admitted mental health care to low-risk/complexity voluntary adult mental health consumers.</p> <p>may only be available for limited hours.</p> <p>delivered predominantly by one or more general health clinicians who provide local community healthcare service non-specific to mental health.</p> <p>typically, service delivered via community clinic or home-based care.</p> <p>service provision typically includes: basic screening and assessment; brief and/or basic assessment and intervention; consumer and carer education; primary care and prevention programs, and referral, where appropriate.</p>	<p>capable of providing short- to medium-term or intermittent non-admitted mental health care to low-risk/complexity voluntary adult mental health consumers.</p> <p>accessible during business hours and may be delivered via hospital-based outpatient clinic, community clinic or home-based care.</p> <p>delivered predominantly by team of general health clinicians and visiting mental health professionals who provide a local community healthcare service (general health clinicians providing mental health service have qualifications and/or experience in mental health care).</p> <p>some mental health specific services / programs provided at this level.</p> <p>service provision typically includes: assessment interventions, including counselling; consumer and carer education and</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary adult mental health consumers.</p> <p>day programs primarily consist of block-based intervention periods and may only be delivered at certain times of the year.</p> <p>delivered predominantly by small team (not necessarily multidisciplinary) of mental health professionals who provide local mental health care service via hospital-based outpatient clinic or community mental health clinic or home-based care.</p> <p>service provision typically includes: assessment and targeted interventions by mental health professionals; care coordination / case management; consumer and carer education and information; documented case review; primary and</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health consumers (adolescent consumers older than 14 years and older persons—aged 65 and older—may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service).</p> <p>delivered predominantly by multidisciplinary team of mental health professionals providing mental health care service via hospital-based outpatient clinic or day program.</p> <p>community mental health clinic or home-based care.</p> <p>service provision typically includes: assessment and targeted interventions by mental health professionals; care coordination / case management; consumer and carer education and information; documented case review; primary and</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to highest risk/complexity voluntary and involuntary adult mental health consumers.</p> <p>may be targeted population with special care needs and may demonstrate most extreme comorbidities and/or indicators of treatment resistance.</p> <p>accessible during business hours and extended-hours service provided.</p> <p>delivered by highly specialised multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists) providing specialist mental health care service either locally and/or across service areas via hospital-based outpatient clinic, community mental health clinic, home-based care or hospital- or community-based day program.</p> <p>service provision includes:</p>

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Adult Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		information; documented case review; primary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.	limited secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.	mental health professionals; care coordination / case management; consumer and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.	day program (service delivered by community-based Acute Care Teams and Mobile Intensive Treatment Teams—of their equivalents—may be defined at this level of service); service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination/case management; patient and carer education and information; documented frequent case review; group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.	multidisciplinary assessment and specialised interventions by mental health professionals; care coordination/case management; consumer and carer education; documented frequent case review; targeted group programs; all levels of prevention.

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Adult Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
As per module overview, plus: <ul style="list-style-type: none">identification, initial acute assessment and brief interventions of uncomplicated mental health problems.forward referrals for expert assessment / diagnosis / intervention as required.development of care plan.basic clinical detail collected to inform assessment / diagnosis / intervention / recovery.limited psychoeducation.mental health assessments / interventions conducted in consultation with mental health clinician where clinically indicated and associated with documented review process.mental health assessments / interventions (and referrals to other mental health services) conducted by general health clinicians of service.documented processes with Level 5 adult inpatient mental health service.	As per Level 1, plus: <ul style="list-style-type: none">identification, initial acute assessment and interventions of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment).range of primary prevention services (e.g. stress management).psychoeducation (including information about available mental health services, problems and illnesses, indicated treatment options and support services).mental health assessments / interventions conducted by general health clinicians with qualifications and/or experience in mental health and/or visiting mental health clinicians.	As per Level 2, plus: <ul style="list-style-type: none">ongoing identification, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or resistance to treatment).integrated identification, assessment and intervention of any co-occurring substance-use disorders.development of individual mental health recovery plan.range of primary (e.g. stress management) and some limited secondary (e.g. weight management) prevention services.psychoeducation for consumer and family / carer (including information about available mental health services, problems and illnesses, indicated treatment options and support services).mental health assessments / interventions conducted by mental health clinicians of the	As per Level 3, plus: <ul style="list-style-type: none">development of comprehensive individual mental health recovery plan within 1 week of assessment.extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery.extensive range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services.assertive outreach applicable to service and target population.mental health assessments / interventions conducted by team of mental health professionals.may be authorised service under Mental Health Act 2000.	As per Level 4, plus: <ul style="list-style-type: none">ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or treatment resistance).targeted clinical programs for individuals / groups / families / carers.psychoeducation for consumers, families / carers and groups (including information about available mental health services, problems and illnesses, indicated treatment options and support services).separate clinical services for families / carers, if required.mental health assessments / interventions conducted by multidisciplinary team of mental health professionals.service based within a HHS or part of service network that includes Level 5 or 6 adult acute inpatient mental health	As per Level 5, plus: <ul style="list-style-type: none">identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment resistance).extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery, and broader service delivery across all levels of service.extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services.statewide clinical forums to assist dissemination of clinical expertiseservices form part of an integrated mental health service and are based in a HHS or are part of service network that also includes Level 5 or 6 adult acute inpatient mental health unit.assertive outreach applicable to service and target population.specialist consultation-liaison to other health and non-health services / agencies for target population.	

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Adult Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
			service. <input type="checkbox"/> if providing psychosurgery, authorised mental health service under <i>Mental Health Act 2000</i> .		<input type="checkbox"/> health unit consultation-liaison services to local health services as required. <input type="checkbox"/> authorised mental health service under <i>Mental Health Act 2000</i> .	<input type="checkbox"/> may provide extensive range of additional clinical programs and service components, such as outreach service, telehealth services or extended treatment program.

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Adult Ambulatory Services	Level: 1	Level: 2	Level: 3	Level: 4	Level: 5	Level: 6
Workforce requirements As per module overview, plus access to one or more of following (visiting basis or outreach services): Medical <input type="checkbox"/> registered medical practitioner. Nursing <input type="checkbox"/> registered nurse. Allied health: <input type="checkbox"/> allied health professionals.	As per Level 1, plus access to one or more of the following qualified and experienced mental health professionals: Medical <input type="checkbox"/> registered medical practitioner. Nursing <input type="checkbox"/> registered nurse. Allied health: <input type="checkbox"/> allied health professionals. Other <input type="checkbox"/> access to visiting mental health professionals.	As per Level 2, plus: Medical <input type="checkbox"/> limited access to registered medical specialist with credentials in psychiatry. Nursing <input type="checkbox"/> access to two or more qualified and/or experienced mental health nurses. Allied health: <input type="checkbox"/> access to allied health professionals with qualifications and/or experience in mental health. Other <input type="checkbox"/> access to some visiting specialties in health and/or mental health (e.g. Community Forensic Outreach Service).	As per Level 3, plus: Medical <input type="checkbox"/> access to registered medical specialist with credentials in psychiatry for assessment, case management and review. <input type="checkbox"/> may have extended-hours access to registered medical practitioner in psychiatry under supervision (e.g. psychiatry registrar). Nursing <input type="checkbox"/> access—during business hours—to registered nurse with qualifications and/or experience in mental health. Allied health: <input type="checkbox"/> access—during business hours—to multidisciplinary team of allied health professionals with qualifications and/or experience in mental health.	As per Level 4, plus: Medical <input type="checkbox"/> access—during business hours—to registered medical specialist with credentials in psychiatry for assessment, case management and review. Nursing <input type="checkbox"/> access—during business hours—to registered nurse with extensive mental health experience and/or qualifications in mental health. Allied health: <input type="checkbox"/> access—during business hours—to multidisciplinary team of allied health professionals with qualifications and/or experience in mental health.	As per Level 5, plus: Medical <input type="checkbox"/> extended-hours access to registered medical specialist with credentials in psychiatry for assessment, case management and review. <input type="checkbox"/> extended-hours access to registered medical practitioner with credentials in psychiatry (psychiatry registrar). Nursing <input type="checkbox"/> extended-hours access to registered nurses with extensive mental health experience and/or qualifications in mental health. Allied health: <input type="checkbox"/> access to multidisciplinary team of allied health professionals with mental health qualifications and/or experience, some with: - specialist qualifications / experience in specific intervention areas relevant to service being provided - postgraduate qualifications. Other <input type="checkbox"/> access to extensive range of visiting or local health / mental health specialties.	

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Adult Ambulatory Services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Specific risk considerations	<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil	
Support service requirements for adult ambulatory mental health services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
		1		1		1		2		2		2
		1		2		2		2		3		4
Medical Imaging		1		1		2		2		2		2
Medication		1		2		2		2		3		4
Pathology		1		1		2		2		2		2

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach

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Section 1 Adult Services

Subsection 1.2 - Acute Inpatient Service

Adult Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<p><input type="checkbox"/> capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers.</p> <p><input type="checkbox"/> provides general healthcare and some limited mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds.</p> <p><input type="checkbox"/> medical services provided on-site or in close proximity to provide rapid response at all times.</p> <p><input type="checkbox"/> service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to low-risk/complexity voluntary adult mental health consumers.</p> <p><input type="checkbox"/> provides general healthcare and mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by general and mental health professionals (on-site) within a general medical facility that has limited number of allocated mental health beds or may operate as mental health special care suite/area.</p> <p><input type="checkbox"/> service provision typically includes: assessment and targeted interventions by general and mental health professionals; consumer and carer education and information; documented case review; primary and prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.</p> <p><input type="checkbox"/> if providing psychosurgery, agreement must exist with public or suitably licensed private health facility that provides higher level of mental health service for</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to low- and moderate-risk/complexity voluntary adult mental health consumers (adolescent consumers older than 14 years and older persons—aged 65 and older—may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service).</p> <p><input type="checkbox"/> provides mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by mental health professionals within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit.</p> <p><input type="checkbox"/> service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; consumer and carer education and information; documented case review; primary and secondary prevention programs; consultation-liaison with higher level mental health services; and referral, where</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health consumers (adolescent consumers older than 14 years and older persons—aged 65 and older—may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of the adult service).</p> <p><input type="checkbox"/> provides mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by multidisciplinary team of mental health professionals (psychiatrist, nurses, allied health professionals) within dedicated mental health hospital or general hospital that has dedicated mental health acute inpatient unit.</p> <p><input type="checkbox"/> service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; consumer and carer education and information; documented case review; primary and secondary prevention programs; consultation-liaison with higher level mental health services; and extensive primary and</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to voluntary and involuntary adult mental health consumers who present with highest level of risk and complexity.</p> <p><input type="checkbox"/> may be targeted population with special care needs.</p> <p><input type="checkbox"/> may demonstrate most extreme comorbidities and/or indicators of treatment resistance.</p> <p><input type="checkbox"/> service is highly specialised and/or statewide inpatient service delivered from large general hospital incorporating dedicated mental health unit or may be delivered from purpose-designed and built mental health facility.</p> <p><input type="checkbox"/> demonstrates specialist expertise in delivery of mental health services to a consumer group that cannot be safely and effectively cared for in any other level of acute inpatient mental health service.</p> <p><input type="checkbox"/> provides mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered by highly specialised multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other</p>

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Adult Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
		transfer of consumers following postoperative period—treating psychiatrist shall assess consumer prior to discharge to determine whether transfer to higher level of mental health service is required to meet the clinical mental health needs of the consumer.	appropriate.	secondary prevention programs; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.	<input type="checkbox"/> medical services provided on-site or are in close proximity to provide rapid response at all times. <input type="checkbox"/> service provision includes multidisciplinary assessment and specialised interventions by mental health professionals; consumer and carer education; documented daily case review; targeted group programs; all levels of prevention programs / services; consultation-liaison with lower level mental health services; and referral, where appropriate.

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Adult Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	As per module overview, plus: <ul style="list-style-type: none"><input type="checkbox"/> identification, initial acute assessment, brief intervention and monitoring of uncomplicated mental health problems, medication management,<input type="checkbox"/> forward referrals for expert assessment, diagnosis and intervention,<input type="checkbox"/> development of care plan,<input type="checkbox"/> limited psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services),<input type="checkbox"/> mental health assessments and interventions conducted in consultation with mental health clinician where clinically indicated, and associated with documented review process,<input type="checkbox"/> mental health assessments and brief interventions / monitoring (and referrals to other mental health services) conducted by general health clinicians of this service,<input type="checkbox"/> documented processes with Level 5 acute inpatient mental health service<input type="checkbox"/> additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities	As per Level 2, plus: <ul style="list-style-type: none"><input type="checkbox"/> identification, acute assessment, brief intervention and monitoring of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment),<input type="checkbox"/> development of comprehensive individual mental health recovery plan within 1 week of assessment,<input type="checkbox"/> limited range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services,<input type="checkbox"/> psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services),<input type="checkbox"/> mental health assessments, interventions and monitoring conducted by general and mental health clinicians of this service,<input type="checkbox"/> an infant can only be admitted with his/her mother to an adult acute mental health inpatient unit as defined in Subsection 4.3, Perinatal and Infant Services, of this module, if providing psychosurgery, on-site Level 6 surgical service,	As per Level 3, plus: <ul style="list-style-type: none"><input type="checkbox"/> identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance),<input type="checkbox"/> integrated approach to identification, assessment and intervention of any co-occurring substance-use disorders,<input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery,<input type="checkbox"/> range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services,<input type="checkbox"/> psychoeducation for the consumer and family / carer (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services),<input type="checkbox"/> mental health assessments, interventions and monitoring conducted by multidisciplinary team of mental health professionals,<input type="checkbox"/> authorised mental health service under <i>Mental Health Act 2000</i>, may provide range of additional clinical programs and service components, such as telehealth services or a day program,	As per Level 4, plus: <ul style="list-style-type: none"><input type="checkbox"/> identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance),<input type="checkbox"/> targeted clinical programs for individuals / groups / families / carers (e.g. group therapy for consumers with Bipolar Affective Disorder),<input type="checkbox"/> extensive range of primary (e.g. stress management) and secondary (e.g. weight management) prevention services,<input type="checkbox"/> mental health assessments, interventions and monitoring conducted by multidisciplinary team of mental health professionals,<input type="checkbox"/> authorised mental health service under <i>Mental Health Act 2000</i>, may provide range of additional clinical programs and service components, such as telehealth services or a day program,	As per Level 5, plus: <ul style="list-style-type: none"><input type="checkbox"/> identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment resistance),<input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery, and broader service delivery in all levels of service,<input type="checkbox"/> extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services,<input type="checkbox"/> statewide clinical forums to assist dissemination of clinical expertise,<input type="checkbox"/> psychoeducation for consumers, families / carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services),<input type="checkbox"/> separate clinical services for families / carers, if required,<input type="checkbox"/> service forms part of integrated mental health service and is based in a HHS or part of service network that also includes Level 5 or 6 adult ambulatory mental health service,

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Adult Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
	visiting and/or community-based workforce.		<p>Level 5 or above where clinically indicated, and associated with documented review process.</p> <p><input type="checkbox"/> documented processes outlining supervisory requirements to ensure safety of adolescents admitted to the unit.</p> <p><input type="checkbox"/> documented processes with Level 4, 5 or 6 child and youth acute inpatient mental health service, as clinically indicated. ECT services may be facilitated and/or provided at this service level by mental health service authorised to provide ECT under Mental Health Act 2000.</p>		<p><input type="checkbox"/> specialist consultation-liaison to other health and non-health services / agencies for target population.</p> <p><input type="checkbox"/> may provide extensive range of additional clinical programs and service components, such as outreach services, telehealth services or day programs.</p>

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Adult Acute Inpatient Services Workforce requirements	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>As per module overview, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> admitted by registered medical practitioner. <input type="checkbox"/> daily care coordinated by registered medical practitioner who has access to registered medical specialist with credentials in psychiatry to assist and guide assessment, treatment, case management and case review (may be via telehealth). <input type="checkbox"/> medical services provided on-site or in close enough proximity to provide rapid response at all times. <p>Nursing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> suitably qualified and experienced registered nurse in charge (however titled) of unit. <input type="checkbox"/> qualified and experienced registered nurse in charge of each shift with skills appropriate to service being provided. <input type="checkbox"/> other suitably qualified nursing staff working within their scope of clinical practice. <input type="checkbox"/> access—during business hours—to registered nurse with qualifications in mental health and/or extensive mental health experience who can provide advice, support and direction for nursing care. <p>Allied health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to allied health professionals. 	<p>As per Level 2, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> admitted by / under registered medical specialist with credentials in psychiatry. <input type="checkbox"/> daily care coordinated by registered medical specialist with credentials in psychiatry and/or registered medical practitioner who has access to registered medical specialist with credentials in psychiatry to assist and guide assessment, treatment, case management and case review (may be via telehealth). <input type="checkbox"/> if providing psychosurgery, surgical service provided by qualified and experienced specialist medical practitioner with credentials in neurosurgery. <p>Nursing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> at least one registered nurse per shift with qualifications and/or experience in mental health. <input type="checkbox"/> access—during business hours—to community- or hospital-based allied health professionals with qualifications and/or experience in mental health. 	<p>As per Level 3, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—24 hours—to registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review. <input type="checkbox"/> access—24 hours—to registered medical specialist with credentials in psychiatry and a certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and case review (may be via telehealth). <p>Nursing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered nurse in charge of each shift is suitably qualified and/or experienced mental health professional. <input type="checkbox"/> two or more registered nurses per shift qualified and/or experienced in mental health. <input type="checkbox"/> if inpatient unit occupancy is low, only one registered nurse per shift qualified and/or experienced in mental health. <input type="checkbox"/> access—during business hours—to community- or hospital-based allied health staff with qualifications and/or experience in adult acute mental health. <input type="checkbox"/> access to dedicated pharmacy services for mental health. 	<p>As per Level 4, plus:</p> <p>Allied health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to allied health professionals e.g. psychology, social work, occupational therapy, speech pathology and dietetic services (relevant postgraduate qualifications desirable). <input type="checkbox"/> access to dedicated pharmacy services for mental health. <input type="checkbox"/> access to extensive range of on-site and/or visiting specialists in health / mental health. 	<p>As per Level 5, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—24 hours—to registered medical practitioner (psychiatry registrar / principal house officer / senior medical officer / career medical officer) with credentials relevant to the discipline. <p>Nursing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> majority of registered nursing staff qualified mental health practitioners and have extensive mental health experience. <input type="checkbox"/> extended-hours access to community- or hospital-based allied health professionals with relevant specialist mental health qualifications and experience.

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Adult Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
Other <input type="checkbox"/> AINs or equivalent may complement clinical team at discretion of nurse in charge. <input type="checkbox"/> Bachelor of Nursing students (second or third year undergraduate) may complement clinical team at discretion of nurse in charge and under registered nurse supervision.	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	Off-site <input type="checkbox"/> access to some on-site and/or visiting specialties in health / mental health.	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil
Specific risk considerations	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil

Support service requirements for acute inpatient mental health services	Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetics					3*		3*		3*	
Medical imaging		1		1		2		2		2
Medication		2		2	3		4		5	
Pathology		1		2		2		2		2
Perioperative (relevant section/s)				6**	3*		3*		3*	
Surgical				6**						

Required only if ECT* and/or psychosurgery** performed

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

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Section 4 Adult Services

Subsection 4.3 - Non-Acute Inpatient Service

Adult Non-Acute Inpatient Services	Level 4	Level 5	Level 6
<p>Service description:</p> <ul style="list-style-type: none"> <input type="checkbox"/> capable of providing medium- to long-term inpatient mental health care to low- and moderate-risk/complexity voluntary adult mental health consumers 24 hours a day. <input type="checkbox"/> target population includes those within service-identified age range who either require graduated entry back into community post-hospitalisation, or require extended and intensive clinical interventions, but do not need or would not benefit from a mental health acute inpatient admission. <input type="checkbox"/> delivered predominantly by mental health professionals who provide supervised and structured living environment, such as that of a Community Care Unit. <input type="checkbox"/> based in the community or may be co-located with a hospital-based medical / mental health service. <input type="checkbox"/> provides daily clinical care and rehabilitation to consumers on an extended basis before they move to more independent living arrangements. <input type="checkbox"/> service provision typically includes: multidisciplinary assessment and targeted interventions and rehabilitation by mental health professionals; consumers and carer education and information; documented weekly case review; group programs; primary and some secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate. 	<ul style="list-style-type: none"> <input type="checkbox"/> capable of providing medium- to long-term inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary adult mental health consumers. <input type="checkbox"/> provides daily clinical care and rehabilitation to targeted population of consumer (e.g. those with dual diagnosis of mental health disorder and acquired brain injury) 24 hours a day. <input type="checkbox"/> target population for this service includes those within service-identified age range who require extended and intensive clinical interventions (some may require high levels of security), and whose clinical needs are not able to be safely and adequately met in an adult acute inpatient mental health service. <input type="checkbox"/> delivered predominantly by multidisciplinary team of mental health professionals (psychiatrists, nurses, allied health) who provide a supervised, structured and secure environment (e.g. a Medium Secure Unit). <input type="checkbox"/> service provision typically includes: multidisciplinary assessment and targeted interventions and rehabilitation by mental health professionals; consumer and carer education and information; documented weekly case review; group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate. 	<ul style="list-style-type: none"> <input type="checkbox"/> capable of providing medium- to long-term inpatient mental health care to voluntary and involuntary adult mental health consumers presenting with highest level of risk and complexity. <input type="checkbox"/> demonstrates specialist mental health expertise in delivery of mental health services to members of targeted population—some of whom will present with special care needs requiring non-acute extended inpatient mental health treatment and rehabilitation—24 hours a day <input type="checkbox"/> highly specialised and/or statewide extended care inpatient service predominantly provided by multidisciplinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and other specialists). <input type="checkbox"/> service provision includes: multidisciplinary assessment and specialised interventions by mental health professionals; consumer and carer education and information; documented frequent case review; targeted group programs; all levels of prevention programs/services; and referral, where appropriate. 	<p>Service requirements</p> <ul style="list-style-type: none"> <input type="checkbox"/> As per module overview, plus: <ul style="list-style-type: none"> <input type="checkbox"/> identification, ongoing assessment, monitoring, interventions and rehabilitation of mental health problems ranging in risk and complexity (that may be associated with comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> integrated approach to identification, assessment and intervention of any co-occurring substance-use disorders. <input type="checkbox"/> targeted clinical programs for individuals / groups / families / carers (e.g. group
	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> co-located with hospital-based medical / mental health service or part of purpose-designed and built mental health facility. <input type="checkbox"/> identification, ongoing assessment, monitoring, interventions and rehabilitation of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention and 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> primary service site co-located with adult acute inpatient mental health unit or, alternatively, primary service site may be purpose-designed and built mental health facility. <input type="checkbox"/> identification, ongoing assessment, monitoring, interventions and rehabilitation of complex mental health problems (that may be associated with the most complex comorbidities and/or indicators of treatment resistance). 	

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Adult Non-Acute Inpatient Services	Level 4	Level 5	Level 6
<ul style="list-style-type: none"> <input type="checkbox"/> therapy for families/carers of consumers with a psychotic illness). <input type="checkbox"/> medication management. <input type="checkbox"/> forward referrals for assessment, diagnosis and intervention as required. <input type="checkbox"/> development of comprehensive individual mental health recovery plan within 1 week of assessment. <input type="checkbox"/> extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services. <input type="checkbox"/> psychoeducation for consumer and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> mental health assessments, interventions, rehabilitation and monitoring conducted by multidisciplinary team of mental health professionals. <input type="checkbox"/> additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce. <input type="checkbox"/> service provision occurs alongside ongoing consultation-liaison with referring service / practitioner. 	<p>therapy for families/carers of consumers with a psychotic illness).</p> <ul style="list-style-type: none"> <input type="checkbox"/> medication management. <input type="checkbox"/> forward referrals for assessment, diagnosis and intervention as required. <input type="checkbox"/> development of comprehensive individual mental health recovery plan within 1 week of assessment. <input type="checkbox"/> extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services. <input type="checkbox"/> psychoeducation for consumer and family/carers (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> mental health assessments, interventions, rehabilitation and monitoring conducted by multidisciplinary team of mental health professionals. <input type="checkbox"/> additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce. <input type="checkbox"/> service provision occurs alongside ongoing consultation-liaison with referring service / practitioner. 	<p>recovery</p> <ul style="list-style-type: none"> <input type="checkbox"/> range of additional programs and service components (e.g. partial hospitalisation, consultation-liaison services, rehabilitation programs and telehealth). <input type="checkbox"/> mental health assessments, interventions, rehabilitation and monitoring conducted by multidisciplinary team of mental health professionals. <input type="checkbox"/> authorised mental health service under <i>Mental Health Act 2000</i>. 	<p>extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery and broader service delivery in all levels of service.</p> <ul style="list-style-type: none"> <input type="checkbox"/> extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services. <input type="checkbox"/> statewide clinical forums to assist dissemination of clinical expertise. <input type="checkbox"/> psychoeducation for consumers, families/carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> extensive range of additional programs and service components (e.g. step-down programs, consultation-liaison services, rehabilitation programs and telehealth).

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Adult Non-Acute Inpatient Services Workforce requirements	Level 4 As per module overview, plus:	Level 5 As per Level 4, plus:	Level 5 As per Level 5, plus:
<p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> admitted by / under registered medical specialist with credentials in psychiatry. <input type="checkbox"/> access—during business hours—to registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> suitably qualified and experienced registered nurse (however titled) in charge of unit. <input type="checkbox"/> registered nurse in charge of each shift has mental health qualifications and/or experience in mental health. <input type="checkbox"/> two or more registered nurses per shift qualified and/or experienced in mental health. <input type="checkbox"/> If inpatient unit occupancy is low, only one registered nurse per shift qualified and/or experienced in mental health. <p>Allied health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to community- or hospital-based allied health professionals e.g. psychology, social work, occupational therapy, speech pathology and dietetic services. <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to range of visiting or local health / mental health specialties. <input type="checkbox"/> AINs or equivalent may complement clinical team at discretion of nurse in charge. <input type="checkbox"/> Bachelor of Nursing students (second or third year undergraduate) may complement clinical team at discretion of nurse in charge and under registered nurse supervision. 	<p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—24 hours—to registered medical specialist with credentials in psychiatry for assessment, treatment, case management and case review. <input type="checkbox"/> access—24 hours—to support by registered medical practitioners. <p>Allied health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to multidisciplinary team of allied health professionals (relevant postgraduate training is desirable). <input type="checkbox"/> access to dedicated pharmacy services for mental health. <p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to wide range of visiting or local health / mental health specialties. 	<p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> medical services provided on-site or are in close enough proximity to provide rapid response at all times. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> majority of registered nursing staff qualified mental health practitioners and have extensive mental health experience. <p>Allied health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> extended-hours access to community- or hospital-based allied health professionals with qualifications and experience in mental health. <input type="checkbox"/> some clinicians will be specialists in specific intervention areas relevant to service being provided. <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to extensive range of specialist health service providers (not all of whom are required to be on-site). 	<p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nil <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nil <p>Allied health:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nil <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nil
Specific risk considerations	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil

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Support service requirements for adult non-acute inpatient mental health services	Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetics*	3		3		3	
Medical imaging		2		2		3
Medication	3		4		4	
Pathology		2		2		3
Perioperative (relevant section/s)*	3		3		3	

*Required only if ECT performed

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

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Section 2 Child and Youth Services

Subsection 2.1 - Ambulatory Service

Child & Youth Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<p>capable of providing some limited short-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health consumers up to 18 years.</p> <p>may only be accessible for limited hours.</p> <p>delivered predominantly by one or more general health clinicians who provide local community healthcare service that is non-specific to mental health.</p> <p>typically, service delivered via community clinic or home-based care.</p> <p>service provision typically includes: basic screening and assessment; brief intervention; consumer and carer education, primary care and prevention programs, and referral, where appropriate.</p>	<p>capable of providing short- to medium-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health consumers up to 18 years.</p> <p>accessible during business hours.</p> <p>delivered predominantly by team of general health clinicians and visiting mental health professionals who provide local community healthcare service.</p> <p>general health clinicians have qualifications and/or experience in mental health care; some mental health-specific services / programs provided at this level.</p> <p>may be delivered via hospital-based outpatient clinic.</p> <p>community clinic or home-based care.</p> <p>service provision typically includes: assessment, interventions including counselling, consumer and carer education and information; documented case review, primary</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health consumers up to 18 years.</p> <p>delivered predominantly by small team (not necessarily multidisciplinary) of mental health professionals who provide local mental health care service via hospital-based outpatient clinic.</p> <p>community mental health clinic or home-based care.</p> <p>most clinical team members have qualifications and/or experience in child and youth mental health care.</p> <p>service provision typically includes: assessment and targeted interventions by mental health professionals, care coordination / case management, consumer and carer education and information; documented case review, primary and limited secondary</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to low-risk/complexity voluntary and, if authorised to do so, involuntary mental health consumers up to 18 years.</p> <p>accessible during business hours with exception of day programs, which are delivered primarily during school terms and consist of block-based intervention periods.</p> <p>delivered predominantly by multidisciplinary team of child and youth mental health professionals who provide local mental health care service via hospital-based outpatient clinic or day program.</p> <p>community mental health clinic or home-based care.</p> <p>service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; care coordination / case</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to high-risk/complexity voluntary and involuntary mental health consumers up to 18 years.</p> <p>accessible during business hours and access to limited extended-hours service</p> <p>day programs delivered primarily during school terms and consist of block-based intervention periods.</p> <p>delivered predominantly by multidisciplinary team of child and youth mental health professionals who provide local mental health care service v.a a hospital-based outpatient clinic.</p> <p>community mental health clinic, home-based care or hospital- or community-based day program</p> <p>service provision typically includes: multidisciplinary assessment and targeted interventions by mental health</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to highest risk/complexity voluntary and involuntary mental health consumers up to 18 years.</p> <p>consumer group accessing this service level may be targeted population with special care needs who may demonstrate most severe comorbidities and/or indicators of treatment resistance.</p> <p>accessible during business hours and extended-hours service provided.</p> <p>delivered by multidisciplinary team of child and youth mental health professionals providing specialist mental health care service either locally and/or across HHS or service areas via a hospital-based outpatient clinic.</p> <p>community mental health clinic, home-based care or through hospital- or community-based day program.</p> <p>community-based day service provision includes: multidisciplinary</p>

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Child & Youth Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.	prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.	management; consumer and carer education and information; documented weekly case review; some group programs; primary and secondary prevention programs; consultation and liaison with lower and higher level mental health services; and referral, where appropriate.	professionals; care coordination / case management; consumer and carer education and information documented frequent; case review; group programs; primary and secondary prevention programs; consultation-liaison with lower and higher level mental health services; and referral, where appropriate.	assessment and specialised interventions by mental health professionals; care coordination / case management; consumer and carer education; documented frequent case review; targeted group programs; all levels of prevention programs/services; consultation and liaison with lower level mental health services; extended- hours service; and referral, where appropriate.

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Child & Youth Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	As per module overview, plus: <ul style="list-style-type: none">identification, initial acute assessment and brief interventions of uncomplicated mental health problems.forward referrals for expert assessment, diagnosis and/or intervention as required.development of a care plan.basic clinical detail collected to inform assessment, diagnosis, intervention and/or recovery.limited psychoeducation.mental health assessments and interventions (and referrals to other mental health services) conducted by general health clinicians of this service.mental health assessments and interventions conducted in consultation with child and youth mental health clinician, from Level 4 ambulatory service or above, where clinically indicated, and associated with documented review process.service is based within a HHS or is part of a service	As per Level 1, plus: <ul style="list-style-type: none">identification, initial assessment and interventions for mental health problems (that may be associated with simple comorbidities and/or resistance to treatment).limited range of primary prevention services (e.g. parenting support), psychoeducation (including providing information about available mental health services, mental health problems and illnesses, indicated treatment options and support services).assessments and interventions conducted by one or more general health clinicians with qualifications and/or experience in mental health and/or by visiting mental health professionals.	As per Level 2, plus: <ul style="list-style-type: none">identification, ongoing assessment, monitoring and interventions for mental health problems that may be associated with comorbidities and/or resistance to treatment.integrated identification, assessment and intervention of any co-occurring substance-use disorders.development of individual mental health recovery plans.range of primary (e.g. parenting support) and some limited secondary (e.g. weight management) prevention services.psychoeducation for consumers and family/carer (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services).documented processes and collaborative partnerships with schools, education networks and service providers as	As per Level 3, plus: <ul style="list-style-type: none">development of comprehensive individual mental health recovery plan within 1 week of assessment.extensive clinical detail collected to inform assessment, diagnosis, intervention and/or recovery.primary (e.g. parenting support) and secondary (e.g. weight management) prevention services.assertive outreach applicable to service and target population.mental health assessments and interventions conducted by team of mental health professionals with qualifications and/or experience in child and youth mental health.may be authorised mental health service under <i>Mental Health Act 2000</i>.	As per Level 4, plus: <ul style="list-style-type: none">authorised service under <i>Mental Health Act 2000</i>.identification, ongoing assessment, monitoring and interventions for mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance).targeted clinical programs for individuals / groups / families (e.g. group therapy for families / carers of patients with psychotic illness).psychoeducation for patients, families / carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services).separate clinical services for families / carers, if required.co-consultation-liaison services to local children's health services as required.	As per Level 5, plus: <ul style="list-style-type: none">identification, ongoing assessment, monitoring and interventions for complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment resistance).extensive clinical detail collected to inform assessment, diagnosis, intervention and/or recovery and broader service delivery in all levels of service.extensive range of primary (e.g. parenting support), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services.statewide clinical forums to assist dissemination of clinical expertise.specialist consultation-liaison to other health and non-health services / agencies for target population.assertive outreach applicable to service and target population.may provide extensive range of additional clinical programs and service components, such as outreach service, telehealth services or extended treatment program.

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Child & Youth Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	network that includes Level 5 or 6 child/adolescent acute inpatient mental health unit.		<p>required.</p> <p><input type="checkbox"/> mental health assessments and interventions conducted by team (not necessarily multidisciplinary) of mental health professionals, most of whom have qualifications and/or experience in child and youth mental health.</p>		<p><input type="checkbox"/> mental health assessments and interventions conducted by multidisciplinary team of mental health professionals with qualifications and/or experience in child and youth mental health.</p> <p><input type="checkbox"/> service based within HHS or is part of service network that also includes Level 5 or 6 child / adolescent acute inpatient mental health unit.</p> <p><input type="checkbox"/> service provision may occur across a range of sites (e.g. hospital, school, home, recreational venues), and service capacity and resources must be sufficient to transport patients individually and/or as a group.</p>	

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Child & Youth Ambulatory Services Workforce requirements	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	<p>As per module overview, plus access to one or more of following (visiting basis or outreach services):</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered medical practitioner <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered nurse <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> allied health professionals 	<p>As per Level 1, plus access to one or more of following qualified and experienced mental health professionals:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered medical practitioner <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered nurse <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> allied health professionals <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to visiting mental health professionals 	<p>As per Level 2, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> limited access to registered specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to two or more registered nurses with qualifications and/or experience in child and youth mental health <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to allied health professionals with qualifications and/or experience in child and youth mental health <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to some visiting specialists in health and/or mental health (e.g. Child and Youth Forensic Outreach Service) <input type="checkbox"/> may have access to school-based youth health nurse 	<p>As per Level 3, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) for assessment, case management and review <input type="checkbox"/> access—during business hours—to registered medical specialist with credentials in paediatrics for medical consultation-liaison <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to registered nurse with qualifications and/or experience in child and youth mental health <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to multidisciplinary team of allied health professionals with qualifications and/or experience in child and youth mental health 	<p>As per Level 4, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours and limited extended hours—to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) for assessment, case management and review <input type="checkbox"/> access—during business hours—to registered nurse with extensive experience in mental health and/or qualifications and/or experience in child and youth mental health <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to multidisciplinary team of allied health professionals with mental health qualifications and/or experience <input type="checkbox"/> access to psychology, social work, occupational therapy, speech pathology and dietetic services <input type="checkbox"/> access to dedicated pharmacy services for mental health 	<p>As per Level 5, plus:</p> <p>Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> extended-hours access to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) for assessment, case management and review <input type="checkbox"/> extended-hours access to registered medical practitioner in psychiatry under supervision (e.g. psychiatry registrar) <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> extended-hours access to registered nurses with qualifications and experience in child and youth mental health <input type="checkbox"/> some of these clinicians have demonstrated specialist qualifications and experience in specific intervention areas relevant to service being provided <input type="checkbox"/> post-graduate qualifications <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> extended-hours access to multidisciplinary team of allied health professionals with child and youth mental health qualifications and experience

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Child & Youth Ambulatory Services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
	<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		Other <input type="checkbox"/> access to range of visiting or local health / mental health specialties.	<input type="checkbox"/> some of these clinicians have specialist qualifications and experience in specific intervention areas relevant to service being provided postgraduate qualifications.	<input type="checkbox"/> access to extensive range of visiting or local health / mental health specialties.	<input type="checkbox"/> Nil
Specific risk considerations	<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil	Other <input type="checkbox"/> access to extensive range of visiting or local health / mental health specialties.	<input type="checkbox"/> Nil	

Support services requirements for child and youth ambulatory mental health services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Medical imaging		1		1		1		2		2		2
Medication		1		2		2		2		3		4
Pathology		1		1		2		2		2		2

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy and/or outreach.

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Section 2 Child and Youth Services

Subsection 2.2 - Acute Inpatient Service

Child & Youth Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<p><input type="checkbox"/> capable of providing limited short-term (up to 72 hours) or intermittent inpatient mental health care to low-risk/complexity voluntary mental health consumers up to 18 years (time frames beyond this require specific consultation with higher level child and youth mental health acute inpatient service that will contribute in ongoing manner to case review and management).</p> <p><input type="checkbox"/> provides general healthcare and some limited mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by team of general health clinicians within a hospital that does not have dedicated mental health staff (on-site) or allocated beds.</p> <p><input type="checkbox"/> service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.</p>	<p><input type="checkbox"/> capable of providing short- and medium-term (1 week to 10 days) or intermittent inpatient mental health care to low-risk/complexity voluntary mental health consumers up to 18 years (time frames beyond this require specific consultation with higher level acute inpatient service for child and youth mental health who will continually contribute to case review and management).</p> <p><input type="checkbox"/> provide some mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by team of general and children's health professionals within hospital that has paediatric unit or beds, does not have allocated mental health beds or staff on-site.</p> <p><input type="checkbox"/> service provision typically includes: assessment, interventions and monitoring; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.</p>	<p><input type="checkbox"/> capable of providing short- to long-term (4 to 6 weeks) or intermittent inpatient mental health care to low- and moderate-risk/complexity voluntary and, if authorised to do so, involuntary mental health consumers up to 18 years (time frames beyond this require specific consultation with higher level child and youth mental health acute inpatient service that will contribute in ongoing manner to case review and management).</p> <p><input type="checkbox"/> provides mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by team of mental health clinicians and general or children's health professionals within hospital that has allocated mental health beds for children and/or adolescents.</p> <p><input type="checkbox"/> service provision typically includes: multidisciplinary assessment, targeted interventions and monitoring; consumer and carer education and information; documented weekly case review; some group programs.</p>	<p><input type="checkbox"/> capable of providing short- to long-term and intermittent inpatient mental health care to low- moderate- and high-risk/complexity voluntary and involuntary mental health consumers up to 18 years 24 hours a day, delivered predominantly by child and youth mental health professionals within dedicated child and youth mental health unit.</p> <p><input type="checkbox"/> service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; consumer and carer education and information; documented weekly case review; group programs; extensive primary and secondary prevention programs; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.</p>	<p><input type="checkbox"/> capable of providing short- to long-term and intermittent inpatient mental health care 24 hours a day to voluntary and involuntary mental health consumers up to 18 years who present with highest level of risk and complexity.</p> <p><input type="checkbox"/> consumer group may be targeted population with special care needs.</p> <p><input type="checkbox"/> may demonstrate most extreme comorbidities and/or indicators of treatment resistance.</p> <p><input type="checkbox"/> highly specialised and/or statewide inpatient service delivered from child / adolescent hospital that incorporates dedicated mental health unit or may be delivered from purpose-designed and built mental health facility.</p> <p><input type="checkbox"/> demonstrates specialist expertise in delivery of mental health services to a patient group that cannot be safely and effectively cared for in any other level of acute inpatient mental health service.</p> <p><input type="checkbox"/> delivered by a highly specialised, multidisciplinary team of child and youth mental health professionals.</p> <p><input type="checkbox"/> has statewide and/or interstate health service functions.</p> <p><input type="checkbox"/> service provision includes: multidisciplinary</p>

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Child & Youth Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
			consultation-liaison with higher level mental health services, and referral, where appropriate.		assessment and specialised interventions by mental health professionals; consumer and carer education; documented daily case review; targeted group programs, all levels of prevention programs / services; consultation- liaison with lower level mental health services; and referral, where appropriate.

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Child & Youth Acute inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 5
Service requirements As per module overview, plus: <input type="checkbox"/> identification, initial acute assessment, brief intervention and monitoring of uncomplicated mental health problems. <input type="checkbox"/> development of care plan, medication management, forward referrals for expert assessment, diagnosis and intervention as required. <input type="checkbox"/> limited psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce <input type="checkbox"/> assessments and interventions conducted in consultation with child and youth mental health clinician where clinically indicated, and associated with documented review process. <input type="checkbox"/> documented processes with Level 5 or 6 child/adolescent acute inpatient mental health service. <input type="checkbox"/> considers necessity of parent / carer being admitted with child aged 5 years and younger.	As per Level 2, plus: <input type="checkbox"/> identification, acute assessment, intervention and monitoring of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment). <input type="checkbox"/> basic clinical detail collected to inform assessment, diagnosis, intervention and recovery. <input type="checkbox"/> limited range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services. <input type="checkbox"/> psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services).	As per Level 3, plus: <input type="checkbox"/> identification, ongoing assessment, monitoring and interventions for mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> integrated approach to identification, assessment and intervention of any co-occurring substance-use disorders. <input type="checkbox"/> development of comprehensive individual mental health recovery plans within 1 week of assessment. <input type="checkbox"/> may be an authorised mental health service under <i>Mental Health Act 2000</i> . <input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery. <input type="checkbox"/> range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services. <input type="checkbox"/> psychoeducation for consumer and family / carer (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> documented processes and collaborative partnerships	As per Level 4, plus: <input type="checkbox"/> identification, ongoing assessment, monitoring and interventions for mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> targeted clinical programs for individuals / groups / families / carers (e.g. group therapy for families / carers of patients with psychotic illness). <input type="checkbox"/> extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) and tertiary (e.g. weight management) prevention services. <input type="checkbox"/> authorised mental health service under <i>Mental Health Act 2000</i> . <input type="checkbox"/> as clinically indicated ECT services may be facilitated and/or provided by mental health service authorised to provide ECT under <i>Mental Health Act 2000</i> , and under care of registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent), and in accordance with <i>Mental Health Act 2000</i> . <input type="checkbox"/> may provide a range of additional clinical programs and service components, such as telehealth services or a day program.	As per Level 5, plus: <input type="checkbox"/> identification, ongoing assessment, monitoring and interventions for complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention, recovery and broader service delivery in all levels of service. <input type="checkbox"/> extensive range of primary (e.g. parenting support), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment maintenance) prevention services. <input type="checkbox"/> statewide clinical forums to assist dissemination of clinical expertise. <input type="checkbox"/> separate clinical services for families / carers, if required. <input type="checkbox"/> specialist consultation-liaison to other health and non-health services / agencies for target population. <input type="checkbox"/> psychoeducation for consumer, families / carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> forms part of integrated mental health service and is based in a HHS, or is part of service network that also includes Level 5 or 6	

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Child & Youth Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
			established with schools, education networks and service providers.		<div><input type="checkbox"/> child and youth ambulatory mental health service. may provide extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or day program.</div>

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Child & Youth Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements <input type="checkbox"/> As per module overview, plus: Medical <input type="checkbox"/> consumer admitted by registered medical practitioner. <input type="checkbox"/> daily care coordinated by registered medical practitioner who has access to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment case management and case review (may be via telehealth). <input type="checkbox"/> medical services provided on-site or in close enough proximity to provide rapid response at all times. Nursing <input type="checkbox"/> suitably qualified and experienced registered nurse (however titled) in charge of unit. <input type="checkbox"/> qualified and experienced registered nurse in charge of each shift with skills appropriate to service being provided. <input type="checkbox"/> other suitably qualified nursing staff working within their scope of clinical practice. <input type="checkbox"/> access—during business hours—to registered nurse with extensive mental health qualifications and/or experience who can provide advice, support and direction for nursing care Allied health <input type="checkbox"/> access—during business hours—to allied health	<input type="checkbox"/> As per Level 2, plus: Medical <input type="checkbox"/> consumer admitted by registered medical practitioner or registered medical specialist with credentials in paediatrics. <input type="checkbox"/> daily care coordinated by registered medical practitioner or registered medical specialist with credentials in paediatrics who has access to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and case review (may be via telehealth). <input type="checkbox"/> access to registered medical specialist with credentials in paediatrics for medical consultation-liaison (may be via telehealth). Nursing <input type="checkbox"/> at least one registered nurse per shift with qualifications and/or experience in children's health.	<input type="checkbox"/> As per Level 3, plus: Medical <input type="checkbox"/> consumer admitted by / under registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent). <input type="checkbox"/> daily care coordinated by registered medical specialist with credentials in psychiatry who has access—24 hours—to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and case review (may be via telehealth). Nursing <input type="checkbox"/> two or more registered nurses per shift qualified and experienced in mental health. <input type="checkbox"/> if inpatient unit occupancy is low, only one registered nurse per shift qualified and experienced in mental health. Allied health <input type="checkbox"/> access—during business hours—to community- or hospital-based allied health staff with qualifications and/or experience in mental health.	<input type="checkbox"/> As per Level 4, plus: Medical <input type="checkbox"/> access—24 hours—to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) to assist and guide assessment, treatment, case management and review. Nursing <input type="checkbox"/> registered nurse (however titled) in charge of unit is qualified and experienced in child and youth mental health. <input type="checkbox"/> qualified and/or experienced registered nurse in charge of each shift with extensive skills appropriate to service being provided. <input type="checkbox"/> majority of unit nursing staff have mental health qualifications and/or experience, and/or qualifications and/or experience in child and youth mental health, and/or children's health. Allied health <input type="checkbox"/> access—during business hours—to community- or hospital-based allied health staff with qualifications and/or experience in child and youth mental health (postgraduate qualifications desirable). <input type="checkbox"/> access to psychology, social work, occupational therapy, speech pathology and dietetic services. <input type="checkbox"/> access to dedicated	<input type="checkbox"/> As per Level 5, plus: Medical <input type="checkbox"/> access—24 hours—to registered medical practitioner (psychiatry registrar / principal house officer / senior medical officer / career medical officer) with credentials relevant to the discipline. <input type="checkbox"/> medical services provided on-site or in close enough proximity to provide rapid response at all times. Allied health <input type="checkbox"/> extended-hours access to community- or hospital-based allied health staff with qualifications and experience in child and youth mental health. Other <input type="checkbox"/> access to extensive range of on-site and/or visiting specialities in children's health. <input type="checkbox"/> access to on-site school with school teachers who can provide range of educational services dedicated to children and/or adolescents with mental illness.	

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Child & Youth Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
Other professionals: <input type="checkbox"/> assistants-in-nursing (AINs) or equivalent may complement clinical team at discretion of nurse in charge (however titled). <input type="checkbox"/> Bachelor of Nursing students (second or third year undergraduate) may complement clinical team at discretion of nurse in charge (however titled) and under registered nurse supervision.			Other: <input type="checkbox"/> access to some on-site and/or visiting specialties in health / mental health. <input type="checkbox"/> pharmacy services for mental health. <input type="checkbox"/> access to extensive range of on-site and/or visiting specialties in health/mental health. <input type="checkbox"/> may have hospital-based school teacher dedicated to mental health consumer.		
Specific risk considerations	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil

Support service requirements for child and youth acute inpatient mental health services	Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Children's anaesthetics*										
Medical imaging		1		1		2	3	2	3	
Medication	2		2		3		4	5	2	
Pathology										
Perioperative (relevant sections)*		1		2		2	3	2	3	

*Required only in services where ECT performed

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

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Section 2 Child and Youth Services

Subsection 2.3 - Non-Acute Inpatient Service

Child & Youth Non-Acute Inpatient Services	Level 5
Service description	<ul style="list-style-type: none"> <input type="checkbox"/> capable of providing medium- to long-term inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health inpatients up to 18 years 24 hours a day. <input type="checkbox"/> target population includes those within service-identified age range who require graduated entry back into the community post-hospitalisation, or extended and intensive clinical interventions, but do not need or would not benefit from a mental health acute inpatient admission. <input type="checkbox"/> delivered predominantly by multidisciplinary team of child and youth mental health professionals who provide inpatient care to consumers across an extended period of time. <input type="checkbox"/> service provision includes: multidisciplinary assessment and targeted interventions by mental health professionals; consumer and carer education and information; documented frequent case review; group programs; ongoing support of educational needs and documented processes with educational providers; primary and secondary prevention programs; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> primary service site co-located with child/adolescent acute inpatient mental health unit or, alternatively, primary service site may be purpose-designed and -built mental health facility. <input type="checkbox"/> identification, ongoing assessment, monitoring, interventions and rehabilitation for mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> integrated approach to identification, assessment and intervention of any co-occurring substance-use disorders. <input type="checkbox"/> targeted clinical programs for individuals / groups / families / carers (e.g. group therapy for families/carers of consumers with a psychotic illness), medication management. <input type="checkbox"/> forward referrals for assessment, diagnosis and intervention as required. <input type="checkbox"/> development of comprehensive individual mental health recovery plan within 1 week of assessment. <input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery. <input type="checkbox"/> extensive range of primary (e.g. parenting support) and secondary (e.g. weight management) prevention services. <input type="checkbox"/> psychoeducation for consumer and family / carer (including information about available mental health services, mental health problems and illness, indicated treatment options and support services). <input type="checkbox"/> authorised mental health service under <i>Mental Health Act 2000</i>. <input type="checkbox"/> service provision occurs alongside ongoing consultation-liaison with the referring service / practitioner. <input type="checkbox"/> range of additional programs and service components (e.g. partial hospitalisation, consultation-liaison services, rehabilitation programs, telehealth). <input type="checkbox"/> service provision may occur across range of sites (e.g. hospital, school, home, recreational venues) and service capacity and resources must be sufficient to transport consumers individually and/or as a group. <input type="checkbox"/> service based within a HHS or is part of service network that also includes Level 5 or 6 child/adolescent acute inpatient mental health unit. <input type="checkbox"/> as clinically indicated, ECT services may be 'facilitator' and/or provided at this level of service by a mental health service authorised to provide ECT under the <i>Mental Health Act 2000</i>, and under care of registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent), and in accordance with the <i>Mental Health Act 2000</i>. <input type="checkbox"/> mental health assessments and interventions are conducted by child and youth mental health clinicians of this service. <input type="checkbox"/> additional mental health interventions may be directly provided by child and youth mental health clinicians using telehealth facilities, visiting and/or community-based workforce.
Workforce requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> medical <input type="checkbox"/> admitted by / under registered medical specialist with credentials in psychiatry. <input type="checkbox"/> access—24 hours—to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) for assessment, treatment, case management and case review.

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Child & Youth Non-Acute Inpatient Services	Level 5
<input type="checkbox"/> access to medical support. <input type="checkbox"/> access to registered medical specialist with credentials in paediatrics for medical consultation-liaison (may be via telehealth). <input type="checkbox"/> Nursing <input type="checkbox"/> suitably qualified and experienced registered nurse (however titled) in charge of unit. <input type="checkbox"/> registered nurse in charge of each shift has qualifications and/or experience in mental health, and/or qualifications and/or experience in child/adolescent mental health. <input type="checkbox"/> majority of unit nursing staff suitably qualified and experienced mental health professionals who may have postgraduate mental health qualifications. <input type="checkbox"/> all nursing staff providing mental health care have access—during business hours—to registered nurse with extensive mental health experience and/or qualifications who can provide advice, support and direction for nursing care. Allied Health <input type="checkbox"/> access to multidisciplinary team of allied health professionals with qualifications and/or experience in child/adolescent mental health. <input type="checkbox"/> access to psychology, social work, occupational therapy, speech pathology, dietetic services and dedicated pharmacy services for mental health. Other <input type="checkbox"/> access to range of visiting or local health / mental health specialties and range of specialist children's health service providers. <input type="checkbox"/> may have program-based, qualified and registered teacher dedicated to mental health consumers. <input type="checkbox"/> AINs or equivalent may complement the clinical team at the discretion of the nurse in charge. <input type="checkbox"/> Bachelor of Nursing students (second or third year undergraduate) may complement the clinical team at the discretion of the nurse in charge and under registered nurse supervision. <input type="checkbox"/> Nil	
Specific risk considerations	

Support service requirements for child and youth non-acute inpatient mental health services	On-site	Level 6	Accessible
Children's anaesthetic*	3		
Medical imaging			2
Medication	3		
Pathology			2
Perioperative (relevant sections)*	3		

*Required only in services where ECT performed

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

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Section 3 Older Persons Services

Subsection 3.1 - Ambulatory Service

Older Persons Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<p>capable of providing short-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health consumers aged 65 and older.</p> <p>may only be available for limited hours.</p> <p>delivered predominantly by one or more general health clinicians who provide local community healthcare service that is non-specific to mental health.</p> <p>typically service delivered via a community clinic or home-based care.</p> <p>service provision typically includes: basic screening and assessment brief and/or basic intervention; consumer and carer education; and referral, where appropriate.</p>	<p>capable of providing short- to mid-term or intermittent non-admitted mental health care to low-risk/complexity voluntary mental health consumers aged 65 and older.</p> <p>accessible during business hours.</p> <p>may be delivered via hospital-based outpatient clinic, community clinic or home-based care.</p> <p>delivered predominantly by health clinicians and health professionals who provide local community healthcare service (general health clinicians providing mental health service have qualifications and/or experience in mental health care).</p> <p>some mental health specific services / programs provided at this level.</p> <p>service provision typically includes: assessment, interventions, including counselling; consumer and carer education and</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary mental health consumers aged 65 and older.</p> <p>delivered predominantly by small team (not necessarily multidisciplinary) of mental health professionals who provide local adult mental health care service via hospital-based outpatient clinic or day program.</p> <p>community mental health clinic or home-based care.</p> <p>service provision typically includes: assessment and targeted interventions by mental health professionals; care coordination / case management; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to low- and moderate-risk/complexity voluntary mental health consumers aged 65 and older.</p> <p>delivered predominantly by multidisciplinary team of mental health professionals who provide local adult mental health care service via hospital-based outpatient clinic or day program.</p> <p>community mental health clinic or home-based care.</p> <p>service provision typically includes: assessment and targeted interventions by mental health professionals; care coordination / case management; consumer and carer education and information; documented weekly case review; may provide group programs and prevention programs;</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health consumers who meet criteria to access care within designated older persons mental health service.</p> <p>delivered predominantly by multidisciplinary team of older persons mental health professionals with qualifications and/or experience in mental health who provide local mental health care service via hospital-based outpatient clinic, community mental health clinic, home-based care, or hospital- or community-based day program.</p> <p>service provision typically includes multidisciplinary assessment and targeted interventions by mental health professionals; care coordination / case management;</p>	<p>capable of providing short- to long-term or intermittent non-admitted mental health care to highest risk/complexity voluntary and involuntary mental health consumers who meet criteria to access care within designated older persons mental health service.</p> <p>may be targeted population with special care needs and may demonstrate most extreme comorbidities and/or indicators of treatment resistance.</p> <p>delivered by highly specialised multidisciplinary team of older persons mental health professionals providing specialist mental health care service either locally and/or across service areas via hospital-based outpatient clinic, community mental health clinic, home-based care or hospital- or community-based day program.</p> <p>includes multidisciplinary assessment and specialised interventions by mental health professionals; care coordination / case management;</p>

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Cider Persons Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
		information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.	appropriate.	consultation-liaison with lower and higher level mental health services; and referral, where appropriate.	coordination/case management; consumer and carer education and information; documented regular case review, with lower and higher level mental health services; and referral, where appropriate.	consumer and carer education; documented frequent case review; may provide targeted group programs; consultation-liaison with lower level mental health services; extended-hours service; and referral, where appropriate.

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Older Persons Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 5
<p>As per module overview, plus:</p> <ul style="list-style-type: none"> identification, initial acute assessment and brief interventions of uncomplicated mental health problems. forward referrals for expert assessment, diagnosis and intervention. development of care plan. basic clinical detail collected to inform assessment, diagnosis, intervention and recovery. limited psychoeducation mental health assessments and interventions conducted in consultation with an older persons mental health clinician where clinically indicated, and associated with documented review process. mental health assessments and interventions (and referrals to other mental health services) conducted by general health clinicians of this service. documented processes with Level 5 older persons acute inpatient mental 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> identification, initial acute assessment and interventions of problems that may be associated with simple comorbidities and/or resistance to treatment). psychoeducation (including information about available mental health services, problems and illnesses, indicated treatment options and support services). mental health assessments and interventions conducted by one or more general health clinicians with qualifications and/or experience in mental health and/or visiting mental health clinicians. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or indicators of treatment resistance). integrated identification, assessment and intervention of any co-occurring substance-use disorders. development of individual mental health recovery plan. psychoeducation for patient and family / carer (including information about available mental health services, problems and illnesses, indicated treatment options and support services). mental health assessments and interventions conducted by team of mental health professionals based on service capacity. may be authorised service under Mental Health Act 2000. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> development of comprehensive individual mental health recovery plan within 1 week of assessment. extensive clinical detail collected to inform assessment, intervention and recovery. assertive outreach applicable to service and target population. mental health assessments and interventions conducted by team of mental health professionals based on service capacity. may be authorised service under Mental Health Act 2000. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance). facilitates access to targeted clinical programs for individuals / groups / families / carers (e.g. patients with dementia and associated complex behaviours). psychoeducation for parents, families / carers and groups (including information about available mental health services, problems and illnesses, indicated treatment options and support services). mental health assessments and interventions conducted by multidisciplinary team of older persons mental health professionals with qualifications and/or experience in older persons mental health. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment resistance). extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery, and broader service delivery across all levels of service. may have extensive range of primary (e.g. stress management), secondary (e.g. falls prevention) and tertiary (e.g. psychosis treatment maintenance) prevention services. statewide clinical forums to assist dissemination of clinical expertise. specialist consultation and/or liaison to other health and non-health services / agencies for target population services form part of integrated older persons mental health service, is based in HHS or are part of service network that also includes Level 5 or 6 older persons acute inpatient mental health unit, and has clear document processes with geriatric health services may provide extensive range of additional clinical programs and 	<p>Level 5</p>

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Older Persons Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	health service.				<input type="checkbox"/> service based within HHS or part of service network that includes Level 5 or 6 adult acute inpatient mental health unit. <input type="checkbox"/> consultation-liaison services to local health services as required. <input type="checkbox"/> authorized mental health service under <i>Mental Health Act 2000</i> .	service components, such as outreach service, telehealth services or extended treatment program.

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Older Persons Ambulatory Services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements As per module overview, plus access to one or more of following (visiting basis or outreach services): <input type="checkbox"/> Medical: <input type="checkbox"/> registered medical practitioner, <input type="checkbox"/> Nurse, <input type="checkbox"/> registered nurse, <input type="checkbox"/> Allied health <input type="checkbox"/> allied health professionals.	As per Level 1, plus access to one or more of following qualified and/or experienced mental health professionals: <input type="checkbox"/> Medical: <input type="checkbox"/> registered medical practitioner, <input type="checkbox"/> Nurse, <input type="checkbox"/> registered nurse, <input type="checkbox"/> Allied health <input type="checkbox"/> allied health professionals.	As per Level 2, plus: <input type="checkbox"/> Medical: <input type="checkbox"/> access to registered medical specialist with credentials in psychiatry for assessment, case management and review. <input type="checkbox"/> Nursing: <input type="checkbox"/> access to two or more registered nurses—at least one with qualifications and/or experience in older persons mental health. <input type="checkbox"/> Allied health: <input type="checkbox"/> access to allied health professionals—at least one with qualifications and/or experience in older persons mental health.	As per Level 3, plus: <input type="checkbox"/> Medical: <input type="checkbox"/> access to registered medical specialist with credentials in psychiatry and qualifications and/or experience in geriatric psychiatry for assessment, case management and review. <input type="checkbox"/> Nursing: <input type="checkbox"/> access—during business hours—to registered nurse with qualifications and/or experience in older persons mental health. <input type="checkbox"/> Allied health: <input type="checkbox"/> access—during business hours—to allied health professional team.	As per Level 4, plus: <input type="checkbox"/> Medical: <input type="checkbox"/> access—during business hours—to registered medical specialist with credentials in psychiatry and qualifications and/or experience in geriatric psychiatry for assessment, case management and review. <input type="checkbox"/> Nursing: <input type="checkbox"/> access—during business hours—to registered nurse with qualifications and/or extensive mental health experience who has qualifications and/or experience in older persons mental health. <input type="checkbox"/> Allied health: <input type="checkbox"/> access—during business hours—to multidisciplinary team of allied health professionals with qualifications and/or experience in older persons mental health. <input type="checkbox"/> access to psychology, social work, occupational therapy, speech pathology and dietetic services <input type="checkbox"/> access to dedicated pharmacy services for mental health.	As per Level 5, plus: <input type="checkbox"/> Medical: <input type="checkbox"/> extended-hours access to registered medical specialists in psychiatry, and qualifications and experience in geriatric psychiatry for assessment, case management and review. <input type="checkbox"/> extended-hours access to registered medical practitioner with credentials in psychiatry (psychiatry registrar). <input type="checkbox"/> Nursing: <input type="checkbox"/> extended-hours access to registered nurses with mental health qualifications and extensive experience in mental health including older persons mental health care. <input type="checkbox"/> Allied health: <input type="checkbox"/> extended-hours access to multidisciplinary team of allied health professionals with mental health qualifications and experience in older persons mental health.	As per Level 6, plus: <input type="checkbox"/> Medical: <input type="checkbox"/> access to range of visiting or local health / mental health specialties.

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Older Persons Ambulatory Services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Specific risk considerations	<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil	
											Or	access to extensive range of visiting or local health / mental health specialties.

Support service requirements for older persons ambulatory mental health services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Medical imaging		1		1		1		2		2		2
Medication		1		2		2		2		3		4
Pathology		1		1		2		2		2		2

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

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Section 3 Older Persons Services

Subsection 3.2 - Acute Inpatient Service

Older Persons Acute Inpatient Services Service Description	Level 2	Level 3	Level 4	Level 5	Level 6
	<p><input type="checkbox"/> capable of providing limited short-term or intermittent inpatient mental health care to low-risk/complexity voluntary mental health consumers aged 65 and older.</p> <p><input type="checkbox"/> provides general healthcare and some limited mental health care 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by team of general health clinicians within a facility without dedicated mental health staff (on-site) or allocated beds.</p> <p><input type="checkbox"/> service provision typically includes: assessment, brief interventions and monitoring; consumer and carer education and information, documented case review</p> <p>consultation-liaison with higher level mental health services; and referral, where appropriate.</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to low- and moderate-risk/complexity voluntary mental health consumers aged 65 and older 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by general and mental health professionals (on-site) within general medical facility with limited number of allocated mental health beds or may operate as mental health special care suite/area.</p> <p><input type="checkbox"/> service provision typically includes: assessment and targeted interventions by general and mental health professionals; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services; and referral, where appropriate.</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to low- and moderate-risk/complexity voluntary and involuntary mental health consumers who meet criteria to access care within designated older persons 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by multidisciplinary team of older persons mental health professionals within dedicated mental health hospital or general hospital with dedicated mental health inpatient unit.</p> <p><input type="checkbox"/> service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; consumer and carer education and information; documented case review; consultation-liaison with higher level mental health services, and referral, where appropriate.</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to high-risk/complexity voluntary and involuntary mental health consumers who meet criteria to access care within designated older persons 24 hours a day, and presenting with highest level of risk and complexity.</p> <p><input type="checkbox"/> may be targeted population with special care needs.</p> <p><input type="checkbox"/> may demonstrate most extreme comorbidities and/or indicators of treatment resistance.</p> <p><input type="checkbox"/> forms part of integrated mental health service and based in HHS or part of service network that also includes Level 5 or 6 older persons ambulatory mental health service.</p> <p><input type="checkbox"/> is highly specialised and/or statewide inpatient service delivered from large general hospital incorporating a psychogeriatric unit or may be delivered from purpose-designed and built mental health facility.</p> <p><input type="checkbox"/> demonstrates specialist expertise in delivery of mental health services to consumer group that cannot be safely and effectively cared for in any other level of acute</p>	<p><input type="checkbox"/> capable of providing short- to medium-term and intermittent inpatient mental health care to high-risk/complexity voluntary and involuntary mental health consumers who meet criteria to access care within designated older persons 24 hours a day.</p> <p><input type="checkbox"/> delivered predominantly by multidisciplinary team of older persons mental health professionals within dedicated mental health hospital or general hospital with dedicated mental health acute inpatient unit.</p> <p><input type="checkbox"/> has allocated beds for frail older care and may have older persons mental health clinicians assigned to clinical team.</p> <p><input type="checkbox"/> service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; consumer and carer education and information, documented weekly case review; program access e.g. psychoeducation, symptom management and/or non-pharmacologic therapies; consultation-liaison with higher and lower level mental health services; and referral, where appropriate.</p>

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Older Persons Acute Inpatient Services	Level 2	Level 3	Level 4	Level 5	Level 6
					<p>inpatient mental health service.</p> <p>services delivered by highly specialised, multidisciplinary team of older persons mental health professionals.</p> <p>service provision includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> multidisciplinary assessment and specialised interventions by mental health professionals; consumer and carer education; documented daily case review; may provide targeted group programs, consultation-liaison with lower level mental health services; and referral, where appropriate. <input type="checkbox"/>

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Older Persons Acute inpatient Services Service requirements	Level 2	Level 3	Level 4	Level 5	Level 5
As per module overview, plus: <input type="checkbox"/> identification, initial acute assessment, brief intervention and monitoring of uncomplicated mental health problems. <input type="checkbox"/> medication management. <input type="checkbox"/> forward referrals for expert assessment, diagnosis and intervention. <input type="checkbox"/> development of care plan. <input type="checkbox"/> limited psychoeducation (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> mental health assessments and interventions conducted in consultation with older persons mental health clinician where clinically indicated, and associated with documented review process. <input type="checkbox"/> mental health assessments and brief interventions and monitoring (and referrals to other mental health services) conducted by general health clinicians of this service. <input type="checkbox"/> additional mental health interventions may be directly provided by mental health clinicians using telehealth facilities, visiting and/or community-based workforce.	As per Level 2, plus: <input type="checkbox"/> identification, acute assessment, brief intervention and monitoring of mental health problems (that may be associated with simple comorbidities and/or resistance to treatment). <input type="checkbox"/> development of comprehensive individual mental health recovery plan within 1 week of assessment. <input type="checkbox"/> psychoeducation about available mental health services, mental health problems and illnesses, indicated treatment options and support services).	As per Level 3, plus: <input type="checkbox"/> identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with comorbidities and/or resistance to treatment). <input type="checkbox"/> integrated approach to identification, assessment and intervention of any co-occurring substance-use disorders. <input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery. <input type="checkbox"/> psychoeducation for patient and family / carer (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services).	As per Level 4, plus: <input type="checkbox"/> identification, ongoing assessment, monitoring and interventions of mental health problems ranging in risk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> supports access to targeted clinical programs for individuals / groups / families / carers (e.g. family/carers of patients with dementia and associated complex behaviours). <input type="checkbox"/> mental health assessments, interventions and monitoring conducted by multidisciplinary team of mental health professionals. <input type="checkbox"/> authorised mental health service under <i>Mental Health Act 2000</i> . <input type="checkbox"/> may provide range of additional clinical programs and service components, such as telehealth services or a day program.	As per Level 5, plus: <input type="checkbox"/> identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> extensive clinical detail collected to inform assessment, diagnosis, intervention and recovery, and broader service delivery in all levels of service. <input type="checkbox"/> may have extensive range of primary (e.g. stress management), secondary (e.g. falls prevention) and tertiary (e.g. psychosis treatment maintenance, prevention services). <input type="checkbox"/> separate clinical services for families / carers, if required. <input type="checkbox"/> specialist consultation and/or liaison to other health and non-health services / agencies for target population. <input type="checkbox"/> psychoeducation for consumers, families / carers and groups (including information about available mental health services, mental health problems and illnesses, indicated treatment options and support services). <input type="checkbox"/> may provide extensive range of additional clinical programs and service components, such as outreach services, telehealth services or day	

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Older Persons		Level 2	Level 3	Level 4	Level 5	Level 6
Acute Inpatient Services		<input type="checkbox"/> documented processes with Level 5 older persons acute inpatient mental health service.		level by mental health service authorised to provide ECT under Mental Health Act 2000.		programs.

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Older Persons Acute Inpatient Services Workforce requirements	Level 2	Level 3	Level 4	Level 5	Level 3
	<p>As per module overview, plus: Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> consumer admitted by registered medical practitioner. <input type="checkbox"/> daily care coordinated by registered medical practitioner who has access to registered medical specialist with credentials in psychiatry to assist and guide assessment, treatment, case management and case review (may be via telehealth). <input type="checkbox"/> medical services provided on-site or in close enough proximity to provide rapid response at all times. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> suitably qualified and experienced registered nurse (however titled) in charge of unit. <input type="checkbox"/> experienced registered nurse in charge of each shift with skills appropriate to service being provided. <input type="checkbox"/> other suitably qualified nursing staff working within their scope of clinical practice. <input type="checkbox"/> access—during business hours—to registered nurse with qualifications in mental health and/or extensive mental health experience who can provide advice, support and direction for nursing care. <p>Allied health⁴</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to allied health professionals. 	<p>As per Level 2, plus: Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> consumer admitted by / under registered medical specialist with credentials in psychiatry. <input type="checkbox"/> daily care coordinated by registered medical specialist with credentials in psychiatry and/or registered medical practitioner who has access to registered medical specialist with credentials in psychiatry and qualifications and/or experience in older persons mental health to assist and guide assessment, treatment, case management and case review (may be via telehealth). <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered nurse in charge of each shift is suitably qualified and experienced mental health professional. <input type="checkbox"/> two or more registered nurses per shift qualified and experienced in mental health. <input type="checkbox"/> if inpatient unit occupancy is low, only one registered nurse per shift qualified and experienced in mental health. <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to some on-site and/or visiting specialties in health / mental health. 	<p>As per Level 3, plus: Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—24 hours—to specialist with credentials in psychiatry for assessment, treatment, case management and case review. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> registered nurse in charge of each shift is suitably qualified and experienced mental health professional. <input type="checkbox"/> two or more registered nurses per shift qualified and experienced in mental health. <input type="checkbox"/> if inpatient unit occupancy is low, only one registered nurse per shift qualified and experienced in mental health. <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to some on-site and/or visiting specialties in health / mental health. 	<p>As per Level 4, plus: Medical:</p> <ul style="list-style-type: none"> <input type="checkbox"/> consumer admitted by / under registered medical specialist with credentials in psychiatry (and qualifications and/or experience in psychogeriatric care preferable). <input type="checkbox"/> access to registered medical specialist with credentials in geriatric health. <input type="checkbox"/> access to psychology, social work, occupational therapy, speech pathology and dietetic services (postgraduate training desirable). <input type="checkbox"/> access to dedicated pharmacy services for mental health. <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to extensive range of on-site and/or visiting specialties in health / mental health. 	<p>As per Level 5, plus: Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> majority of registered nursing staff qualified mental health practitioners and have extensive mental health experience.

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Older Persons Acute Inpatient Services	Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Other										
<input type="checkbox"/> AINs or equivalent may complement clinical team at discretion of nurse in charge.										
<input type="checkbox"/> Bachelor of Nursing students (second or third year undergraduate) may complement clinical team at discretion of nurse in charge and under registered nurse supervision.										
<input type="checkbox"/> Nil			<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil		<input type="checkbox"/> Nil	
Specific risk considerations										

Support service requirements for older persons acute inpatient mental health services	Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetics*					3		3		3	
Medical imaging	2	1	2	1	3	2	4	2	5	2
Pathology		1		2	3	2		2		2
Perioperative (relevant section/s)*					3		3		3	

*Required only if ECT performed

Table note: On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach

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Section 4 Statewide and Other Targeted Services

Subsection 4.1 - Adult Forensic Service

Adult Forensic Service	Level 5
Service description	<ul style="list-style-type: none"> <input type="checkbox"/> provides highly specialised forensic mental health services to both ambulatory and acute inpatient adult mental health consumers presenting with moderate, high and highest risk/complexity, with acute inpatient components of this service providing acute inpatient mental health care 24 hours a day; <input type="checkbox"/> delivered to members of targeted adult population diagnosed with serious mental illness and who have presented with serious and/or complex forensic issues (for some ambulatory services at this level of care, target population may extend to adults diagnosed with serious mental illness and at high risk of offending); <input type="checkbox"/> delivered from a range of sites across the state; however, statewide coordination and governance of these services are centralised; <input type="checkbox"/> ambulatory service components consist of: <ul style="list-style-type: none"> - Court Liaison Service, which provides mental health assessment, liaison, advice and referral for people in police custody and magistrates court environments, including diversion to appropriate mental health services, where appropriate - Prison Mental Health Services, which provide psychiatric assessment, treatment, management, discharge planning and transition support to people in custody - Community Forensic Outreach Service, which assists and builds capacity of integrated mental health services to assess and manage people who have mental illness and are involved in the criminal justice system, or are at high risk of committing an offence. <input type="checkbox"/> Inpatient service component consists of: <ul style="list-style-type: none"> - high secure service, The Park Centre for Mental Health <p>(Consumers referred to ambulatory components of this service present with problems ranging from moderate to high risk/complexity some of whom may demonstrate most extreme comorbidities and/or indicators of treatment resistance).</p> <ul style="list-style-type: none"> <input type="checkbox"/> ambulatory mental health care is provided during service defined hours of business and includes: comprehensive multidisciplinary assessment, such as forensic and risk assessments; medico-legal reporting; targeted specialist interventions by mental health professionals; care coordination / case management; consumer and carer education; documented frequent case review; targeted group programs, all levels of prevention programs / services; consultation-liaison with lower level mental health services; and referral, where appropriate. <input type="checkbox"/> lower level services for adult forensic mental health consumers are delivered as part of core business associated with ambulatory, acute inpatient and non-acute inpatient services, as defined in the Adult Services and Older Persons Services sections of this module.
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> acute inpatient service components are delivered across one or two sites statewide (from purpose-designed and built facilities) and provide targeted risk management strategies for designated population. <input type="checkbox"/> consumers meeting admission criteria for acute inpatient component of this service are unable to be adequately or safely cared for within their local inpatient mental health service and present with problems defined as the highest risk/complexity. <input type="checkbox"/> identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment resistance). <input type="checkbox"/> medication management. <input type="checkbox"/> extensive clinical detail collected to inform assessment / diagnosis / intervention / recovery, and broader service delivery in all levels of service. <input type="checkbox"/> extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment; maintenance) prevention services. <input type="checkbox"/> statewide clinical forums to assist dissemination of clinical expertise. <input type="checkbox"/> services delivered by highly specialised teams that provide mental health care to target population/s, some of whom present with special care needs. <input type="checkbox"/> acute inpatient units are authorised mental health services under <i>Mental Health Act 2000</i>. <input type="checkbox"/> specialist mental health assessments and interventions conducted by mental health clinicians and health workers of this service. <input type="checkbox"/> specialist consultation-liaison to other health and non-health services/agencies for target population. <input type="checkbox"/> clinicians providing mental health services participate in clinical practice supervision with clinician/s qualified and experienced in forensic

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Adult Forensic Service	Level 5
	<p>mental health.</p> <ul style="list-style-type: none"> <input type="checkbox"/> may provide extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or an extended treatment program. <input type="checkbox"/> as clinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT under <i>Mental Health Act 2000</i>.
Workforce requirements	<p>As per module overview, plus a Level 6 ambulatory service requires:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to registered medical specialist with credentials in psychiatry and relevant specialist qualifications and experience in forensic assessment, case management and review. <input type="checkbox"/> access—during business hours—to registered nurses with qualifications in mental health and/or extensive mental health experience in forensic assessment, case management and review. <input type="checkbox"/> Allied Health: <ul style="list-style-type: none"> <input type="checkbox"/> access—during business hours—to multidisciplinary team of allied health professionals with qualifications and experience in forensic mental health, including pharmacy services for mental health. <input type="checkbox"/> Other <ul style="list-style-type: none"> <input type="checkbox"/> access to extensive range of local health / mental health specialties (may be on a visiting basis or by outreach services). <p>A Level 6 inpatient service requires:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medicine: <ul style="list-style-type: none"> <input type="checkbox"/> consumer admitted by / under registered medical specialist with credentials in psychiatry. <input type="checkbox"/> access—24 hours—to registered medical specialist with credentials in psychiatry and relevant specialist qualifications and experience in forensic assessment, treatment, case management and review. <input type="checkbox"/> medical services provided on-site or are in close enough proximity to provide rapid response at all times. <input type="checkbox"/> Nursing: <ul style="list-style-type: none"> <input type="checkbox"/> suitably qualified and experienced registered nurse in charge (however titled) of unit. <input type="checkbox"/> registered nurse in charge of each shift is suitably qualified and experienced mental health professional. <input type="checkbox"/> Allied Health: <ul style="list-style-type: none"> <input type="checkbox"/> majority of nursing staff on each shift have required qualifications and experience in mental health. <input type="checkbox"/> access to multidisciplinary team of allied health professionals with qualifications and experience in forensic mental health including psychology, social work, occupational therapy, speech pathology and dietetics (postgraduate training is desirable). <input type="checkbox"/> Other <ul style="list-style-type: none"> <input type="checkbox"/> access to dedicated pharmacy services for mental health. <p>access to extensive range of local health / mental health specialties (may be on a visiting basis or by outreach services).</p>
Specific risk considerations	<ul style="list-style-type: none"> <input type="checkbox"/> Nil

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Support service requirements for adult forensic mental health services	Level 5	
	On-site	Accessible
Anaesthetic*		3
Medical imaging		3
Medication		5
Pathology		3
Perioperative (relevant section/s)*		3

*Required only in services where ECT performed.

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