

# 1. A vision for mental health

Throughout the world, mental disorders are common, affecting more than 20% of all people at some time during their lives. Mental health problems are universal, being experienced by people of all countries, by women and men of any age and socioeconomic status, and in urban and rural environments.

Mental disorders are the largest single cause of disability within Australia accounting for nearly 30% of the burden of non-fatal disease. In Queensland, it is estimated that 16.6% of the population is affected by mental disorders in any one year (further detail provided below).

A complex interplay of biological, psychological, social, economic and environmental factors influence mental health. This is true for all Queensland people, but has particular significance for some population groups, especially Aboriginal and Torres Strait Islander people who view social and emotional wellbeing holistically. Mental health status also influences access to various community resources and capacity to participate in society.

Meeting the mental health needs of Queensland's rapidly growing population poses challenges for governments, policy makers, researchers, service providers and communities. Queensland remains one of the fastest growing states in Australia with the population predicted to grow from 4 million to 5.6 million by 2026.

## Mental illness in Queensland

- It is estimated that 16.6% of the Queensland population is affected by mental disorders in any one year (excluding dementia and alcohol and drug-related disorders, except where co-existing with another mental disorder).
- The figure rises to about 22% when alcohol and drug-related conditions are included.
- Anxiety-related and depressive disorders are the most prevalent, affecting approximately 7% and 6% of the population within any year respectively.
- Almost 2.5% of Queensland people experience severe mental disorders. About half of this group have a psychotic disorder and the remainder experience major depression or severe anxiety disorders and disabling forms of other disorders such as anorexia nervosa.
- Approximately 4.5% have a mental disorder of moderate severity, including depression, generalised anxiety disorder, post-traumatic stress disorder and panic disorder/agoraphobia.
- A further 9.6% have a disorder of mild severity and are at risk of recurring or continuing mental disorders.

*Queensland Health, 2007\**

*\* Australian and international sources have been used as Queensland-specific prevalence data of comparable coverage and quality are not available.*



While public mental health services in Queensland have undergone significant development in the last decade, there is a growing recognition that mental health is not solely the responsibility of the mental health treatment sector. Other sectors, in particular housing, disability and employment, play important roles in an individual's mental health and wellbeing, and on the broader social health of the community.

Each of these sectors together with education and training, child safety, police and emergency services, corrections and justice and community services, have a key role in maximising the mental health of Queenslanders.

The vision of the *Queensland Plan for Mental Health 2007-2017* is to facilitate access to a comprehensive, recovery-oriented mental health system that improves mental health for Queenslanders. The Plan aims to develop a coordinated approach that provides a full range of services that:

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

**Recovery** acknowledges that having a mental illness does not necessarily mean life long deterioration. People with a mental illness are recognised as whole, equal and contributing members of our community, with the same needs and aspirations as anyone else. As a result, when working to facilitate recovery, the basic elements of citizenship need to be considered, such as ability to live independently, form social relationships and access employment opportunities. In doing this it is important that all relevant stakeholders adopt and are supportive of recovery-oriented service provision.

*Sharing Responsibility for Recovery: creating and sustaining recovery-oriented systems of care for mental health.* Queensland Health, 2005

The mental health sector needs to build stronger partnerships with consumers, families, carers, and government and non-government services to achieve better outcomes for Queenslanders.

The delivery of recovery-oriented services is central to the Plan. Recovery is an emerging paradigm that has significant implications for people with a mental illness, families, carers and service providers. Recovery refers to a person's improved capacity to lead a fulfilled life that is not dominated by illness and treatment. The recovery approach does not focus on reduced symptoms or need for treatment alone, but on the person experiencing improved quality of life and higher levels of functioning despite their illness.

Recovery is an individual's journey toward a new and valued sense of identity, role and purpose outside the boundaries of mental illness. Recovery-oriented services assist an individual to live well despite any limitations resulting from their mental illness, its treatment, and personal or environmental conditions.

Recovery means that over time, individuals come to terms with their illness, learning how to accept and move beyond it. They learn to believe in themselves, identify strengths as well as limitations and find purpose and enjoyment in their lives, despite their illness. Services supporting individuals with mental illness have to focus on the potential for growth within the individual and acknowledge that individuals with mental illness are active participants in the recovery process.

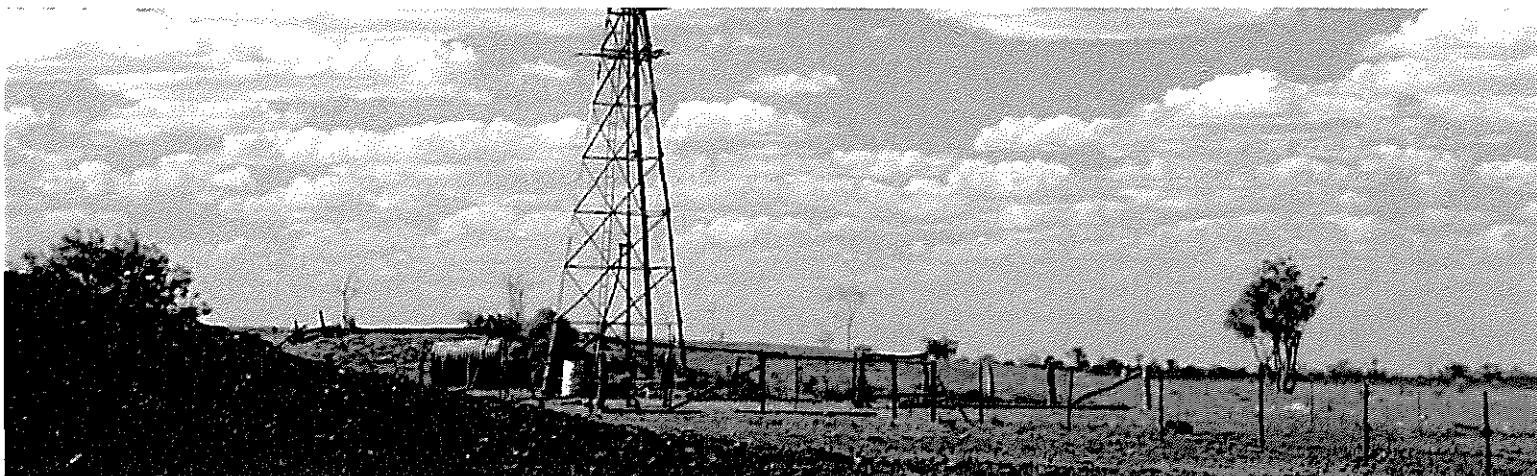
People living with mental illness can and do recover to live productive lives in their communities. Recovery emphasises the need for a comprehensive community-based service system that works to address the full impact of mental illness. The improvement of mental health treatment services in isolation will not address all the issues related to the support of people with mental illness and their recovery.

There is growing recognition that a whole-of-government, whole-of-community approach is necessary to reduce the prevalence and impact of mental health problems and mental illness. The *Queensland Plan for Mental Health 2007-2017* brings together the sectors that impact on the mental health of individuals, their families, carers and communities.

The Plan recognises that a range of sectors including housing, education, training, employment, community support, health, corrections, justice, disability, police, emergency services and child safety have important roles to play in promoting mental health and reducing the impact of mental health problems and mental illness. A stronger role is envisaged for the non-government sector as a key partner in delivering comprehensive community based care and support.

Working collaboratively, these sectors have an important role to play in promoting the mental health and wellbeing of the general population, and assisting with the recovery of those experiencing mental health problems and mental illness.

*The vision of the Queensland Mental Health Plan 2007-2017 is to facilitate access to a comprehensive, recovery-oriented mental health system that improves mental health for Queenslanders.*



## 2. Achievements to date

The Queensland Government is building a better mental health system by improving the quality, range and access to mental health services. In October 2005, as part of the *Health Action Plan*, \$201 million was allocated over five years to boost mental health services in Queensland. Beginning in July 2006 this funding was used to:

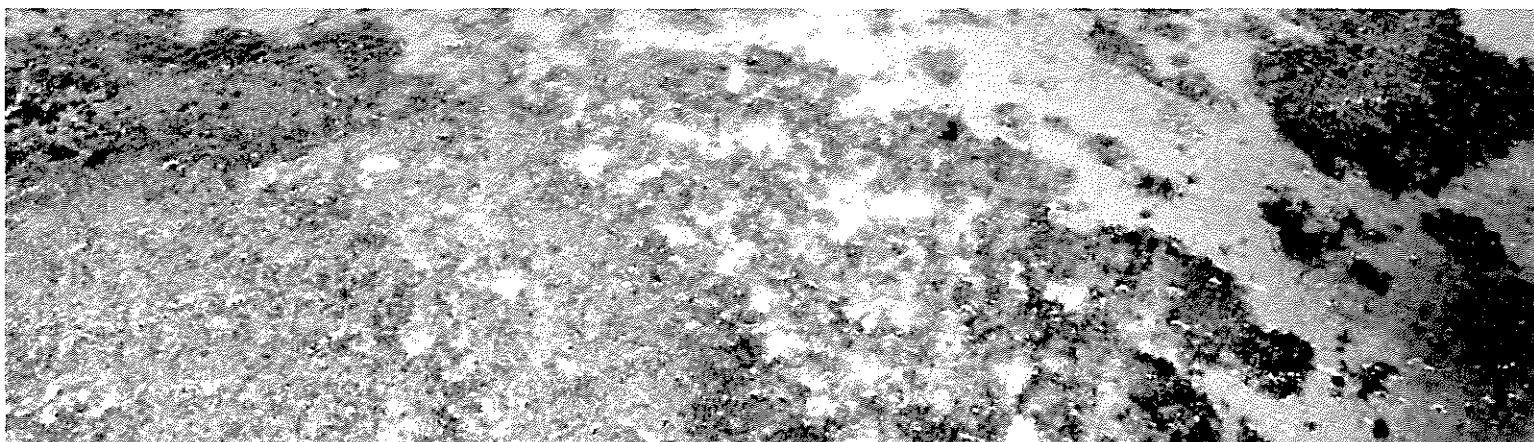
Increase mental health service capacity throughout Queensland

- Across Queensland, 193.5 new positions were established at a cost of \$18 million per year. These new positions have increased access to community mental health services for people with mental illness by reducing waiting times and case loads.
- Forensic mental health services were expanded to improve services to people with mental illness who have been in contact with the criminal justice system. Specialised community forensic and court liaison services were enhanced with an additional 27 positions at a cost of \$3.16 million per year. This included the creation of the position of Director of Forensic Mental Health Services to provide statewide leadership and oversight of forensic mental health services.
- Additional funding of \$11.62 million per year was provided to assist in reducing pressure on existing services by increasing resources in Emergency Departments, acute inpatient treatment settings and other areas of significant demand.

Build the capacity of the non-government sector to support people with mental illness in the community

- Funding to community organisations was increased by \$5 million per year, including grants to 18 non-government organisations across Queensland to provide independent living skills and social support services to people with mental illness living in the community.

In recognition of the substantial social and economic impact of mental illness on individuals, families and the wider community, the Queensland Government committed to the Council of Australian Governments (COAG) *National Action Plan on Mental Health 2006-2011* ('the NAP') as part of the continued reform of mental health services in Australia. The initial commitment of \$366.2 million announced in July 2006 included the \$201 million provided under the *Health Action Plan* and a range of other mental health-specific initiatives funded within Queensland Health and other government departments.







In addition to the *Health Action Plan* enhancements previously listed, major initiatives funded in the initial COAG commitment include:

- the Housing and Support Program as a collaborative service initiative between the Department of Housing, Queensland Health, Disability Services Queensland and the Department of Communities. This program provides coordinated social housing, clinical treatment and non-clinical support to enable people with moderate to severe mental illness and psychiatric disability to live successfully in the community. The program included a \$20 million capital investment from the Department of Housing with clinical and disability support services funded by Queensland Health and Disability Services Queensland. A total of 80 supported social housing places were provided in 2006-07.
- development of service delivery hubs in a range of locations to provide integrated services to people in high areas of need. These included Early Years Service Centres, Blueprint for the Bush Service Delivery Hubs and Indigenous Domestic and Family Violence Counselling Services established by the Department of Communities. These hubs are designed to provide a comprehensive range of services, including mental health services, with a focus on children and families, rural communities, and Aboriginal and Torres Strait Islander people.

During 2006, Queensland Health also provided \$640,000 to seven Divisions of General Practice across Queensland for the implementation of the 'Partners in Mind' framework. This approach, which has been agreed between Queensland Health and General Practice Queensland, will establish a better integrated primary mental health care sector.

The 2007-08 Queensland State Budget provided an additional commitment of \$528.8 million over four years to expand the initial Queensland COAG mental health initiatives. This brings the total new investment

in mental health by the Queensland Government to \$895 million over the five years from 2006-11. This funding and the broad program of mental health reform are the focus of this Plan and are outlined in detail in Chapter 6.

These commitments will enable further development of the substantial network of District Mental Health Services, other government and non-government services in Queensland.

Currently the mental health inpatient system consists of more than 1,400 beds. During 2007-08, District Mental Health Services provided over 374,000 days of inpatient care. In addition, more than 2,000 staff were employed within community mental health services, and for the first time delivered more than 1.1 million occasions of services to Queenslanders with mental illness living in the community.

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### 3. Providers of mental health services in Queensland

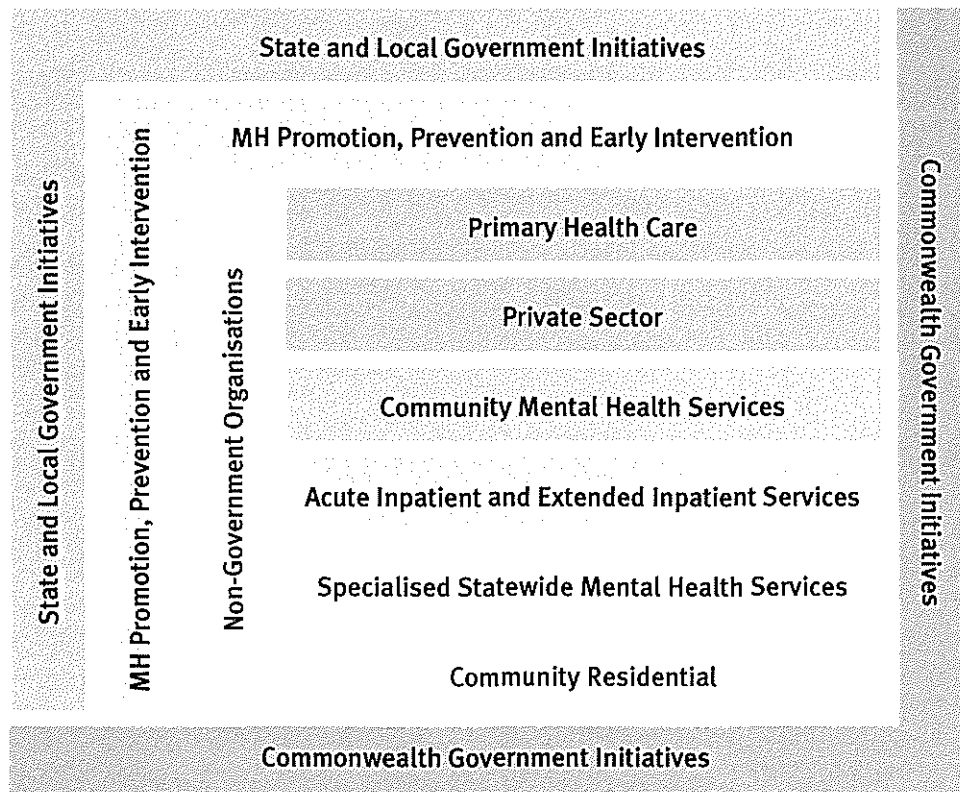
Mental health care in Queensland is delivered by a range of providers operating within and across different sectors. There are significant areas of interface between these sectors, as demonstrated in Figure 1.

The mental health treatment sector, supported by the broader health sector, has clear responsibility for delivery of a range of clinical assessment and treatment services. The mental health treatment sector includes both public and private providers.

They provide crisis response, acute, non-acute and continuing treatment services in inpatient and community settings.

A wide variety of other interventions, which support mental health and recovery, are provided by the broader government and non-government sectors. These may include services delivered by a housing or employment agency, or personal care from a non-government community support provider.

Figure 1: Queensland Mental Health Service System



**Public mental health services** are provided in each of the 20 Queensland Health Service Districts. They deliver specialised assessment, clinical treatment and rehabilitation services to reduce symptoms of mental illness and facilitate recovery. These services focus primarily on providing care to Queenslanders who experience the most severe forms of mental illness and behavioural disturbance, including those who are subject to the provisions of the *Mental Health Act 2000*.

Public mental health services work in collaboration with primary health and private sector health providers.

**Primary health care providers** include general practitioners, community health workers, nurses, allied health professionals, school health nurses, counsellors and community support groups. Their role includes assisting individuals with mental health problems and facilitating access to specialist public and private mental health services when required.

**Private mental health services** are delivered by psychiatrists, mental health nurses, clinical psychologists, social workers, occupational therapists and other allied health professionals with expertise in mental health care. They provide a broad range of services largely through office-based private practice and inpatient care within private hospitals, including dedicated private psychiatric hospitals.

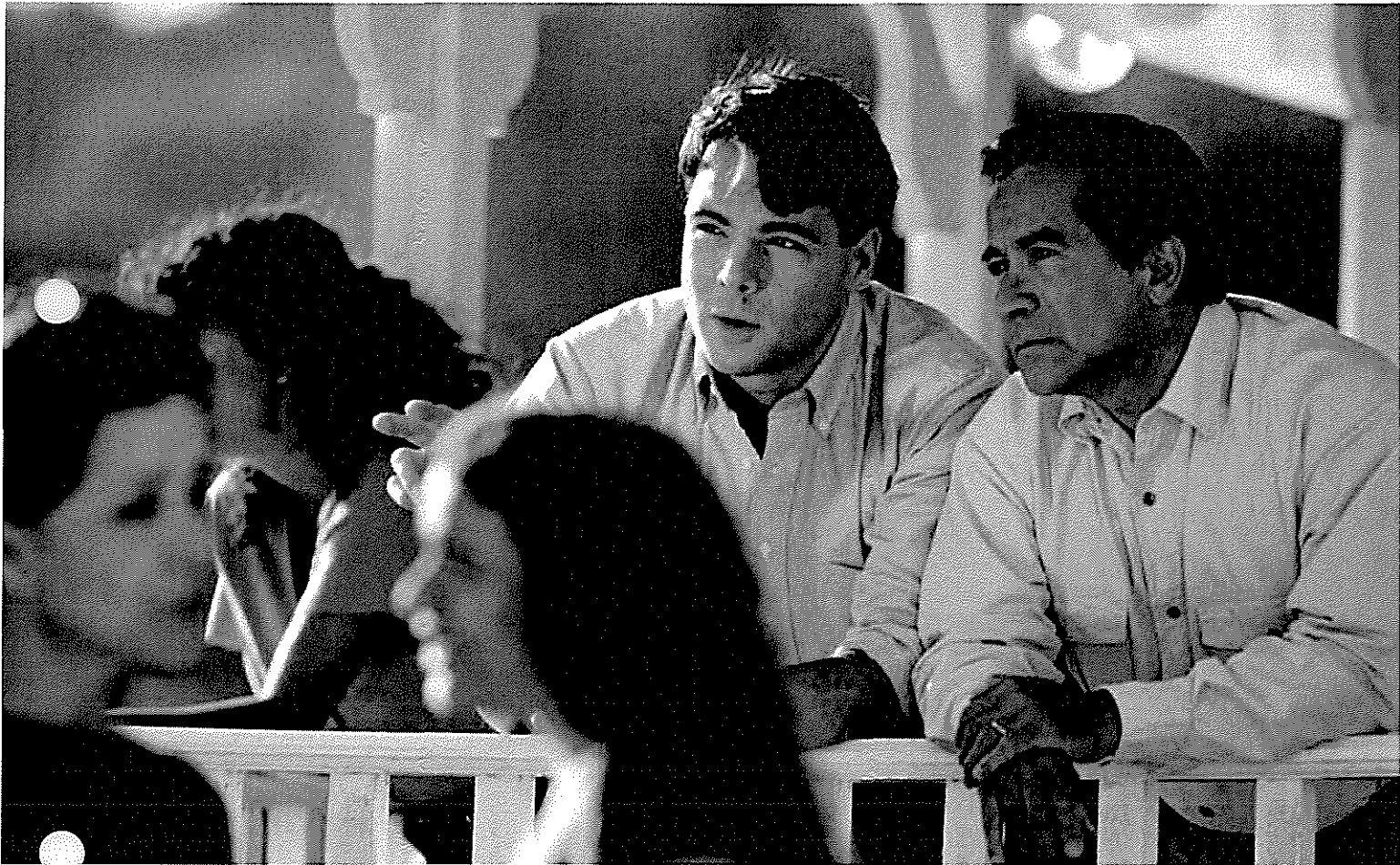
**Non-government organisations** include not-for-profit community agencies, consumer, family and carer groups and other community-based services that provide a range of treatment, disability support and care services, which complement both public and private mental health services. Non-government organisations are the primary providers of psychiatric disability support for people with mental illness and play an important role in promoting and maintaining mental health and wellbeing.

All sectors, including public mental health services, other government agencies and non-government organisations are involved in identifying and intervening early with people who are at risk of developing mental illness and facilitating timely and effective recovery-oriented pathways to care. Key groups requiring particular attention in **mental health prevention and early intervention** include children of parents with mental illness, children and youth who have experienced, or are at risk of abuse/neglect, and young people displaying behaviour disturbances, and their families.

A safe environment, adequate income, meaningful social and occupational roles, secure housing, higher levels of education and social support are all associated with better mental health and wellbeing. Queensland Government departments are actively working together to deliver programs that aim to strengthen mental health and promote recovery, across the spectrum of interventions. Ensuring mental health services respond as effectively as possible to the needs of consumers, families, carers, and the broader Queensland community requires effective coordination and collaboration between these sectors and across the spectrum of interventions.

From July 2007, responsibility for funding of mental health services that are contracted from the non-government sector was transferred from Queensland Health to Disability Services Queensland (DSQ). This shift aligns responsibility for the development, implementation and management of mental health programs delivered through the non-government sector with other programs administered by DSQ in the community sector.

## 4. Purpose and scope of the Queensland Plan for Mental Health 2007-2017



The *Queensland Plan for Mental Health 2007-2017* provides a blueprint for reform of mental health care over the next ten years. It identifies interventions to be delivered by the different sectors to provide a system which is responsive to the needs of consumers, families and carers. This will reduce the burden of mental illness on individuals, families and the community. The Plan provides a framework which balances increases in the

capacity of public mental health services against an expanded and strengthened role for non-government services and other areas of government. Collaboration and partnerships between these multiple stakeholders is pivotal in protecting the mental health of the Queensland community and supporting recovery for people living with mental illness.



*Mission:*  
*To provide a comprehensive, resilience and recovery-based mental health system across Queensland, with emphasis upon promotion, prevention and early intervention.*

The scope of the *Queensland Plan for Mental Health 2007-2017* has been influenced by the framework provided by the *National Mental Health Strategy* and Queensland Government policies and plans including:

- *National Mental Health Policy 1992*
- *National Mental Health Plan 1993-1998*
- *Second National Mental Health Plan 1998-2003*
- *National Mental Health Plan 2003-2008*
- *Council of Australian Governments National Action Plan for Mental Health 2006-2011*
- *Mental Health Statement of Rights and Responsibilities (1991)*
- *National Standards for Mental Health Services (1996)*
- *National Mental Health Information Priorities 2<sup>nd</sup> Edition*
- *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*
- *National Practice Standards for the Mental Health Workforce (2002)*
- *National Action Plan on Perinatal Mental Health*
- *Aboriginal and Torres Strait Islander Social and Emotional Well-being Framework 2004-2009*
- *Key Performance Indicators for Australian Public Mental Health Services (2004)*
- *National Safety Priorities in Mental Health: A National Plan for Reducing Harm (2005)*
- *Ten Year Mental Health Strategy for Queensland (1996)*
- *Queensland Forensic Mental Health Policy 2002*
- *Queensland Mental Health Strategic Plan 2003-2008*
- *Queensland Health Systems Review (Forster, 2005)*
- *Queensland Health Action Plan 2005*
- *Queensland Statewide Health Services Plan 2007-2017*
- *Queensland Health Strategic Plan 2007-12*
- *Queensland Health Disability Services Plan 2007-12*
- *Queensland Plan for Multicultural Health 2007-2017.*

The *Queensland Plan for Mental Health 2007-2017* also builds on the recommendations of two key reports. The first, *Promoting Balance in the forensic mental health system - Final Report - Review of the Queensland Mental Health Act 2000*. The Review was charged with examining the efficacy of provisions in the *Mental Health Act 2000* and administrative arrangements relating to victims, as well as assessing whether associated arrangements achieve an appropriate balance between community safety considerations and the provision of rehabilitation to forensic patients.

*The Queensland Government Response to the Final Report - Review of the Queensland Mental Health*

*Act 2000*, details strategies to implement the Review recommendations.

The second, *Achieving Balance: The Report of the Queensland Review of Fatal Mental Health Sentinel Events*, is being implemented during the life of this Plan and will form the basis of the development of a mental health safety plan.

Planning parameters used in the development of the *Queensland Plan for Mental Health 2007-2017* were drawn from the information paper *Planning Estimates and Technical Notes for Queensland Mental Health Services*, prepared for the Mental Health Branch, Queensland Health.

# 5. Principles

The *Queensland Plan for Mental Health 2007-2017* articulates six principles to guide and support reform. Mental health intervention, care and service delivery across all sectors in Queensland should align with these principles.

## *Principle 1 – Consumer and carer participation*

***Consumers, families and carers are actively involved in all aspects of the mental health system***

The mental health system will support active participation of consumers, families and carers in all aspects of activity including policy development and implementation, service planning and delivery, and research to ensure mental health care is oriented to meeting the specific needs of individuals.

## *Principle 2 – Resilience and recovery*

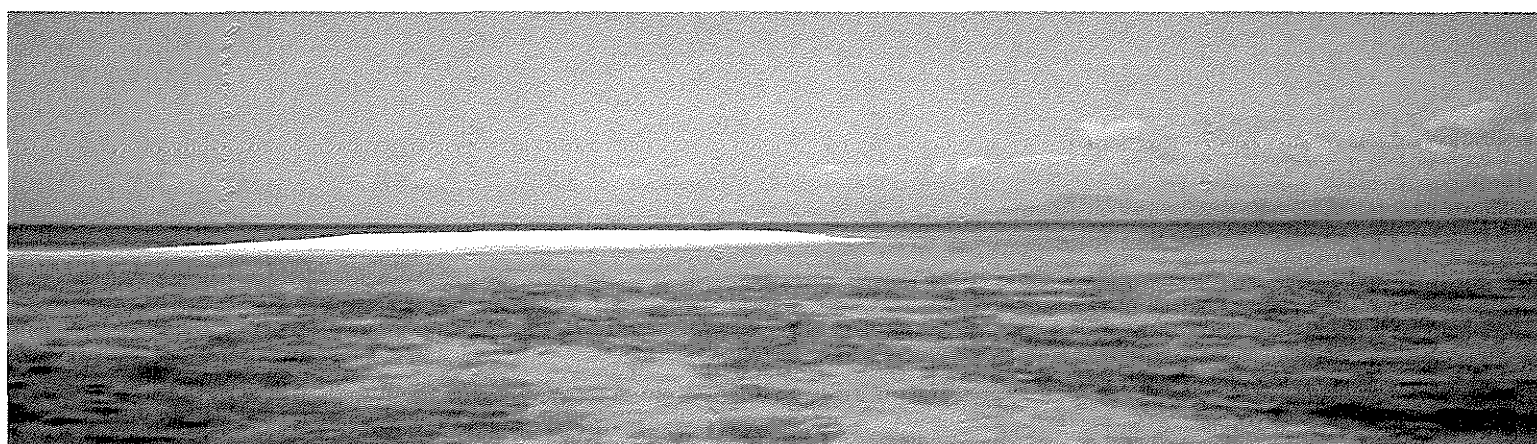
***The mental health system promotes resilience and recovery***

Mental health care will be provided within an operational framework that promotes resilience and recovery.

## *Principle 3 – Social inclusion*

***The mental health system is community-oriented, comprehensive, integrated and socially inclusive***

Consumers, their families and carers will have access to a comprehensive community-based system of treatment, care and support that promotes recovery and works in a positive manner to address the impact of mental illness.



### Principle 4 – Collaboration and partnerships

#### **Cooperation, collaboration and partnerships are key elements of the mental health system**

The mental health system will operate through inter-sectoral cooperation, collaboration and partnerships with a range of stakeholders including consumers, families and carers.

### Principle 5 – Promotion, prevention and early intervention

#### **Promotion, prevention and early intervention are integral to the mental health system**

Promotion, prevention and early intervention (PPEI) will occur at the population, group and individual level, to build individual and community resilience and wellbeing, effectively target key risk and protective factors, and facilitate early intervention.

### Principle 6 – Evidence-based

#### **Mental health care is evidence-based, prioritising quality and safety**

High quality services will be accessible and responsive, informed by research and evidence of best practice, provided by a suitably skilled and supported workforce, and deliver improved outcomes to people living with mental illness, their families and carers, and the wider community.

The principles that underpin the *Queensland Plan for Mental Health 2007-2017* are in addition to the principles articulated within the United Nations *Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care*, the *National Mental Health Strategy* and the *Queensland Mental Health Act 2000*.

These frameworks encompass fundamental rights and responsibilities for all people who have a mental illness, including the following:

- People with mental illness are entitled to respect for their basic human rights, confidentiality, and must be able to participate in decisions made about them.
- The specific cultural, religious and language needs of individuals must be respected.
- Treatment should only be provided where it promotes or maintains the person's mental health, and should impose the least restriction on their rights possible with due regard for the safety of the person and others.

## 6. The reform agenda – improving mental health for Queenslanders

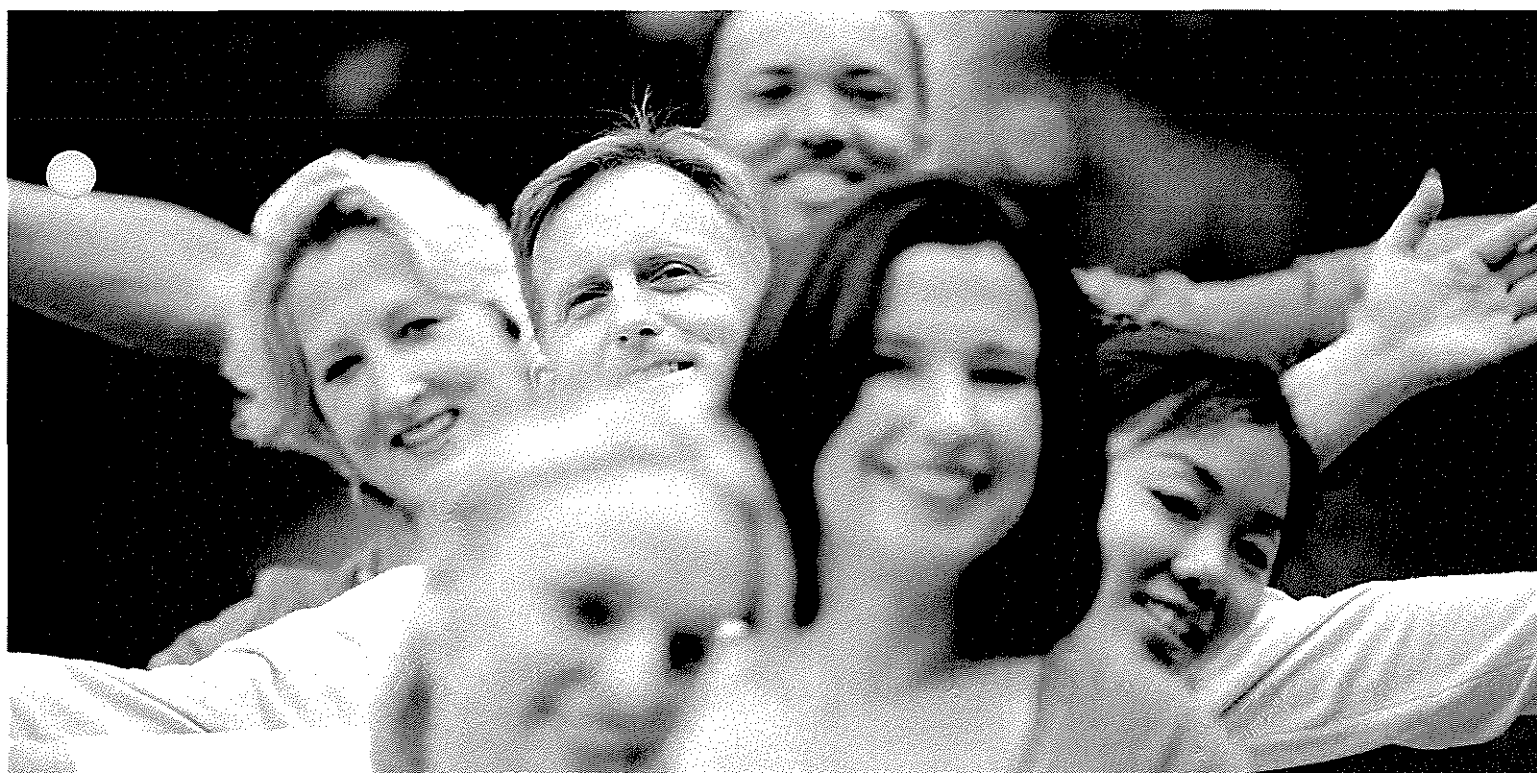
Five priorities guide the reform of the mental health system. These priorities will inform the investment over the period 2007-2017. These priorities and the associated strategies are consistent with the COAG *National Action Plan for Mental Health 2006-2011*.

The needs of consumers, families and carers drive each of the priorities. The involvement of consumers, families and carers in these areas will be instrumental in achieving change. Strengthening the mechanisms through which consumers, families and carers can influence reform of the Queensland mental health system in meaningful and effective ways must occur within each priority and all aspects of activity.

The five priorities have application across the spectrum of intervention and cover both clinical and non-clinical aspects of care. All components of the system are necessary for the system to function effectively. Development of a detailed service model that identifies target levels of resources required for each service

component is a key objective of the Plan, to ensure achievement of a balanced system over the next ten years.

These targets will be based on interpretation of trends in national and international planning and reflect best available knowledge at this point in time. The targets cover all components of priority areas and will be continually tested against experience as new services are developed. Ongoing developments in mental health care at the international and national level will be taken into consideration, in association with identification and analysis of local community needs.





## PROGRESS TO DATE

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

**PRIORITY 1****Mental health promotion, prevention and early intervention****Strengthen collaborative action to:**

- *build individual and community resilience and wellbeing*
- *effectively target key risk and protective factors*
- *facilitate early intervention in known high risk groups for mental illness.*

**Key actions**

- Establish statewide leadership through the Queensland Centre for Mental Health Promotion Prevention and Early Intervention (PPEI)
- Improve mental health literacy and capacity in non-clinical workers in key government and non-government services
- Strengthen responses for perinatal and infant mental health
- Reduce suicide risk and mortality within Queensland communities, within identified high risk groups such as Aboriginal and Torres Strait Islander populations, rural communities, and young people

Promotion, prevention and early intervention (PPEI) activities are vital elements in reducing the burden of disease associated with mental health problems and illness, and managing future demand for mental health services. PPEI addresses the health and wellbeing of the entire population, including all levels of mental health need within the community, and requires the contribution of a wide range of government and non-government agencies. Strengthening partnerships with these agencies and building their capacity to effectively contribute to the mental health and wellbeing of all Queenslanders is a priority.

Development of strategic partnerships across the government and non-government sectors aimed at improving mental health literacy, reducing stigma and discrimination experienced by people affected by mental illness, and targeting risk and protective factors for the prevention of high prevalence disorders is essential. Building supportive and inclusive environments, and resilient individuals and communities are also important tasks in promoting mental health into the future. Public mental health services play an important role in mental health PPEI through partnerships focused on intervening early with high risk groups and delivery of recovery-oriented services.

**Actions for 2007-11**

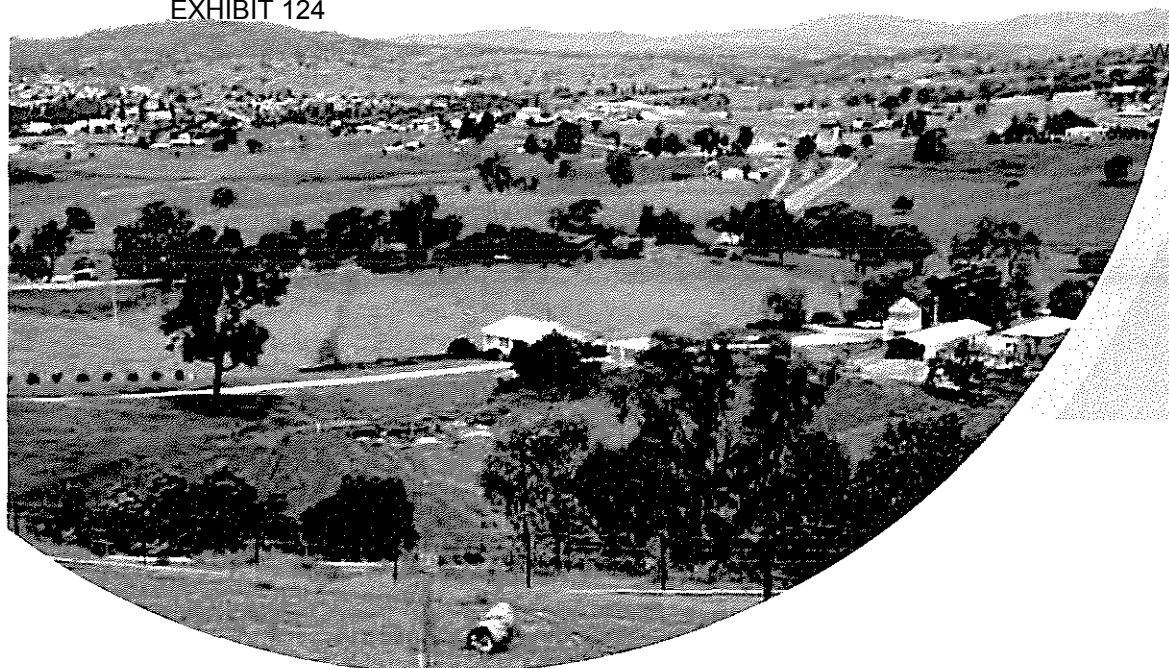
An additional \$9.35 million will be provided over four years to support activities which will build mental health promotion, prevention and early intervention capacity.

The Queensland Government will implement initiatives focused on enhancing and promoting mental health and wellbeing, preventing mental illness and providing early intervention, including:

- \$5.47 million to establish the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention to lead the development and implementation of a statewide framework for mental health promotion, prevention and early intervention including:
  - establishing the *beyondblue* Queensland Chapter to engage with the National Depression Initiative to promote recognition and early access to treatment for depression
  - improving mental health literacy and access to mental health first aid training for non-clinical workers in key government and non-government services
  - raising community awareness about mental illness, and reducing stigma and discrimination
  - promoting the use of innovative technologies in mental health promotion activities.



- \$2.91 million to support the ongoing development of cross-sectoral strategies, partnerships and agreements targeted at reducing suicide risk and associated mortality, including:
  - dedicated strategies to reduce suicide risk and mortality with a focus on specific high risk groups including Aboriginal and Torres Strait Islander populations, rural communities, and young people
  - development of a risk management framework for the detection and management of suicide risk
  - development of mechanisms to review all available information in relation to people who suicide in Queensland
  - increased capacity to follow-up people presenting to Emergency Departments with deliberate self-harm or attempted suicide.
- \$0.97 million to establish a hub of expertise in perinatal and infant mental health to provide co-case management, consultation, liaison, and support to public mental health services and the broader community sector.
- Providing training to health workers in hospital, community health and primary health care settings on psychosocial risk assessment, screening and pathways into care consistent with the *National Action Plan on Perinatal Mental Health*.
  - Establishing processes for the early detection and psychosocial support of children of parents with mental illness.
  - Establishing collaborative processes and interdepartmental partnerships to improve mental health problems in children and young people within education, justice and child protection settings.
  - Developing partnerships and increasing access to education and training initiatives to enhance the capacity of the aged care sector to prevent and intervene early in mental health problems and reduce social isolation.
  - Developing and implementing early detection and intervention with children and young people including enhanced consultation liaison, improved referral pathways, and training for school support personnel and other key providers such as youth support coordinators, child safety workers, and youth justice workers.
  - Establishing programs that build individual and community resilience and capacity, including those targeting Aboriginal and Torres Strait Islander populations, people from Culturally and Linguistically Diverse backgrounds, and other high risk groups.



#### Outcomes by 2011

These initiatives will strengthen the capacity to promote mental health and wellbeing and to prevent and minimise the risk of mental illness developing, especially in high risk populations. By 2011 the Queensland Government will have delivered the following outcomes:

- established a statewide framework for mental health promotion, prevention and early intervention
- implemented a range of targeted, evidence-based mental health promotion, prevention and early intervention programs across government, non-government and community sectors
- implemented models to ensure early detection of 'at risk' populations
- improved the capacity to build community resilience to mental illness
- improved the response to suicide risk behaviours and the management of suicide risk.

#### Outcomes by 2017

By 2017, the Queensland Government will have:

- delivered whole-of-population mental health PPEI initiatives across government, non-government, and community sectors
- improved community awareness, understanding and attitudes towards mental health and mental illness
- established collaborative, evidence-based, mental health and early intervention initiatives across the lifespan
- established collaborative, evidence-based mental health prevention and early intervention to targeted high risk groups
- implemented and evaluated a comprehensive approach to suicide prevention and suicide risk management
- developed collaborative initiatives to address the mental health needs of specific communities and targeted populations.

*Promotion, prevention and early intervention activities are vital in reducing the burden of disease associated with mental health problems and issues.*



**PRIORITY 2****Integrating and improving the care system**

*Enhance and develop the continuum of clinical mental health treatment and care for consumers, families and carers. This system promotes resilience and recovery.*

**Key actions**

- Strengthen consumer, family and carer participation in mental health services
- Establish a statewide model of service to facilitate integrated service delivery across child and youth, adult, older persons, statewide and specialised mental health services
- Increase the capacity of community and inpatient mental health services to deliver high quality, responsive, consumer-focused care
- Build collaborative links with primary health and private sector providers to ensure effective links between services and efficient use of resources

Access to the right care and support at the appropriate time is important for people living with mental illness. A range of inter-connected clinical and community service options are required. These need to be responsive to the needs of people with mental illness, promote resilience and recovery, and facilitate positive outcomes.

Primary health, private and public mental health treatment services are all engaged in the delivery of assessment and treatment. Together they contribute to a spectrum of services required to meet the needs of people with mental health problems and mental illness. Close collaboration between providers will minimise the risk of duplication, service gaps and disconnections across the continuum of care.

The Plan focuses on fostering partnerships and improving linkages between services provided within and across the primary health, public and private specialist mental health sectors. It aims to improve access, support optimal care across all service levels and ensure effective use of specialised treatment resources. Innovative approaches to achieve improved continuity of care are proposed.

**Actions for 2007-11**

An additional \$345.8 million will be provided over four years to further expand mental health treatment and service capacity across sectors.

**Consumer and carer participation**

The Queensland Government will implement initiatives focused on enhancing the capacity of consumers and carers to be actively involved in mental health service planning and delivery. This includes:

- \$2.97 million to employ additional Consumer Consultants to provide support to consumers and to improve consumer engagement within mental health services
- developing a Queensland Government Consumer, Family and Carer Participation Policy
- establishing a statewide Consumer and Carer Coordinator position to coordinate consumer and carer service development initiatives and participation
- providing education and training to consumers, families and carers, mental health service providers and government and non-government staff to enable informed participation by consumers and carers in service delivery.

**Primary and private sector mental health care**

The Queensland Government will support the development of a coordinated framework for the delivery of primary and private mental health care. This includes:

- \$3.24 million to employ additional Primary Care Liaison Coordinators to improve coordination of services between primary health care and public mental health service providers.
- \$1.42 million to support the implementation of the 'Partners in Mind' framework and its integration with the Queensland Primary Mental Health Care Collaborative and community health services.
- establishing a forum for the public and private mental health sectors to collaborate and implement a plan for alignment of the two sectors with the aim of achieving a continuum of care for consumers moving between them. This would include communication protocols for access and reporting.
- delivering programs of collaborative care between general practitioners, other primary care providers and mental health professionals, particularly in rural and remote areas.

**Public mental health care**

The Queensland Government will implement initiatives focused on expanding mental health care. This includes:

- \$37.78 million for 100 additional clinicians to provide child and youth community mental health services
- \$9.44 million for 22 additional clinicians to provide adult community mental health services
- \$18.7 million for 46 additional clinicians to provide older persons community mental health services

\$11.55 million for 25 additional clinicians to provide mobile intensive treatment services to consumers with complex needs living in the community

- \$27.47 million for 60 additional clinicians to provide extended hours community-based emergency triage and brief acute treatment
- \$9.63 million for 18 additional consultation liaison clinicians to support early assessment, treatment and referral of mental health consumers
- \$10.5 million to employ 27 additional clinicians to provide tertiary statewide forensic services including, child and youth community forensic outreach, prison mental health, and court liaison services
- \$5.7 million to employ 26 additional administrative staff to support clinicians working in community mental health services
- \$15.32 million to expand district service and development capacity by establishing additional clinical leaders, supervisors and other staff to manage legislative, quality and safety activity.

Mental health services to people receiving care in acute, extended and community mental health settings will be improved by providing:

- \$121.55 million to expand the range of acute and extended treatment beds by providing 140 new beds and to upgrade existing services to meet contemporary standards. This is in addition to the services being provided as part of the development of the new Gold Coast, Sunshine Coast and the Queensland Children's Hospitals.



- standardised service models and protocols for core public mental health service functions, including entry criteria, case management and inter-sectoral collaboration.
- protocols for inter-hospital transfers and referrals to Queensland Health Service Districts providing specialist services.

Mental health services to people in **rural and remote** areas will be improved by providing:

- \$2.36 million to develop a service model for rural and remote mental health services in collaboration with the Centre for Rural and Remote Mental Health Queensland, and to develop innovative mechanisms to improve recruitment, retention and development of mental health staff in rural and remote areas
- Programs developed in collaboration with the Centre for Rural and Remote Mental Health Queensland and the Queensland Centre for Mental Health Promotion Prevention and Early Intervention to promote mental health and prevent the development of mental health problems in rural and remote communities.

Mental health services to people from an **Aboriginal and Torres Strait Islander** background will be improved by providing:

- \$5.15 million to employ additional Aboriginal and Torres Strait Islander mental health workers to provide assessment, treatment and care to people with a mental illness who are from an Aboriginal and Torres Strait Islander background
- a specialist hub of expertise to provide leadership and oversight of development of service models,

workforce and partnerships in collaboration with the Centre for Rural and Remote Mental Health Queensland. The specialist hub will provide support to Aboriginal and Torres Strait Islander workers in the development and delivery of clinical services.

Mental health services to people from a **culturally and linguistically diverse** background will be improved by providing:

- \$1.8 million for additional clinicians to provide transcultural mental health services. These clinicians will help to improve the capability of mental health services to respond to the needs of people with a mental illness from a culturally and linguistically diverse background.
- programs to increase mental health literacy and reduce stigma and discrimination in culturally and linguistically diverse communities.
- support to the Queensland Transcultural Mental Health Centre in implementing the mental health components of the *Queensland Plan for Multicultural Health 2007-12*.

*Access to the right care and support at the appropriate time is important for people living with mental illness.*

Mental health care for people who have a co-existing mental illness and **drug and alcohol problem** will be improved by providing:

- \$2.92 million to establish dual diagnosis coordinators to facilitate the provision of coordination between mental health and drug and alcohol services, and to provide training and skill development for mental health services
- statewide guidelines for mental health services to ensure routine screening of all consumers for drug and alcohol problems and the provision of brief therapeutic interventions.

Initiatives are being progressed by Queensland Health, the Department of Justice and Attorney-General, and the Mental Health Review Tribunal to improve management of **people with mental illness who commit serious offences** and to increase support for victims of violent offences committed by people who are found of unsound mind or unfit for trial under the *Mental Health Act 2000*.

Initiatives include:

- \$0.8 million to improve community and stakeholder understanding of the forensic mental health system as part of the recommendations from the Review of the *Mental Health Act 2000* by developing mental health literacy materials, culturally targeted resources and a media professionals' package.
- \$29.18 million to enhance clinical services for adult forensic mental health consumers and to improve risk management practices. Funding will:
  - establish 35 additional positions
  - improve specialist and district based forensic services and increase the number of Indigenous mental health workers
  - provide risk management training and monitor and report on compliance with forensic mental health policy and legislation.

- \$10.24 million to establish a statewide Victim Support Service and a Victim Information Register.
- \$13.34 million to improve the forensic legal processes related to the Mental Health Court and the Mental Health Review Tribunal.

There will be ongoing liaison with Queensland Corrective Services in relation to victims of serving sentence prisoners. The benefits of Queensland Health providing ongoing support, liaison and service provision to offenders with mental illness is acknowledged. This cross departmental relationship is essential to the continued health and wellbeing of offenders accessing health care within any Queensland Corrective Services centre.

The Queensland Government will improve the provision of mental health services to people who have **complex mental health** needs by providing:

- \$0.97 million to employ additional positions to boost the capacity to coordinate services for people with complex needs related to intellectual disability and mental illness
- \$2.71 million to establish positions to build capacity to provide assessment and treatment for people with eating disorders in the community
- \$1.12 million to establish positions to enhance the capacity to provide assessment and treatment for people with mental illness and a visual or hearing impairment
- additional funds to Disability Services Queensland to employ clinicians to provide services for people with an intellectual disability and mental illness, as part of the response to the recommendations of the Hon. W.J. Carter's review and resulting report *Challenging Behaviour and Disability: A Targeted Response*.





### Outcomes by 2011

These initiatives will enhance service delivery and expand the range of services provided to meet the needs of a growing population. By 2011, the Queensland Government will have delivered the following outcomes:

- Improved consumer and carer representation at all levels of mental health activity and decision making.
- Implemented a coordinated framework for the delivery of primary, private and public mental health services.
- Expanded community public mental health services with the employment of additional clinical staff across child and youth, adult and older person services in the community. By 2011 the number of clinical staff employed in community public mental health services is expected to increase by 21%. This increase will mean that there will be 48 full time staff per 100,000 of the total population. This represents an estimated progress of up to 68% towards achievement of a ten year target rate of 70 full time equivalent staff per 100,000 population.
- Expanded access and capacity to deliver specialist mental health care services for people within special populations or with complex needs.
- Expanded and improved the infrastructure of hospital and community based inpatient services towards a ten year target of 40 beds per 100,000 total population for acute and extended inpatient services.

### Outcomes by 2017

By 2017, the Queensland Government will have:

#### Public mental health services

- increased effective consumer, family and carer participation in public mental health services
- provided effective consumer and carer advisory systems
- facilitated cross-sector care for consumers, families and carers
- established a consistent model of service provision for the delivery of mental health services
- expanded the capacity of community mental health services
- provided sufficient mental health inpatient beds that reflect contemporary standards and population needs
- improved access and entry to mental health care for consumers, families and carers
- improved capacity to provide comprehensive mental health care to children and young people aged 15-25
- improved capacity to respond to mental health needs of older persons
- improved capacity to provide mental health services to people in rural and remote areas
- improved capacity to respond to the mental health needs of Aboriginal and Torres Strait Islander people
- increased capacity to deliver Forensic Mental Health Services
- provided effective models of mental health service delivery to people with a mental illness and drug and alcohol problems (dual diagnosis)
- provided culturally appropriate responsive services to people from culturally and linguistically diverse backgrounds
- strengthened delivery of consultation-liaison services across Queensland
- provided a continuum of care for people with eating disorders

- strengthened local capacity to provide specialist mental health care to people who are deaf and/or blind
- strengthened local capacity to provide specialist mental health care to people with intellectual disability
- strengthened local capacity to provide specialist mental health care to people with acquired brain injury
- strengthened local capacity to provide specialist mental health care to people with severe mood disorders
- expanded capacity to respond to people with mental illness who are homeless.

*The Plan focuses on fostering partnerships and improving linkages between services provided within and across the primary health, public and private specialist mental health sectors.*

#### **Primary Care**

- developed planning and leadership for cross-sector primary mental health care
- strengthened partnership processes between primary, private, public and non-government providers of mental health care.

#### **Private Sector Mental Health Care**

- engaged private, primary and community sectors in local-level planning with public mental health services
- established greater collaboration between private psychiatrists, primary care services and public mental health services.

**PRIORITY 3****Participation in the community**

*Build capacity to assist and support people with mental illness to live full and meaningful lives in the community*

**Key actions**

- Increase access to non-clinical recovery-focused services delivered through the non-government sector
- Expand access to supported housing and accommodation services for people with mental illness
- Increase capacity of Government agencies to support recovery of people with mental illness across a range of services

People living with mental illness require a range of services to strengthen their community engagement and improve quality of life. Stable housing, income support, education and employment are all vital for recovery, and require access to a range of government and non-government services.

The non-government and community sectors have a key role in providing non-clinical, personal care and other flexible supports to people living with mental illness, families and carers. Close partnerships will be required between Queensland Health, Disability Services Queensland and other government agencies, to ensure availability of the range of services required by people with mental illness within the community.

**Actions for 2007-11**

An additional \$98.09 million will be provided over four years to develop and implement programs that will increase access to community based services. These include:

**Accommodation and personal support**

The Queensland Government will expand the continuum of supported housing and accommodation available to people with mental illness in the community. Disability Services Queensland will purchase non-government sector services to provide non-clinical personal support and accommodation to

mental health consumers and their families.

Initiatives include:

- \$35.64 million to purchase a range of accommodation and personal support services, including:
  - new residential recovery places to provide ongoing assessment, treatment and rehabilitation with the goal of assisting people to live successfully in the community
  - additional personal support packages to provide non-clinical support to people with varying levels of psychiatric disability living in the community in hostels, boarding houses, or in their own homes.
  - Additional places for consumer operated crisis and respite services to provide short-term accommodation, up to a maximum of three months, for those in need of respite, or emergency and crisis support.
  - Non-clinical personal support for people with a mental illness transitioning from corrective facilities to accommodation in the community.
- The Department of Housing, Disability Services Queensland and Queensland Health will expand the Housing and Support Program:
  - \$40 million to provide additional housing places for people with a severe mental illness who have moderate to high support needs. Eligibility criteria will require the person to be homeless or in acute

or extended treatment facilities, eligible for social housing and unable to maintain current housing arrangements without adequate support.

- \$22.45 million to provide non-clinical personal support to people with a severe mental illness who have moderate to high support needs and are living in social housing. Personal support services may include assistance with activities of daily living and practical support to access programs and services, which help to maintain optimal mental health functioning and promote recovery.

#### Vocational rehabilitation

The Queensland Government will support the implementation of initiatives to improve the engagement of people with a mental illness in vocational rehabilitation and employment, including:

- developing, implementing and evaluating a model of vocational rehabilitation which collocates an employment specialist within a mental health service
- establishing initiatives to foster the increased involvement of people with a mental illness in training, educational and employment readiness opportunities
- collaborating with non-government sector organisations to develop and provide a range of consumer-run vocational rehabilitation programs.

#### Interagency coordination

The Queensland Government will support cross-sector collaboration to:

- develop and implement a strategic plan for the mental health non-government sector in Queensland, which enhances workforce capacity and infrastructure, service quality and review, and research, evaluation and outcome reporting
- develop and implement local cross-agency operational protocols and guidelines; local partnership agreements; and cross-agency education and professional development initiatives
- continue to implement and develop the Mental Health Intervention Program to improve collaborative responses between the Queensland Police Service, Emergency Services and public mental health services.

#### Outcomes by 2011

Investment of funds will improve the range of care and support for consumers living in the community. By 2011, the Queensland Government will have delivered the following outcomes:

- provided and maintained an expanded range of non-clinical personal support and accommodation aimed at assisting people with a mental illness to live a meaningful life in the community
- improved inter-sectoral collaboration in the delivery of programs to assist people with a mental illness to live and participate in the community.

*People living with mental illness need a range of services to strengthen their community engagement and improve quality of life.*



## Outcomes by 2017

By 2017, the Queensland Government will have:

- strengthened the capacity of non-government organisations to deliver a range of quality mental health services that promote recovery
- expanded the range of community-based supported housing and accommodation options for people with mental illness
- expanded non-government sector services for consumers, carers and families
- strengthened non-government capacity and government services in the criminal justice system
- increased vocational rehabilitation for people with mental illness
- improved access to education, training and employment opportunities for people with mental illness
- increased understanding of mental illness in non-government and government employees
- expanded mental health initiatives for police, mental health and emergency services.
- expanded cross-government capacity to provide a coordinated statewide mental health and psychosocial disaster response and enhanced participation in the community recovery response.
- improved the capacity of the non-government sector to deliver a range of mental health services in the community, towards a ten year target rate of:
  - 15 places per 100,000 population for residential recovery programs
  - 35 places per 100,000 population for supported social housing
  - 35 packages per 100,000 population for support to people with a mental illness living in hostels and private homes
  - 3 places per 100,000 population for crisis and respite services.

*The Queensland Government will expand the continuum of supported housing and accommodation available to people with mental illness in the community.*

**PRIORITY 4****Coordinating care**

*Facilitate the linkage of a range of services to provide an integrated system of care to consumers, families and carers*

**Key actions**

- Strengthen partnerships and collaborative initiatives between Government agencies to address mental health service priorities
- Establish Service Integration Coordinators to improve service integration across government and non-government providers
- Implement processes at the local level to support collaborative, coordinated care across government and non-government agencies and improve outcomes for people with mental illness and complex care needs

Commitment to coordinated care for people with mental illness and complex needs is a priority. The various elements of service provided to people with mental illness by organisations and services across sectors need to be integrated to ensure the best outcomes are achieved. A collaborative approach will minimise the risk of people of all ages including youth, falling through gaps in the service system and allow the various services to work together as inter-related parts of a single system of care.

**Actions for 2007-11**

\$4.77 million in funds will be provided over four years to strengthen the capacity to coordinate care for consumers with complex needs living in the community. This funding will support the establishment of Service Integration Coordinator positions across Queensland.

Service Integration Coordinator positions will be responsible for:

- improving care planning, communication and continuity across agencies
- overseeing processes for linking core service needs
- ensuring efficient utilisation of resources.

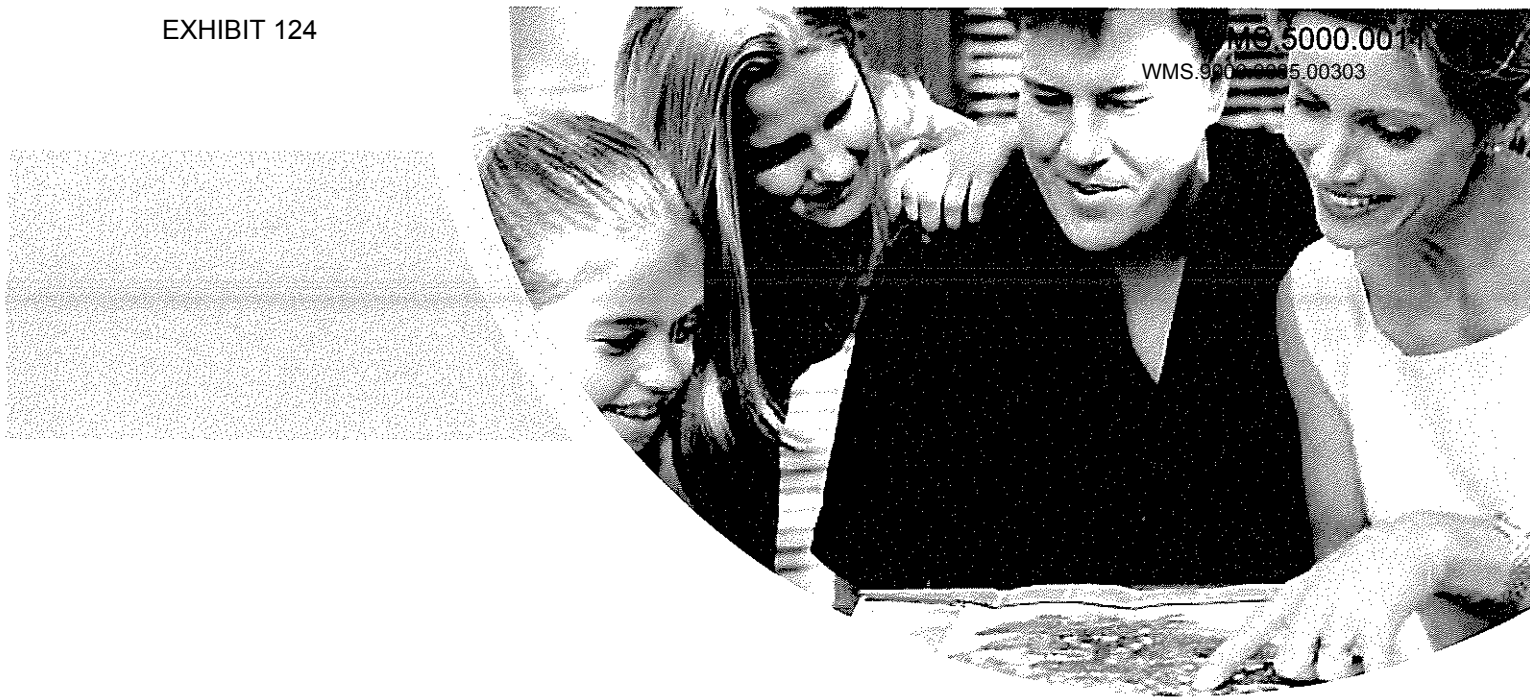
Queensland government agencies will work in partnership to develop coordinated responses to disasters to minimise psychological impact and facilitate community recovery, including increasing the availability of training and professional staff development.

In addition an Interagency Action Plan for an integrated human services framework to better respond to the needs of people with mental illness, their families and carers will be developed. Initially this plan will focus on people who are at risk of, or are experiencing social exclusion.

**Outcomes by 2011**

Investment of funds to support these initiatives will improve the coordination of care and support for consumers living in the community. By 2011, the Queensland Government will have delivered the following outcomes:

- improved capacity for people with a severe mental illness to successfully live in the community
- improved access to a range of support services and care for people with a severe mental illness in the community
- improved capacity for effective inter-sectoral collaboration to assist people with mental illness to access appropriate support and care in the community



- reduced the number of people with severe and persistent mental illness and psychiatric disability who currently fall through the gaps in service provision
- improved the degree to which people with a mental illness are socially included and able to participate in the community.

#### Outcomes by 2017

By 2017, the Queensland Government will have:

- established governance of mental health across sectors, and other levels of government
- strengthened capacity for cross-sector collaboration between providers of mental health care at the local level.

*The various elements of service provided to people with mental illness by organisations and services across sectors needs to be integrated.*

**PRIORITY 5****Workforce, information, quality and safety**

*Enhance and strengthen the capacity of services to provide high quality, safe and evidence-based mental health care*

**Key actions**

- Increase availability of a skilled mental health workforce
- Improve access to mental health service information, including information on consumer perceptions of care, to inform service evaluation and planning
- Improve delivery of safe, high quality care through effective quality improvement processes
- Increase access to evidence from research to inform mental health service delivery and development

The capacity to provide high quality services is essential to the delivery of a contemporary mental health care system, and relies on the use of evidence-based care to produce measurable improvements for consumers, carers and families. The quality agenda focuses on workforce development, information management, quality and safety initiatives, and research development. These are essential to the delivery of high quality care into the future.

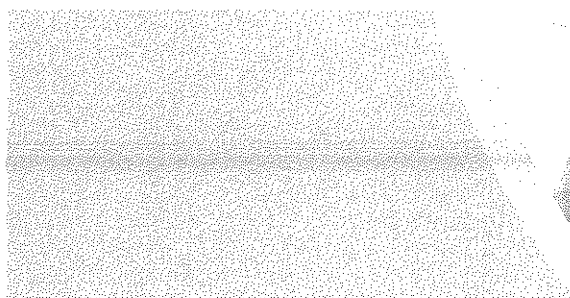
**Actions for 2007-11**

An additional \$70.82 million will be provided over four years to expand and develop the mental health workforce to ensure the provision of high quality, safe public mental health services, and to continue developing mental health research and information management capacity. This funding includes \$43 million from the Queensland Government to replace Commonwealth funded projects expiring in 2007-08.

**Workforce development**

The Queensland Government will implement initiatives focused on developing workforce capacity to deliver mental health programs. This includes:

- \$2.41 million to develop and implement a range of strategies to recruit mental health staff. These include undergraduate marketing initiatives, targeted scholarships and incentives for people to enter the mental health workforce.
- \$3.06 million to provide a range of ongoing support to assist with retaining mental health staff. This includes orientation programs and supervision models for allied health and nursing.
- \$0.69 million to improve workplace culture and leadership, including programs to provide support to professional supervisors and team leaders.
- \$0.67 million to provide staff training and education through the Queensland Centre for Mental Health Learning including implementation of recovery training for mental health staff.
- \$0.46 million to provide support to develop the non-government sector workforce.
- Additional positions in the Queensland Centre for Mental Health Learning to improve risk assessment and management skills as part of the implementation of the recommendations from the Review of the *Mental Health Act 2000*.



- Enhancing the statewide role of the Queensland Centre for Mental Health Learning in the provision of mental health training initiatives for staff, consumers, family, and carers across public, private and community sectors.
- Developing a Workforce Development and Innovation Plan, which is consistent with the *National Practice Standards for the Mental Health Workforce*, including:
  - development of Clinical Practice Guidelines
  - development of standardised multidisciplinary training and education curriculum and modules based on the *National Practice Standards for the Mental Health Workforce*, for delivery by specialist educational units.
- \$16.4 million to establish the Consumer Integrated Mental Health Application (CIMHA), which will enhance access to clinical and service information needed to support service delivery and evaluation
- \$2.16 million to more effectively utilise information in clinical practice, service planning and policy development
- \$1.2 million to establish and maintain a data reporting repository
- developing and implementing strategies to improve access to mental health information
- implementing routine reporting of key performance indicators to guide service improvement activities and facilitate performance monitoring
- building infrastructure to enable the linking of mental health data sets at the client and service levels to better inform planning, funding, evaluation and development of models of best practice
- developing a health planning model for mental health based on prevalence and service utilisation data.

#### Information management

The Queensland Government will support the further development of Queensland Health information management systems to support quality mental health service delivery and reform. This includes:

*The quality agenda focuses on workforce development, information management, quality and safety initiatives, and research development*



### Quality and safety

The Queensland Government will continue to develop and improve quality and safety systems in collaboration with consumers, carers and families, government and non-government service providers. This work will include:

- the development and implementation of a comprehensive Quality and Safety Plan which is aligned to *National Standards for Mental Health Services* and is consistent with the *National Safety Priorities in Mental Health: the National Plan for Reducing Harm*
- establishment of a system of clinical audit that engages services in ongoing review and quality improvement
- finalisation of implementation of the key recommendations in:
  - *Achieving Balance: Report of the Queensland Review of Fatal Mental Health Sentinel Events (2005)*

- *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000.*

### Mental health research

The Queensland Government will continue to support mental health research and particularly, the application of research to clinical practice. This includes:

- \$0.77 million to develop a statewide framework for mental health research which supports the translation of evidence and innovation into improved day-to-day services for consumers, their families and carers
- collaborating with appropriate research bodies
- exploring increased funding for scholarships that promote the translation of evidence into practice.

**Outcomes by 2011**

Investment of funds to support workforce development and the provision of quality and safe mental health services will improve services for consumers, carers and their families. By 2011, the Queensland Government will have delivered the following outcomes:

- developed sustainable mechanisms to recruit and retain an adequate mental health workforce
- improved workforce development and support to ensure ongoing capability of mental health staff to deliver services
- developed and maintained effective leadership support for professional supervisors and operational leaders
- improved the use of information by clinicians and organisations in day-to-day clinical practice and service improvement initiatives
- developed and maintained the appropriate technology, infrastructure and resources to support mental health information management

- implemented and maintained effective quality and safety systems to ensure proactive identification of safety risks
- developed strategic links between the mental health workforce in public mental health services and the non-government sector workforce.

**Outcomes by 2017**

By 2017, the Queensland Government will have:

**Workforce development**

- developed and implemented a range of innovative recruitment and retention strategies for public mental health services
- developed and implemented new roles and new ways of using the skills and expertise of the mental health workforce
- engaged key stakeholders in mental health workforce planning and development.



#### Information management

- provided relevant and timely information to consumers, carers, mental health service providers and the community
- provided appropriate information and support to inform quality mental health service delivery and reform
- provided the technology, infrastructure, and resources that meet Queensland's mental health information needs
- established a quality and safety governance structure for mental health care across Queensland
- enhanced safety and minimised harm to consumers, the mental health workforce and the broader community
- engaged mental health stakeholders in quality and safety systems.

#### Research

- established statewide mechanisms to ensure that all key stakeholders contribute to, and benefit from mental health research.

# 7. Conclusion

The *Queensland Plan for Mental Health 2007-2017* sets a broad agenda to guide the reform and development of mental health services across the State, providing strategic and operational direction to mental health services. The Plan informs development, delivery and investment in mental health services.

It outlines a staged approach to reform and looks to the future as Queensland progresses towards a genuinely collaborative and supportive mental health system. Progressive implementation of the Plan will see Queensland establish a broader base for mental health intervention, while simultaneously moving towards a stronger focus on promotion and prevention, as well as establishing a consumer-driven, recovery-focused service delivery system.

Implementation of the *Queensland Plan for Mental Health 2007-2017* will be overseen by the Mental Health Interdepartmental Committee. The Director of Mental Health will be responsible for coordinating regular reporting that will be detailed in Queensland Health's Agency Service Delivery Statement, the annual Queensland Health Performance Report and a report to Cabinet.

An evaluation framework is being developed that considers progress towards identified goals and objectives at multiple levels:

- at the individual level in regard to the outcomes for consumers and carers, and the delivery and achievements of specific programs
- at the organisational and resource management level
- at the state level in regard to systems development, coordination and collaborative achievements
- within the National COAG evaluation framework.

This Plan will remain current for ten years. It will be reviewed and updated every two years. The benefits and outcomes of initial reforms will assist in shaping further mental health improvements in Queensland throughout this period.

*The Queensland Plan for Mental Health 2007-2017 sets a broad agenda to guide the reform and development of mental health services across the State.*





#### Feedback and contact details

We welcome your feedback on the *Queensland Plan for Mental Health 2007–2017*.

Please send feedback to [mhb@health.qld.gov.au](mailto:mhb@health.qld.gov.au)

or you can contact:

The Director  
Mental Health Branch  
Queensland Health  
GPO Box 48  
Brisbane Q 4001

Further copies of the *Queensland Plan for Mental Health 2007–2017* are available:

- electronically, on the Queensland Health internet site at [www.health.qld.gov.au/mentalhealth](http://www.health.qld.gov.au/mentalhealth)
- printed copies available by telephoning 1800 989 451.







"TJS-9"

WMS.9000.0005.00313

**From:** Sharon Kelly  
**Sent:** 29 Aug 2012 19:30:27 +1000  
**To:** Steele, Logan;Stedman, Terry;Brennan, William  
**Cc:** Dwyer, Lesley;Kearin, Mark  
**Subject:** Fwd: Re: CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project  
**Attachments:** Re: CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project.txt

Logan/ Terry/Will,

please note the attached memo. I believe this will not be unexpected, however I would appreciate being provided with an outline of the consequential issues this will now place on the Park as I understand the current adolescent unit had not had any significant effort put in to refurbishment given the proposed move.

I acknowledge that you may have already provided this to Mark/Lesley in anticipation of the advice. if so could I please have a copy to ensure I also have a full understanding of the issues.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

West Moreton Hospital and Health Service

Chelmsford Avenue, Ipswich, QLD 4305  
PO Box 878, Ipswich, QLD 4305  
[www.health.qld.gov.au](http://www.health.qld.gov.au)

**From:** MD09-WestMoreton-HSD  
**Sent:** 29 Aug 2012 13:57:44 +1000  
**To:** Dwyer, Lesley; Kelly, Sharon  
**Subject:** Re: CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project  
**Attachments:** CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project.txt

Hi Lesley and Sharon

Please see attached

thanks  
Shireen

**From:** HIO-Correspondence  
**Sent:** 29 Aug 2012 09:25:56 +1000  
**To:** [REDACTED]  
**Cc:** Flenley, Jason; [REDACTED]  
**Subject:** CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral  
Cancellation of Capital Delivery Project  
**Attachments:** SSS000097 - CHIO CLEARED MD09.pdf

Morning Lesley

Please find attached CHIO APPROVED memorandum from Chief Health Infrastructure Officer regarding Cancellation of Capital Delivery Project.

For further information, please contact Jason Flenley, A/Executive Director, Capital Delivery Program on email [REDACTED] or phone on [REDACTED]

Thanks

---

Health Infrastructure Correspondence Team | Health Infrastructure Branch  
System Support Services | Queensland Health

Level 5, Anzac Square Building  
200 Adelaide Street BRISBANE Q 4000  
[REDACTED]

Alan Costin, Correspondence Coordinator, [REDACTED]  
Alana Scheikowski, Correspondence Officer, [REDACTED]  
Angelica Patu, Correspondence Officer, [REDACTED]

**\*\*Please email all correspondence related requests to the [REDACTED] email account - Thank you\*\***





Queensland  
Government

Queensland Health

# MEMORANDUM

**To:** Lesley Dwyer, Chief Executive Officer, West Moreton Hospital and Health Service  
Dr Richard Ashby, Chief Executive Officer, Metro South Hospital and Health Service

**Copies to:** Jason Flenley, A/Executive Director, Capital Delivery Program, Health Infrastructure Office

**From:** Glenn Rashleigh, Chief Health Infrastructure Office, System Support Services

**Contact**  
**No:**  
**Fax No:**

**Subject:** Cancellation of Capital Delivery Project

**File Ref:**

55500097 HP1002.170  
Ref-Number

The purpose of this memo is to advise of a decision by government to cancel or defer a small number of capital delivery projects.

This includes the cancellation of the replacement Adolescent Mental Health Unit at Redlands from the current location at Wacol.

For further information, please contact Jason Flenley, A/Executive Director, Capital Delivery Program on email [REDACTED] or phone [REDACTED]

Yours sincerely

[REDACTED]  
Glenn Rashleigh  
Chief Health Infrastructure Office  
System Support Services  
Director – Capital Delivery Program

RB 108/2012

**From:** Lesley Dwyer  
**Sent:** 31 Aug 2012 09:22:57 +1000  
**To:** Terry Stedman  
**Cc:** Alice Gaston; Linda Hardy; Mark Kearin; Sharon Kelly; Logan Steele; William Brennan; Lesley Dwyer  
**Subject:** Re: CHIO APPROVED MEMO: SSS000097\_HPID02770 - Deferral Cancellation of Capital Delivery Project

Thank you Terry appreciate the feedback.  
Once we can consider the advice from the ED MH Branch later today, I think that we need to understand the implications for service and then agree on and develop a plan clearly state our view and to agree on messages to staff and others, communication with other agencies etc.  
Mark can I ask that you work with Terry and Will on this in Sharon's absence?  
Regards  
Lesley

On 31/08/2012, at 9:10 AM, "Terry Stedman" wrote:

I have no information about the government's thinking about this.

I have spoken with the Exec Director of MH Branch for advice. He is going to discuss further with the DDG this afternoon about how to proceed. I understand that there is no certainty that this will lead to a proposal for a continuing inpatient program including the current one.

The first concern will be how to advise staff of this decision and the need to be able to provide some information about what happens next.

This has significant implications for not only how to approach the building, there will be significant staff uncertainty. There are likely to be family concerns and media interest etc. Someone will need to negotiate with Educ QLD about the school etc.

Regards

Terry

Dr Terry Stedman  
Director of Clinical Services  
The Park: Centre for Mental Health  
Cnr Ellerton Drive and Wolston Park Rd  
Wacol Q 4076

[www.health.qld.gov.au/the\\_park](http://www.health.qld.gov.au/the_park)

**SEE WEBSITE FOR CHANGED ROAD ACCESS**

>>> Sharon Kelly 8/29/2012 7:30 pm >>>  
Logan/ Terry/Will,

please note the attached memo. I believe this will not be unexpected, however I would appreciate being provided with an outline of the consequential issues this will now place on the Park as I understand the current adolescent unit had not had any significant effort put in to refurbishment given the proposed move.

I acknowledge that you may have already provided this to Mark/Lesley in anticipation of the advice. if so could I please have a copy to ensure I also have a full understanding of the issues.

Regards  
Sharon

Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

*West Moreton Hospital and Health Service*

Chelmsford Avenue, Ipswich, QLD 4305  
PO Box 878, Ipswich, QLD 4305  
[www.health.qld.gov.au](http://www.health.qld.gov.au)

## West Moreton Hospital and Health Service

West Moreton Hospital  
and Health Service**Memorandum**

<b>To:</b>	Executive Directors and Clinical Directors, Mental Health Services		
<b>Copies to:</b>	Mental Health Clinical Clusters		
<b>From:</b>	Executive Director, Mental Health and Specialised Services, West Moreton Hospital and Health Service	<b>Contact No:</b>	
		<b>Fax No:</b>	
<b>Subject:</b>	Admissions to Barrett Adolescent Centre		
		<b>File Ref:</b>	Ref Number

As you may be aware the West Moreton Hospital and Health Service (WMHHS) is working towards closing the Barrett Adolescent Centre (BAC) building by the end of January 2014. This is a flexible date that will be responsive to the needs of our consumer group and will be dependent on the availability of ongoing care options for each young person currently at BAC.

WMHHS remains committed to safe, smooth and individually appropriate transitions of care for each young person currently attending BAC. In order to meet this goal, there will be no further admissions to BAC services. This also means that no new referrals will be accepted to the waitlist. WMHHS will be working with the referring Hospital and Health Service to ensure no loss of service provision to those young people currently on the BAC waitlist.

The Children's Health Queensland (CHQ) has commenced work with stakeholders from across the state to develop the future model of adolescent extended treatment and rehabilitation services. Further information about these developments will be provided by CHQ in the near future.

Until then, please contact Dr Stephen Stathis on

to discuss any clinical issues for patients who may require extended mental health treatment and rehabilitation, and are unable to be managed within your health service.

If you have any other questions regarding BAC, please contact me on

Additionally for further updates about BAC please visit:

<http://qheps.health.qld.gov.au/wm/html/about/projects-planning.htm>

Sharon Kelly

**Executive Director**

**Mental Health and Specialised Services**

**West Moreton Hospital and Health Service**

22/10/2013

# West Moreton Hospital and Health Service Barrett Adolescent Centre Clinical Oversight Meeting

## File / Meeting Note

Date/Location:	Meeting with teleconference option.
Attendees:	<p><b>CHQ*</b>: Assoc Prof Stephen Stathis (Clinical Director), Judi Krause (Executive Director, CYMHS), Dr Elisabeth Hoehn (Clinical Director)</p> <p><b>West Moreton</b>: Sharon Kelly (ED, MHSS), Dr Anne Brennan (A/Clinical Director BAC), Dr Terry Stedman (Clinical Director, MHSS), Michelle Giles (Director Community MH and Allied Health), Dr Leanne Geppert (A/Director of Strategy)</p> <p><b>MHAODB</b>: Dr Bill Kingswell (ED MHAODB)</p> <p>* Dr Peter Steer (CE, CHQ) joined first 15 mins of meeting</p>

Discussion:	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
Action Taken / Decisions:		



West Moreton Hospital and Health Service  
**Barrett Adolescent Centre Clinical Oversight Meeting**

	<p>these funds. Funding source = unspent \$ from \$2M transferred by MHAODB to Funding &amp; Contract Management Unit.</p> <p>10. BAC Holiday Program to continue, even if no inpatients able to attend.</p> <p>11. BAC remains open until 26/1/13. If all inpatients are discharged from BAC in alignment with their individual transition plans before 26/1/13, the Centre will continue to function as a day centre to support the delivery of the Holiday Program until the closure date.</p>
Outcome:	<p><b>Anne Brennan</b></p> <p>12. Prepare and send details of [REDACTED] to Terry Stedman and Bill Kingswell to support [REDACTED]</p> <p><b>Leanne Geppert</b></p> <p>13. File note of this meeting.</p> <p>14. [REDACTED]</p> <p>15. [REDACTED]</p>

## BARRETT ADOLESCENT CENTRE TRANSITION CARE PLANNING MEETING

### Meeting Details

Day and Date Wednesday 11 December 2013

### 1. Attendees

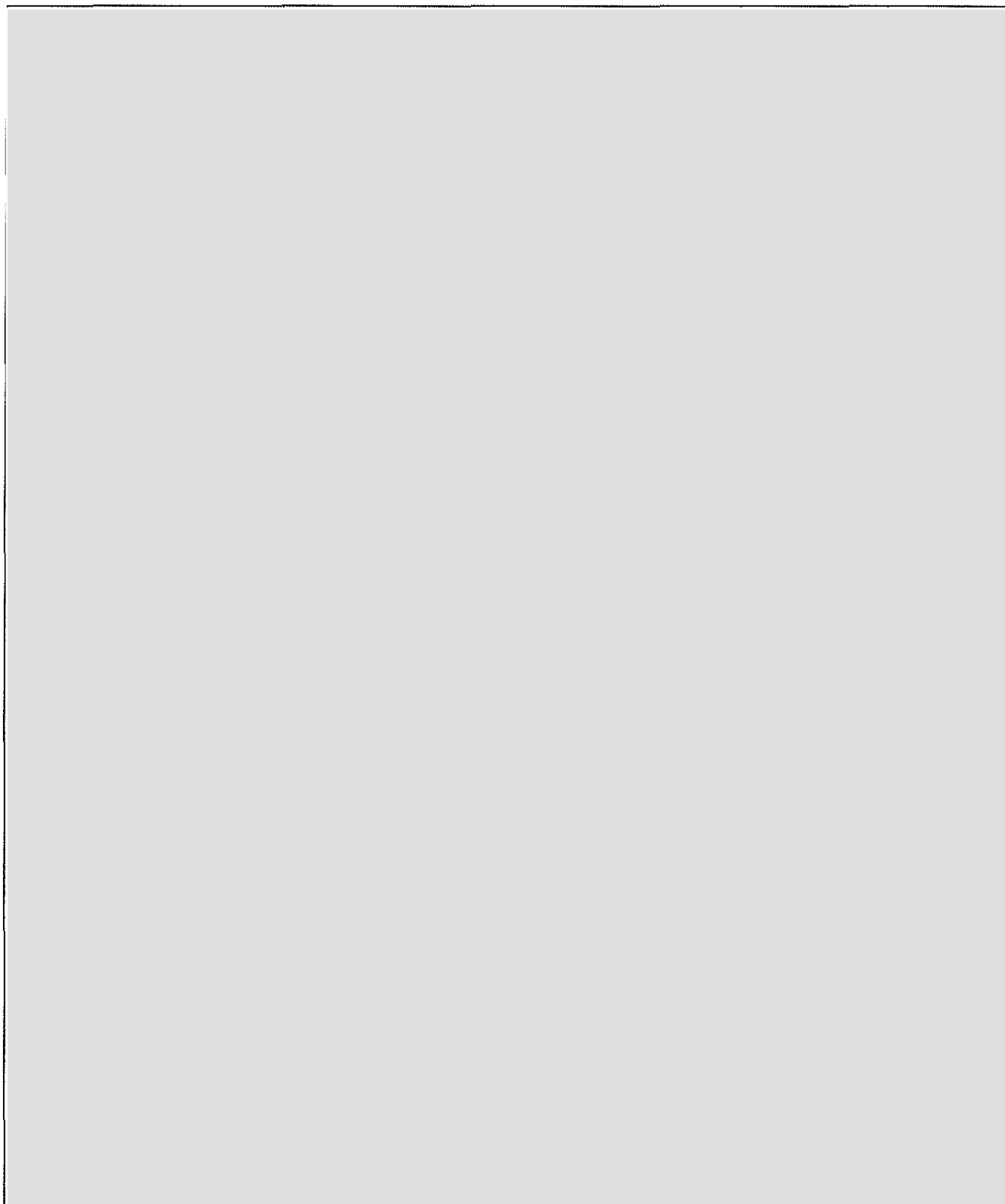
Name	Position
Leanne Geppert (LG)	A/Director of Strategy, Mental Health and Specialised Services
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Will Brennan (WB)	Director of Nursing, Mental Health and Specialised Services
Padraig McGrath	Nursing Director, Secure Services
Sharon Kelly (SK)	Executive Director, Mental Health and Specialised Services
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

### 2. Apologies

Nil

### 3. Discussion

Consumer	Discussion and Actions	By Whom	By When



**From:** Bernice Holland  
**Sent:** 28 Jan 2014 16:05:46 +1000  
**To:** Elisabeth Hoehn; Anne Brennan; Leanne Geppert; Michelle Giles; Sharon Kelly; Terry Stedman; William Brennan  
**Subject:** BAC Update Meeting agenda and documents  
**Attachments:** Issues Register\_210114\_updated.xls,  
BAC\_Update\_Meeting\_Actions\_220114.doc, BAC\_Update\_Meeting\_Agenda\_290114.doc

Good afternoon All

Please find attached agenda for tomorrows meeting, actions from previous meeting and the Issues Register which requires your review and updating.

Many thanks

Bernice Holland  
Administration Support Officer  
Mental Health & Specialised Services

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West Moreton Hospital and Health Service

The Park - Centre for Mental Health  
Administration Building, Cnr Ellerton Drive and Wolston Park Rd, Wacol, QLD 4076  
Locked Bag 500, Sumner Park BC, QLD 4074

[www.health.qld.gov.au](http://www.health.qld.gov.au)

## Issues Register

Issue No.	Issue	Raised By	Date Raised	To be actioned By	Urgency	Outcome	Date of Completion
1	Observational categories used on ward	Will & Padraig	11.09.2013	Anne & Elisabeth	Immediate	5 minute obs category ceased. Only to use standard Cat red/blue/green to avoid confusion & miscommunication, placing young people at risk	11.09.2013
2	After hours adolescent mental health consultant cover for BAC	Darren & Sharon	11.09.2013	Elisabeth & Darren	Immediate	Consultants on CHQ after hours child & adolescent consultant roster to provide cover. All consultants notified, credentialled to work in WMHS & approved as Authorised Doctors in WMHS. Anne to brief consultants of any issues each day & consultants to provide Anne with email feedback if called.	completed
3	Will placement at BAC be sufficient to meet registrar training requirements	Elisabeth	11.09.2013	Elisabeth & Darren	Immediate & ongoing	Training requires registrar to see at least 5 adolescent cases & 5 prepubescent cases. Registrar to remain at BAC until end of November and then transfer to CFTU for rest of placement to have opportunity to see younger children. Also to undertake site visit to CHQ infant mental health team to participate in case conference. Anne to supervise Barrett part of placement & Elisabeth to supervise CFTU part. WMHS to continue funding for CFTU transfer, with registrar returning to BAC to cover Anne over Christmas/New Year if required. Registrar to be given support by Anne, Darren & Elisabeth to manage the disruption surrounding the placement and ensure a positive training experience. Registrar commenced at CFTU 2/12/2013. Elisabeth to provide supervision	completed
4	Management of media following Health Minister announcement in parliament	Sharon	12.09.2012	Sharon & Leanne	Immediate	Media briefed appropriately with generic information, not identifying patients or families	
5	Management of BAC school staff, including their attitudes & behaviour, development of Personal Education Plans for patients and closure of school	Anne & Elisabeth	12.09.2013	Sharon & Leanne	Ongoing to closure of school	Director about conduct issues, planning for school closure. Anne & Elisabeth to meet with regional education staff to provide a handover of patient's educational needs from health	
6	Anxiety of parents about future management of their young people	Sharon & Leanne	12.09.2013	Sharon, Leanne & Anne	Ongoing until closure of BAC	parents about clinical management by Anne. Responsive and timely replies to parent communication by executive. Consumer Liaison Officer to offer ongoing support	
7	Need for directive from WMHS stating clearly plans for closure and a decision about not accepting any further admissions (inpatient or day program) due to the instability & inability to plan discharge or manage the waiting list in the context of ongoing uncertainty	Elisabeth & Anne	13.09.2013	Sharon & Leanne	Immediate	Including verbal briefing of patients, parents, staff & school; followed by staff communique & factsheet & email memo to all HHS MHS executive staff	22.10.2013

EXHIBIT 124							
8	Weekly Meetings - regular date x attendees		13.09.2013				WMS.9000.0005.00326
9	Strategy - Key Issues 1) Separate from clinical BAC 2) Parents need to see options sooner - Propose 1/2 day forums x 2		13.09.2013				
10	Notify other HHS's (Print Out)	Sharon Kelly	13.09.2013				
11	Waitlist msgs - wording re: from here on						
12	Anne spoke with all parents today except 2 (will do these tonight) 4 Core consumers - 1 unhappy family on wait list,		13.09.2013	Anne Brennan Leanne ?			
13	Containment & pt safety - no more admissions - closure date / period - reduce beds problematic - ind wrap around services		13.09.2013	Need position from Board			
	CYMHS sector Psychiatrist not happy						
	Observation protocols						
	Significant improvement in documentation required						
	School - major issue						
	Plenty of staff - what are they doing?						
	Case conference needs to be shorter but involve family						
	Increase occupation of kids						
	Change roles of staff eg. Wait list management						
	Going to unlock doors next week						
14	Safety of patients with growing instability, staff anxiety	Anne & Elisabeth	16.09.2013	All	Ongoing until closure of BAC	Regular clinical review & risk assessments & emotional containment of patients by Anne & registrar & appropriate clinical responses. Support of staff to contain ward milieu. Regular communication with parents to contain anxiety. Comprehensive discharge planning and complex case discussions where required.	
15	File review has identified other emergent issues regarding sexualised behaviour amongst patients on the ward. WMHS lawyers to review regarding response.	Will & Padraig	16.09.2013	Will	Immediate	Patient management plan reviewed & to be followed. Police liaison meeting to occur to educate patients about appropriate sexual behaviour	
16	Safety of patients with growing instability, staff anxiety	Anne & Elisabeth	16.09.2013	All	Ongoing until closure of BAC	Regular clinical review & risk assessments & emotional containment of patients by Anne & registrar & appropriate clinical responses. Support of staff to contain ward milieu. Regular communication with parents to contain anxiety. Comprehensive discharge planning and complex case discussions where required.	



# EXHIBIT 124

File review has identified other emergent issues regarding sexualised behaviour amongst patients on the ward. WMHS lawyers to review regarding response.

17	File review has identified other emergent issues regarding sexualised behaviour amongst patients on the ward. WMHS lawyers to review regarding response.	Will & Padraig	16.09.2013	Will	Immediate	Patient management plan reviewed & to be followed. Police liaison meeting to occur to educate patients about appropriate sexual behaviour	completed	WMHS.9000.0005.00327
18	0.5 FTE insufficient consultant psychiatrist time	Anne & Elisabeth	16.09.2013	Darren	Immediate	increase Anne's hours to 36 hours per week	completed	
19	Increased support needed for nursing staff; Vanessa overwhelmed with administrative duties & required to be involved in discharge planning	Anne & Elisabeth	16.09.2013	Will	Immediate	Vanessa returned to CNC role to support Anne & new acting NUM appointed to manage administrative tasks on ward.	14.10.2013	
20	Increased administrative support for Anne & computer access for Anne	Anne & Elisabeth	16.09.2013	Sharon	Immediate	Anne informed of availability of AO on ward & AO line manager to be notified, dictaphone & additional laptop organised for Anne's office	completed	
21	Concerns regarding roles of allied health staff going forward	Anne & Elisabeth	16.09.2013	Michelle & Lorraine	Ongoing	Senior allied health staff reviewed current situation and provide ongoing staff support toward closure		
22	Limited activities for young people resulting in boredom & potential for deteriorating mental health	Anne & Elisabeth	16.09.2013	Will & Padraig	Ongoing	Explore with staff opportunities to plan regular appropriate therapeutic activities appropriate to this age group		
23	Inadequate clinical documentation	Anne & Elisabeth	19.09.2013	Anne & Padraig	Immediate	Clinical reviews documented in CIMHA and file notes appropriately updated in timely fashion		
24	Need for clear transition care plans for patients to support discharge	Anne & Leanne	19.09.2013	Anne, Elisabeth & Leanne	Immediate	Establish collaborative care management panels around each young person to be called Transition Care Panels, Elisabeth to become a member of Steering Committee in place of Trevor, Leanne to review transition working group as part of future planning process and replace with transition Care Panels. Need core medical, nursing, allied health & education representation on panels with additional coopted members specific to each young person.	completed	
25	Workforce decommissioning	Sharon & Leanne	25.09.2013	WMHS Executive	Ongoing	Briefing of unions has occurred. HR will manage decommissioning individually with staff. Liaise with Regional Director of Education to close BAC school - will need to develop a timeline around this. Staff will need clear communication and information at each step of the way and then ongoing support to manage not only the change but issues of grief surrounding the closure of BAC.		
26	Management boundaries	Sharon	25.09.2013	WMHS Executive	Ongoing	Clinical management of young people at BAC & decommissioning of BAC is the responsibility of WMHS. Confine membership of this weekly review meeting to members supporting work of WMHS in decommissioning BAC		
27	Engagement with other HHS and external service providers to ensure wrap around packages for the safe and appropriate discharge of young people from BAC	Anne	16.10.2013	Anne, Elisabeth, Leanne	Ongoing	Transition care panels have identified deficit in knowledge of existing services, difficulty in engaging services to accept ongoing care of young people, resistance of young people, parents & staff in engaging with transition processes, lack of available services in communities in this transition phase		
28	Patient files stored inappropriately on ward	Anne	16.10.2013	Will, Padraig, Sharon	Immediate	Files to be relocated to appropriate storage services, administration directive to be provided		
29	Mitigate risk of fire management on ward	Anne	16.10.2013	Ward NUM	Immediate	Potential for self-harm and/or property damage by young person using fire. NUM organising fire safety training for ward to ensure processes and skills are current and risks can be mitigated		
30		Leanne	16.10.2013	Leanne	Ongoing			

## EXHIBIT 124

					Need to have clear boundaries in place to maintain mental health of young people & safety & stability of ward milieu. Directive from Anne advising not medically recommended for young people to be involved. Anne to provide weekly updates & contact with most anxious parents to support them in managing transition. WMHS executive to work with regional director of education to manage transition for education staff and provide them with greater containment. Union meetings not to occur on site.	WMHS-9000.0005.00328
31	Independent meetings involving unions, parents, school staff and young people	Anne	17.10.2013	WMHS Executive, Education Regional Director	Ongoing	
32	Difficulty in getting services to collaboratively work together to create care packages for young people	Anne	23.10.2013	Anne & Leanne	Ongoing	Continue to meet and negotiate to achieve appropriate clinical outcomes and escalate to higher levels if required. May need to send staff to Townsville to scope potential services
33	Complex care panel required for one of the young people to ensure that transitional care package is sufficient & appropriate for clinical need	Leanne	23.10.2013	Anne & Leanne	Ongoing	Invite Stephen Siathis to chair the panel & Anne & Laura to coordinate
34	Nursing & allied health staff increasingly distressed about inquiry & impending closure & their futures, their concerns for patients & their grief	Anne	23.10.2013	Michelle & Will	Ongoing	Monitor & support staff as required
35						
36	Inappropriate sexualised behaviour of [redacted]	Anne	23.10.2013	Anne	Immediate	CYFOS Consultant will be providing consultation & therapeutic session to patient. Risk mitigation strategies to be clearly documented.
37	Patients have unescorted ground leave of The Park which is not safe due to the escalating risk of the broader Park population	Anne	23.10.2013	Anne & Alex	Immediate	Notification to be given to staff & patients that there is no further unescorted ground leave
38	Staff requesting to escort patients to an MA15+ movie	Anne	23.10.2013	Anne & Alex	Immediate	Notification to all staff (nursing & education) & patients that it is not appropriate for young people to attend or view MA15+ movies
39	Referrals of patients are being made to psychology staff to see patients privately while staff are also working for WMHS, raising issues of conflict of interest	Anne	23.10.2013	Michelle	Immediate	Senior Allied health staff to investigate and manage
40	Need to improve communication with broader mental health community	Sharon	23.10.2013	Sharon	Immediate	Establish a mailing list and regularly distribute updates using factsheets
41	Dispersion of building and education assets	Anne	30.10.2013	WMHHS	Ongoing	This will need to be organised and the timing will need to be carefully considered with staff finishing, school closing and patients being discharged
42	Christmas leave and staffing	Anne	30.10.2013	Anne, Will, Alex	Ongoing	Need to plan staff leave over Christmas to ensure appropriate and safe cover for remaining patients.
43	Concern that CHQ won't have new services up and running quickly enough to cover end of services at BAC and there being insufficient services available for adolescents in the transition	WMHHS	13.11.2013	WMHH & CHQHHS	Ongoing	WMHHS has established a model of transitional programs in collaboration with Aftercare, including a holiday program for current BAC patients and a residential service. Continue to work collaboratively across both HHS to integrate WMHHS transitional model and programs into new SIWAETR in a timely fashion and without service delivery gaps
44	Inadequate nursing staff as been identified as an issue on some shifts	Leanne	28.11.2013	Will	Immediate	Ensure adequate nursing staff are rostered on each shift.
45	Risk of losing wisdom and experience gained from the closure of BAC	Leanne & Anne	22.01.2014	All	Ongoing	WMHHS to provide opportunities for debriefing and recording of the lessons and collective wisdom gained from the process of closing BAC

### Meeting Details

**Day and Date**                      Wednesday 22 January 2014

## 1. Attendees

Name	Position
Sharon Kelly (SK)	Chair - Executive Director, Mental Health and Specialised Services (Chair)
Anne Brennan (AB)	A/Clinical Director, Barrett Adolescent Centre
Elisabeth Hoehn (EH)	Psychiatrist, Child and Youth Mental Health Services, Children's Health Queensland Hospital and Health Service
Terry Stedman (TS)	Clinical Director, Mental Health and Specialised Services
Laura Johnson (LJ)	Project Officer, Mental Health and Specialised Services

## 2. Apologies

Will Brennan (WB)	Director of Nursing, Mental Health and Specialised Services
Michelle Giles (MG)	Director Of Allied Health And Mental Health Community Programs
Leanne Geppert (LG)	A/Director of Strategy, Mental Health and Specialised Services

### 3. Discussion Action Registry

	Item	Discussion and Follow Up	By Whom	By When
1	Staff	Not discussed.		
2	Consumers			

		CHQ.		
3	Communication	Joint communication about the closure new models of care to be developed by WM and CHQ.		
4	Statewide Project Update Transition Services	Not discussed.		
5	Risk/Issue Register	Issue register has been sent to group for review and finalisation.		
6	General Business	Nil.		

Next meeting: Wednesday 29 January at 11:30am

**BARRETT ADOLESCENT CENTRE UPDATE MEETING****Agenda****1. Meeting Details:**

**Day and Date** Wednesday 29 January 2014 12.30pm to 1.30pm  
**Venue** Office of Executive Director, Mental Health and Specialised Services  
**Teleconference** Dial in –

**2. Attendees:**

Sharon Kelly	Chair - Executive Director, Mental Health and Specialised Services (Chair)	SK
Will Brennan	Director of Nursing	WB
Michelle Giles	Director, Allied Health and Mental Health Community Programs	MG
Terry Steadman	Director of Clinical Services	TS
Anne Brennan	A/Clinical Director – BAC	AB
Elisabeth Hoehn	Program Director – Future Families	EH
Leanne Geppert	A/Director, Mental Health and Specialised Services	LG
Bernice Holland	Project Support Officer Mental Health and Specialised Services (Minutes)	BH

**3. Apologies:****4. Agenda:**

TOPIC		BY
1	Staff	AB, MG & WB
2	Consumers	AB
3	Communication	SK/LG
4	Statewide Project Update Transition Services	SK/LG
5	Issue Register	All

**Next meeting:** To be confirmed

**From:** Terry Stedman  
**Sent:** 5 Dec 2013 09:56:25 +1000  
**To:** Sharon Kelly  
**Subject:** Fwd: BAC patient

HI Sharon




I would like to escalate the matter. There are two possible paths. Through the Director of Mental Health or through the CEs. Do you mind if I try the first one first.

Regards

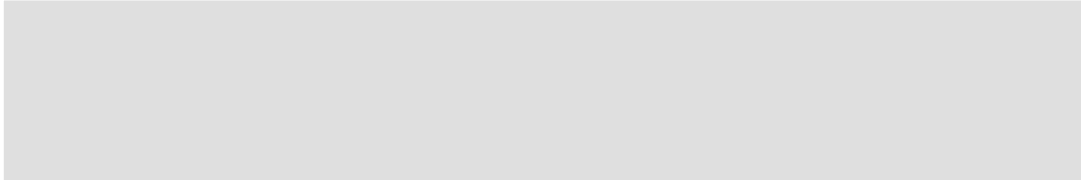
Terry

Dr Terry Stedman  
Director of Clinical Services  
The Park: Centre for Mental Health  
Cnr Ellerton Drive and Wolston Park Rd  
Wacol Q 4076




[www.health.qld.gov.au/the\\_park](http://www.health.qld.gov.au/the_park)  
**SEE WEBSITE FOR CHANGED ROAD ACCESS**

>>> Anne Brennan 12/5/2013 9:45 am >>>  
Hi



Can you please escalate this as you see fit. I thought Bill Kingswell needed to advise. I am not able to safely contain the risk here at BAC or going forward with transitional care as BAC closes.  
Thanks for your support  
Anne

A/Clinical Director  
Barrett Adolescent Centre  
The Park-Centre for Mental Health





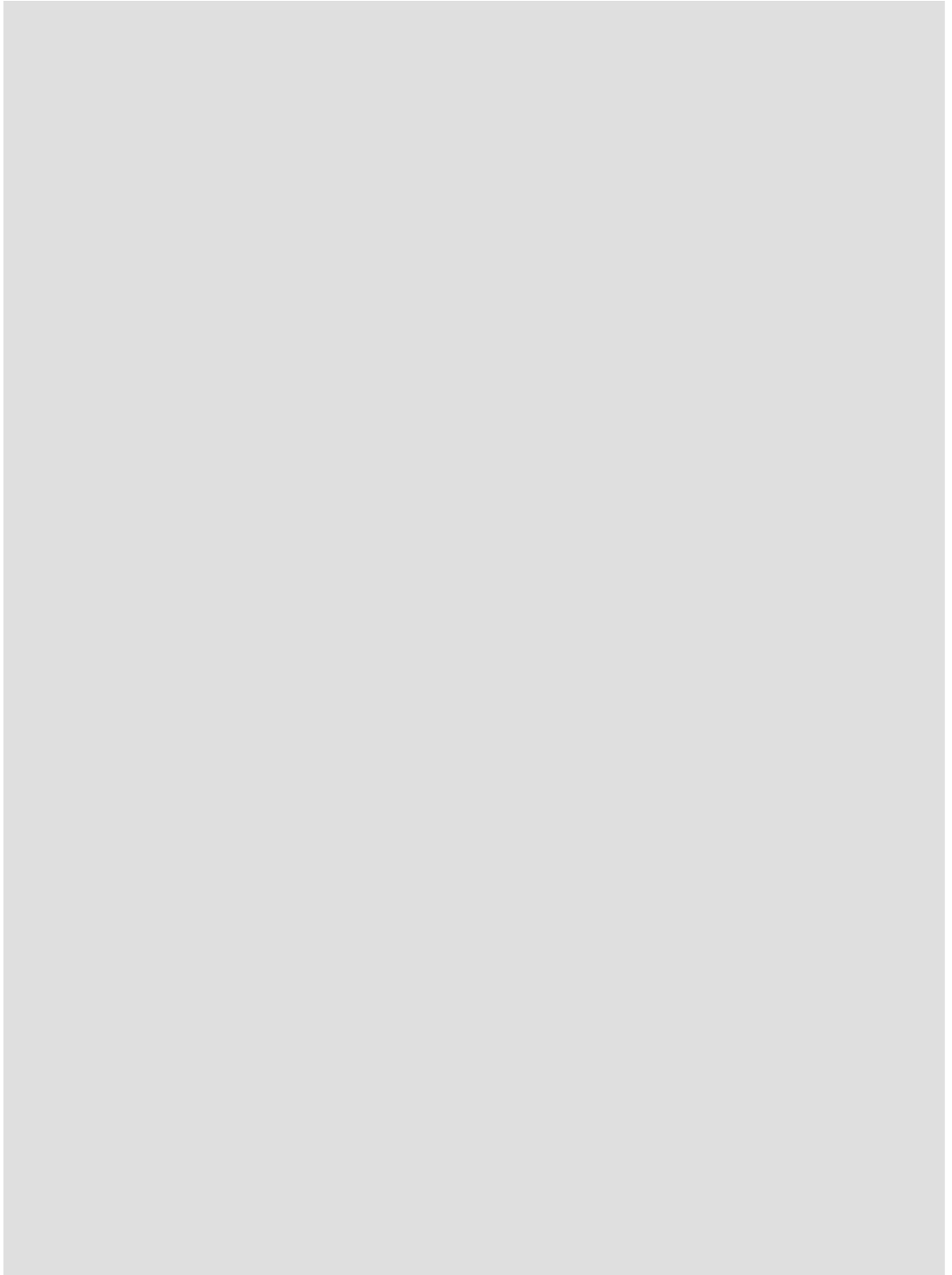
"TJS-16"

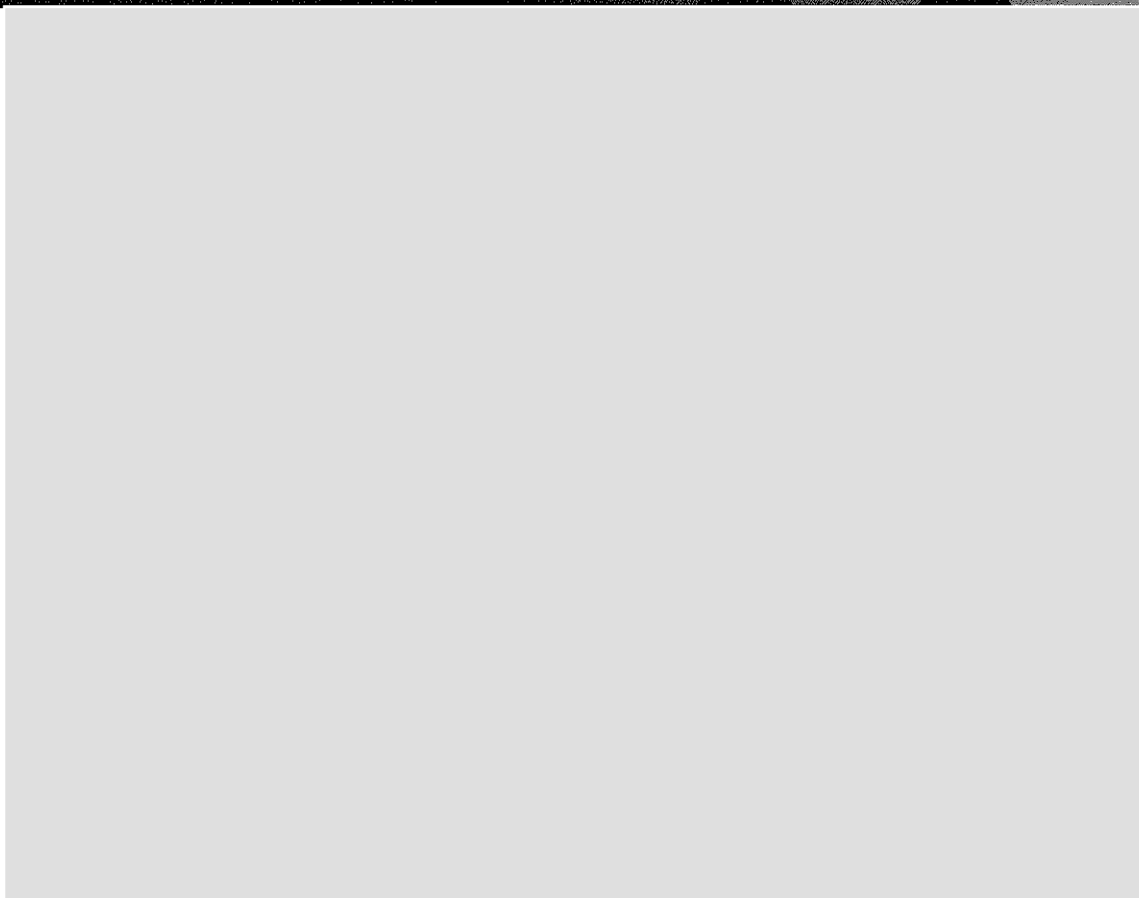
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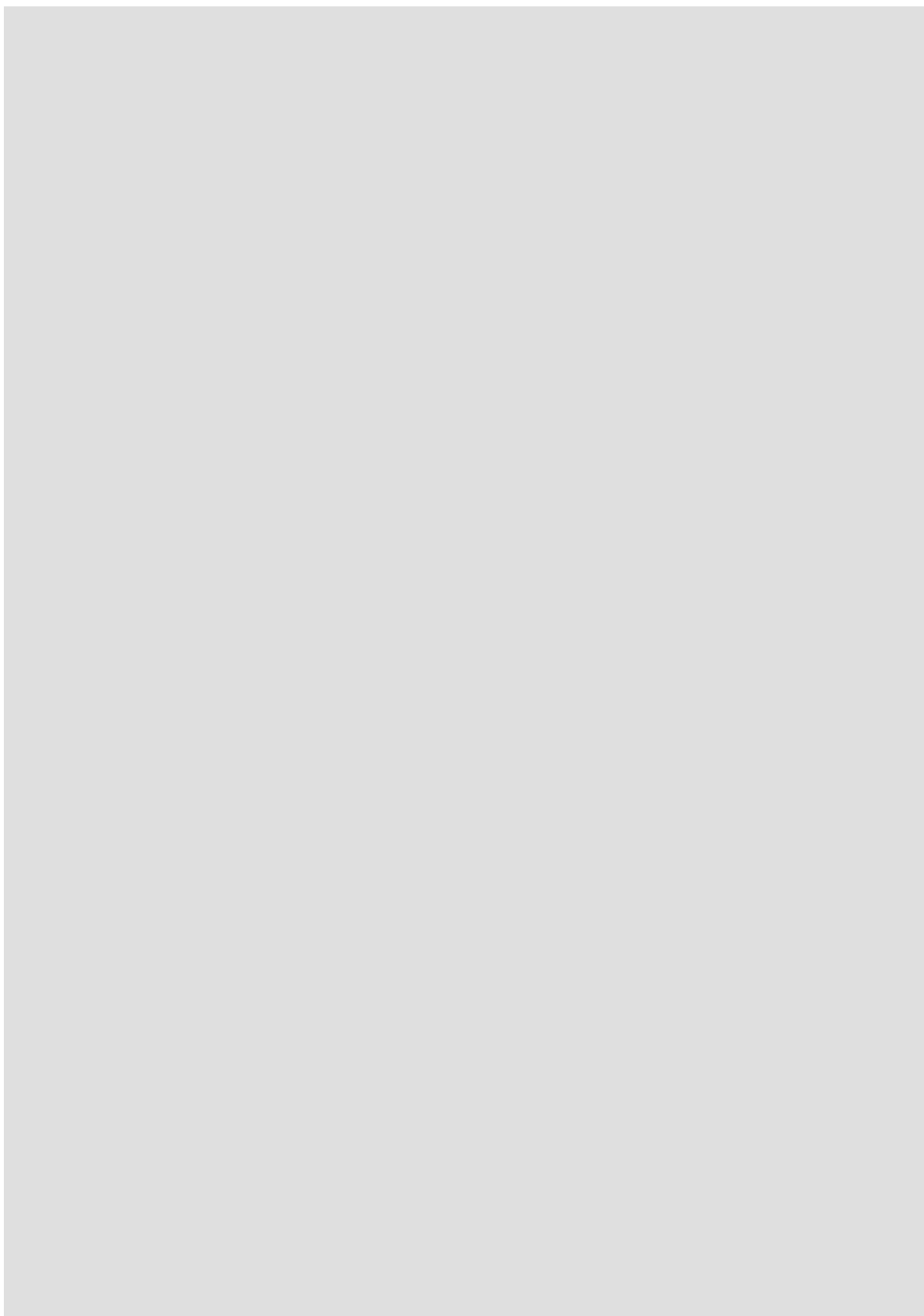
West Moreton Hospital and Health Service

Briefing for the Director-General, Department of Health and Director-General,  
Department of Communities, Child Safety and Disability Services Meeting  
Wednesday 22 January 2014

Barrett Adolescent Centre (BAC) – Consumer Overviews







"TJS-17"

WMS.9000.0005.00336

Page 1 of 3

Department RecFind No:	
Division/HHS	
File Ref No:	

## Briefing Note for Noting or Approval

Deputy Director – General, Health Service and Clinical Innovation Division

Requested by: A/Executive Director Mental  
Health and Special Services, West Moreton  
Hospital and Health Service

Date requested:

Action required by:

### SUBJECT: Urgent Accommodation Issues for Barrett Adolescent Centre Consumers

#### Proposal

That the Deputy Director – General, Health Service and Clinical Innovation Division:

**Note** the urgent accommodation issues for two inpatients at the Barrett Adolescent Centre (BAC) and escalate to the Deputy – Director General, Department of Communities, Child Safety and Disabilities.

#### Urgency

1. Urgent – The availability of appropriate accommodation for BAC consumers is critical to the transition planning process.

#### Key issues

- 2.
- 3.
- 4.
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- 6.
- 7.
- 8.
- 9.
- 10.

Department RecFind No:	
Division/HHS	
File Ref No:	

**Background**

11. In August 2013 the Minister for Health announced that adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Children's Health Queensland Hospital and Health Service (CHQ HHS) is responsible for the governance of the new service options to be implemented as part of its statewide role in providing healthcare for Queensland's children.
12. The Minister for Health and West Moreton HHS Board gave a public commitment to ongoing provision of safe and comprehensive clinical care for BAC consumers during the transition to the new statewide adolescent extended treatment and rehabilitation services.
13. A flexible closure date of the end of January 2014 for the BAC building has been announced. This date may change dependent on all consumers having appropriate transition plans in place and continuity of service delivery.

**Consultation**

14. Dr Stephen Stathis, Clinical Director, Child and Youth Mental Health Services, Children's Health Queensland HHS.
15. Dr Anne Brennan, A/Clinical Director, BAC, West Moreton HHS.
16. Dr Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch.

**Financial implications**

17. There are no financial implications.

**Legal implications**

18. There are no legal implications.

**Attachments**

19. Nil.

<b>Department RecFind No:</b>	
<b>Division/HHS</b>	
<b>File Ref No:</b>	

**Recommendation**

That the Deputy Director-General

**Note** the urgent accommodation issues for two inpatients at the Barrett Adolescent Centre (BAC) and escalate to the Deputy – Director General, Department of Communities, Child Safety and Disabilities.

**APPROVED/NOT APPROVED****NOTED**

Dr Michael Cleary  
Deputy Director-General

/ /

**Deputy Director-General comments**


Author Laura Johnson	Cleared by: (SD/Dir) Leanne Geppert	Content verified by: (CEO/DDG/Div Head) Linda Hardy
Project Officer	A/Executive Director	A/Chief Executive
Mental Health and Specialised Services West Moreton Hospital and Health Service	Mental Health and Specialised Services West Moreton Hospital and Health Service	West Moreton Hospital and Health Service
18 December 2013	December 2013	December 2013



**From:** Sharon Kelly  
**Sent:** 7 Aug 2013 11:11:02 +1000  
**To:** George Plint; Anand Choudhary; Brett Emmerson; Brett McDermott; Catherine Oelrichs; David Crompton; Ed Heffernan; Erica Lee; Fraun Flerchinger; Gail Robinson; Jacinta Powell; Janet Bayley; Jason Kidd; Jenny Flynn; Jeremy Hayllar; Jill Mazdon; Joe Petrucci; Judi Krause; Karlyn Chettleburgh; Keryn Fenton; Kevin McNamara; Linda Bailey; Lindsay Farley; Lisa Fawcett; Loma Bunton; Mark Fairbairn; Mark Fakes; Matira Taikato; Melanie Kaplun; Mike Coward; Monica O'Neill; Naeem Jhetam; Neeraj Gill; Sandra Kennedy; Shirley Wigan; Stephen Stathis; Terry Stedman; Thomas John; Tonya Plumb; Vikas Moudgil  
**Cc:** Bill Kingswell; Michael Cleary; Leanne Geppert; Lesley Dwyer; Marie Kelly; Sharon Kelly  
**Subject:** progression of the Barrett Adolescent Strategy  
**Attachments:** WMHHS-CHQ BAC 130805.pdf, FAQ BAC.pdf, Expert Clinical Reference Group Recommendations July 2013.pdf

Good morning,

I wish to provide you with further information in regards to the progression of the Barrett Adolescent Strategy following announcements last evening.

The West Moreton Hospital and Health Board considered the documentation put forward by the Planning Group in May 2013 and all seven recommendations made by the Expert Clinical Reference Group (ECRG) with the additional comments from the planning group were accepted. Further key stakeholder consultation was then conducted with the Department of Health, the Queensland Mental Health Commissioner, the Department of Education Training and Employment, and Children's Health Queensland.

The work of the ECRG, the Planning Group and the subsequent consultation process has enabled us to progress the Strategy to the next phase. As identified in an announcement yesterday, adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014. Young people receiving care from Barrett Adolescent Centre at that time will be supported to transition to other contemporary care options that best meet their individual needs.


Importantly, our goal in West Moreton Hospital and Health Service continues to be to ensure that adolescents requiring mental health extended treatment and rehabilitation will receive the most appropriate care for their individual needs. We will also continue to provide information and support as needed to staff at the Barrett Adolescent Centre. The transition process will be managed carefully to ensure that there is no gap to service provision.

For further information about Barrett Adolescent Centre and the planning for new statewide service options in adolescent mental health extended treatment and rehabilitation, please find attached a media statement, a copy of the ECRG recommendations submitted to the West Moreton Hospital and Health Board, and a FAQ sheet.

If you have any further queries, please do not hesitate to contact me on

Regards  
Sharon  
Sharon Kelly  
Executive Director  
Mental Health and Specialised Services

West Moreton Hospital and Health Service

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The Park - Centre for Mental Health  
Administration Building, Cnr Ellerton Drive and Wolston Park Road, Wacol, Qld 4076  
Locked Bag 500, Sumner Park BC, Qld 4074

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[www.health.qld.gov.au](http://www.health.qld.gov.au)

**West Moreton Hospital and Health Service**

Expert Clinical Reference Group Recommendations  
Barrett Adolescent Strategy  
July 2013

## Adolescent Extended Treatment and Rehabilitation Services (AETRS) Recommendations Submitted to the West Moreton Hospital and Health Board

### 1. Broader consultation and formal planning processes are essential in guiding the next steps required for service development, acknowledging that services need to align with the National Mental Health Service Planning Framework

ECRG Recommendations	Planning Group Recommendations
a) Further work will be required at a statewide level to translate these concepts into a model of service and to develop implementation and funding plans.	<b>Accept with the following considerations.</b> The responsibility for this task at a statewide level sits with the Mental Health Alcohol and Other Drugs Branch and the Children's Health Services. A collaborative partnership is proposed.
b) Formal planning including consultation with stakeholder groups will be required.	<b>Accept with the following considerations.</b> This body of work should be incorporated into the statewide planning and implementation process (as above).

### 2. Inpatient extended treatment and rehabilitation care (Tier 3) is an essential service component

ECRG Recommendation	Planning Group Recommendation
a) A Tier 3 service should be prioritised to provide extended treatment and rehabilitation for adolescents with severe and persistent mental illness.	<b>Accept with the following considerations.</b> Further work is needed to detail the service model for a Tier 3. Models involving a statewide, clinical bed-based service (such as the Barrett Adolescent Centre) are not considered contemporary within the National Mental Health Service Planning Framework ( <i>in draft</i> ). However, there are alternative bed-based models involving clinical and non-clinical service components (e.g., Y-PARC in Victoria) that can be developed in

ECRG Recommendation	Planning Group Recommendation
	Queensland to meet the requirement of this recommendation. Contestability reforms in Queensland may allow for this service component to be provider agnostic.

### 3. Interim service provision if BAC closes and Tier 3 is not available is associated with risk

ECRG Recommendations	Planning Group Recommendations
a) Safe, high quality service provision for adolescents requiring extended treatment and rehabilitation requires a Tier 3 service alternative to be available in a timely manner if BAC is closed.	<b>Accept.</b>
b) Interim service provision for current and 'wait list' consumers of BAC while Tier 3 service options are established must prioritise the needs of each of these individuals and their families/carers. 'Wrap-around care' for each individual will be essential.	<b>Accept with the following considerations.</b> While this may be a complex process for some consumers and their individual needs, it was noted that this course of action could start immediately, and that it was feasible. The potential to utilise current BAC operational funds (temporarily) to 'wrap-around' each consumer's return to their local community was noted as a significant benefit.  The relevant local community should play a lead role in the discharge of the consumer from BAC and their return to home. The local services need to be consulted around their ability to provide 'wrap-around' care.
c) BAC staff (clinical and educational) must receive individual care and case management if BAC closes, and their specialist skill and knowledge must be recognised and maintained.	<b>Accept.</b> The ECRG and the Planning Group strongly supported this recommendation.

**4. Duration of treatment**

ECRG Recommendation	Planning Group Recommendation
<p>a) 'Up to 12 months' has been identified by the ECRG as a reasonable duration of treatment, but it was noted that this depends on the availability of effective step-down services and a suitable community residence for the young person. It is important to note that like all mental health service provision, there will be a range in the duration of admission.</p>	<p><b>Accept with the following considerations.</b></p> <p>This issue requires further deliberation within the statewide planning process.</p> <p>The duration of treatment needs some parameters to be set, however, this is primarily a clinical issue that is considered on a case-by-case basis by the treating team and the consumer.</p>

**5. Education resource essential: on-site school for Tiers 2 and 3**

ECRG Recommendations	Planning Group Recommendations
<p>a) Access to on-site schooling (including suitably qualified educators), is considered essential for Tiers 2 (day programs) and 3. It is the position of the ECRG that a Band 7 Specific Purpose School (provided by Department of Education, Training and Employment) is required for a Tier 3 service.</p>	<p><b>Accept with the following considerations.</b></p> <p>The Planning Group recommends removing "<i>Band 7</i>" from the ECRG recommendation. All educational services need to be evaluated by Department of Education, Training and Employment (DETE) on a case-by-case basis, taking into consideration service model, location, student numbers and complexity.</p> <p>The Planning Group supports the statement that educational resources are essential to adolescent extended treatment and rehabilitation services.</p> <p>The Planning Group recommends consultation with DETE once a statewide model is finalised.</p>



ECRG Recommendations	Planning Group Recommendations
<p>b) As an aside, consideration should also be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>	<p><b>Accept with the following consideration.</b></p> <p>The Planning Group recommends this statement should be changed to read as:</p> <p>Strong consideration should be given to the establishment of a multi-site, statewide education service for children/adolescents in acute units (hub and spoke model).</p>

**6. Residential Service: Important for governance to be with CYMHS; capacity and capability requires further consideration**

ECRG Recommendations	Planning Group Recommendations
<p>a) It is considered vital that further consultation and planning is conducted on the best service model for adolescent non-government/private residential and therapeutic services in community mental health. A pilot site is essential.</p>	<p><b>Accept with the following consideration.</b></p> <p>Note that this service could be provider agnostic.</p>
<p>b) Governance should remain with the local CYMHS or treating mental health team.</p>	<p><b>Accept.</b></p>
<p>c) It is essential that residential services are staffed adequately and that they have clear service and consumer outcome targets.</p>	<p><b>Accept.</b></p>

**7. Equitable access to AETRS for all adolescents and families is high priority; need to enhance service provision in North Queensland (and regional areas)**

ECRG Recommendations	Planning Group Recommendations
a) Local service provision to North Queensland should be addressed immediately by ensuring a full range of CYMHS services are available in Townsville, including a residential community-based service.	<b>Accept.</b>
b) If a decision is made to close BAC, this should not be finalised before the range of service options in Townsville are opened and available to consumers and their families/carers.	<b>Accept.</b>

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West Moreton Hospital and Health Service  
Children's Health Queensland Hospital and Health  
Service



**Queensland  
Government**

**What is the Barrett Adolescent Centre (BAC)?**

Barrett Adolescent Centre is a 15-bed inpatient service for adolescents requiring longer term mental health treatment. It is currently located within The Park – Centre for Mental Health campus. The Park will be a secure forensic adult mental health facility that provides acute and rehabilitation services by December 2013.

This ongoing redevelopment at The Park means this is no longer a suitable place for adolescents with complex mental health needs.

**What is happening to BAC?**

Barrett Adolescent Centre will continue to provide care to young people until suitable service options have been determined. We anticipate adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

An expert clinical reference group has determined that adolescents require specialised and appropriate care options where they can be as close as possible to their community, families and support systems. West Moreton Hospital and Health Service will work closely with hospital and health services across the state, as well as other mental health care providers to ensure appropriate care plans are in place for all adolescents who require care.

We will also work together with the community and mental health consumers to ensure their needs are met.

**Who was in the expert clinical reference group?**

Members of the expert clinical reference group comprised adolescent mental health experts from Queensland and interstate, a former BAC consumer and the parent of a current BAC consumer.

**What will happen to the consumers currently being treated at BAC?**

West Moreton Hospital and Health Service is committed to ensuring no adolescent goes without the expert mental health care they require. The goal is to ensure our youth are cared for in an environment that is best suited for them. It is in the best interests of young people that they are not cared for in the same environment as adult mental health consumers who require high secure care.

Care coordinators and clinicians will work closely with the consumers, families and services to ensure that the appropriate care and support is provided for them.

**What happens if there are not enough spaces for young people in other services?**

The implementation group will consider all the available services and any extra services that might be required to support this particular group of adolescents.

**What will happen to the young people currently waiting for a place in BAC?**

Each individual adolescent that has been referred to the BAC and is currently on the waiting list for care will be considered on an individual basis. Clinicians will work with local and statewide services to determine how their needs can be best met in a timely manner.

**How can the Queensland Government know this is the best option for the young people of the state?**

This decision has been carefully considered and the recommendations made by an expert clinical reference group. The expert clinical reference group considered a range of options and recommended a number of strategies to better support the adolescent needs. These strategies will include both inpatient and community based services.

**What is the process, and how long will it take, to transfer the existing consumers to other services or facilities?**

The governance of the adolescent mental health service has been handed to the Children's Health Queensland Hospital and Health Service and an implementation group will progress the next step. This group will use the expert clinical reference group recommendations, and broader consultation, to identify and develop the service options.

We anticipate that some of those options will be available by early 2014.

**Is this a cost cutting exercise?**

No, this is about the safety and wellbeing of young Queenslanders in need of mental health support services and treatment. The Queensland Government has committed a further \$2 million dollars to support the new models of care and services.

**What happens to the funding previously allocated to BAC?**

Funding that would have been allocated to BAC will be dispersed appropriately to the organisations providing the new services or treatment as part of the implementation group decision making.

**Will jobs be lost?**

West Moreton Hospital and Health Service will work closely with each individual staff member who is affected to identify options available to them. The hospital and health service is committed to following appropriate human resource processes.

**What about the education services?**

The Department of Education, Training and Employment is committed to continuing education plans for all BAC consumers.

**How can I contribute to the implementation process?**

The implementation group will include on their membership a range of stakeholders inclusive of families, carers and consumers. As the strategies are developed ongoing consultation will occur to ensure the best possible care for our adolescents in the most appropriate setting.

West Moreton Hospital and Health Service  
Children's Health Queensland Hospital and Health Service



**Queensland  
Government**

## Media Statement

**6 August 2013**

### **Statewide focus on adolescent mental health**

Statewide governance around mental health extended treatment and rehabilitation for adolescents will be moving to Children's Health Queensland.

West Moreton Hospital and Health Service Chief Executive Lesley Dwyer and Children's Health Queensland Chief Executive Dr Peter Steer today said adolescents requiring extended mental health treatment and rehabilitation will receive services through a new range of contemporary service options from early 2014.

Ms Dwyer said the young people who were receiving care from Barrett Adolescent Centre at that time, would be supported to transition to other contemporary care options that best meet their individual needs.

She said West Moreton Hospital and Health Service had heard the voices of staff, consumers and their families, and engaged an expert clinical reference group over the past eight months.

"After taking into consideration the recommendations of the expert clinical reference group and a range of other key issues in national and state mental health service delivery, the West Moreton Hospital and Health Board determined that the Barrett Adolescent Centre is no longer an appropriate model of care for these young people," Ms Dwyer said.

"The board also determined that a number of alternative models will be explored over the coming months under the leadership of Children's Health Queensland.

"It is important to put the safety and individual mental health needs of these adolescents first by providing the most contemporary care options available to us in the most suitable environment.

"It is time for a new statewide model of care. We are also striving to provide services closer to home for these young people, so they can be nearer to their families and social networks," Ms Dwyer said.

Dr Steer said as part of its statewide role to provide healthcare for Queensland's children, Children's Health Queensland would provide the governance for any new model of care.

"This means that we will work closely with West Moreton HHS as well as other hospital and health services and non-government agencies to ensure there are new service options in place by early 2014," Dr Steer said.

"This model of care may include both inpatient and community care components.

"Understanding what options are needed has already begun with the work of the expert clinical reference group, and now we can progress this further and implement the best options for these young people," he said.

"This is a positive step forward for adolescent mental health care in this state," Dr Steer said.

To view the expert clinical reference group recommendations visit  
<http://www.health.qld.gov.au/westmoreton/html/bac/>

**ENDS**

**Media contact:**

**West Moreton Hospital and Health Service**  
**Children's Health Queensland -**