some provision for acute care of children under the age of twelve at the Royal Children's Hospital.

In Australia generally, and Queensland in particular, it was increasingly acknowledged that long term institutional care was not necessarily the best option in mental health treatment and, in many cases, may have contributed to further deterioration. Despite their underdeveloped state, there was increased recognition that community-based mental health services could achieve better outcomes for patients. These services had the additional benefits of preventing social dislocation from families and support networks, further contributing to better outcomes for patients.

Key Documents

Over the period of mental health reform, there have been three key documents to guide development for this State. They are as follows:

The Queensland Mental Health Plan 1994

The *Queensland Mental Health Plan 1994*, represents the first strategic plan for mental health reform in this State. It was proposed at a time when at a time of structural change when Queensland Health as a whole was moving from a centralised to a regionalised system of health care. Therefore the plan focussed on integrated systems across regions. The document was timely, providing broad based principles and enabling the reform process to commence.

Immediate priorities within the Plan were:

- establishing mainstream integrated services to promote continuity of care across service components;
- providing locally available care through more equitable distribution of mental health resources;
- involving consumers and carers in the planning, operation and evaluation of services;
- progressing the reform of psychiatric hospitals;
- establishing and maintaining links with Primary Health Care services;
- implementing quality management systems including the Minimum Service Standards;
- improving intersectoral links, particularly with housing and disability support agencies.

In 1996 this Plan was replaced by a more comprehensive planning document, designed to set the framework for the full system of care, and providing the basis for a more equitable distribution of services throughout the state.

Ten Year Mental Health Strategy for Queensland 1996

The *Ten Year Mental Health Strategy for Queensland* (TYMHSQ) advanced the directions already identified in the *Queensland Mental Health Policy* (1993) and *Queensland Mental Health Plan* (1994) at a time when the health system faced a

second reorganisation, returning to a system of thirty-nine (39) health districts, with disparate population size and geographical spread.

The TYMHSQ was released in early 1997 and remained the key strategic document for mental health reform in this state until 2003. Its usefulness lay in its attention to planning and equitable resourcing of services throughout the state, providing population guidelines for community service planning, optimal staffing profiles for inpatient units, and planning targets for inpatient programmes. It incorporates key directions for structural change of mental health facilities, including the downsizing of the large psychiatric institutions, the relocation of inpatient beds to regional and rural centres, the expansion of community mental health services, and the restructure of the mental health programme. Essentially it has provided a structural map for the establishment of the mental health system of care in Queensland.

Following an internal review of progress in mental health reform across the State in 2002/03, it was determined that, with the exception of the full complement of community positions, the objectives of the TYMHSQ had largely been met. This finding did not imply that mental health reform was complete. Rather it indicated that new developments, such as the *Second National Mental Health Plan 1998-2003* and the related *Mid-Term Review*, had superseded the planning of the TYMHSQ. In addition the period of the *Second National Mental Health Plan* was in its final stages to be replaced by the *National Mental Health Plan 2003-2008*.

Queensland Mental Health Strategic Plan 2003-2008

The *Queensland Strategic Plan for Mental Health (2003-2008)* provides the framework for fostering good mental health in Queensland for the next five years and beyond. It recognises the need to promote the mental health of all citizens, while continuing to build the capacity for specialised mental health services to help those individuals who experience mental illness.

The Strategic Plan builds on the significant achievements in the reform of mental health services that have already occurred under the *10 Year Mental Health Strategy for Queensland (1996)*. It builds on the achievements and directions established in previous National Mental Health Plans. It realigns the strategic directions for mental health development in Queensland, and the time course for achieving them, to ensure consistency with both the *National Mental Health Plan 2003-2008* and Queensland Health's *Smart State: Health 2020 Directions Statement.* It continues the development of high quality specialist mental health services, while providing a framework for addressing the mental health needs of the entire community.

The Strategic Plan is a detailed and comprehensive document, as is required to address the full spectrum of mental health issues confronting Queensland at this time. Within this full spectrum, however, the Strategic Plan recognises there are certain areas that must be addressed as a matter of priority.

These are:

- Continuing enhancement of core specialised mental health services
- Improving service quality and safety

- Improving service responsiveness and capacity to meet the needs of specific groups within the population
- Strengthening partnerships across the spectrum of intervention
- Improving utilisation of data and information in service evaluation and planning
- Ensuring the availability of a strong and skilled workforce.

A number of policy documents have also been developed to address the mental health care of specific population groups, namely:

- *Non-English Speaking Background, Mental Health Policy Statement;*
- *Aboriginal and Torres Strait Islander People Mental Health Policy Statement;*
- *Future Directions for Child and Youth Mental Health Services Policy Statement;*
- *Mental Health Services for Older People;*
- *Queensland Forensic Mental Health Policy.*

4. SYSTEM OF CARE

4.1 Primary Mental Health Care

Primary health care providers are a key element in the continuum of care, providing referral and ongoing management of mental health patients after discharge from secondary facilities. Mental health professionals support these providers through mechanisms such as telemedicine and consultation/liaison, which facilitate joint assessment, skill development, supervision and comprehensive clinical care.

4.2 Specialist Mental Health Services

Specialised mental health services are secondary and tertiary services provided by specialist mental health personnel. These services target those people with mental disorders and serious mental health problems, to ensure that the people most at risk receive the treatment they need. However it is important to note that it does not exclude access to treatment for people with a range of mental health problems. These high prevalence disorders are regarded as serious in terms of their impact on quality of life and have the capacity for adverse social consequences.

As previously stated, Queensland Health comprises 39 districts each of which has its own health service, including mental health services.

Mental health service components are planned and organised around age groups – children, youth and adults, including older people. The delivery of service focuses on a continuum of care across all age groups. The continuum of care begins at the point of entry into a mental health service and proceeds through all phases of assessment and continuing treatment and across hospital and community service settings, representing a single process of entry.

A range of service components is provided as part of a District and/or Network of District mental health services. To enable a continuum of care for the individual the following service components and priorities have been developed:

- referral, intake and assessment, including and extended hours capacity
- continuing treatment using a case management approach, which includes the following components:
  - community treatment services
  - outreach services
  - acute inpatient services, with provision for short to medium-term treatment, including secure treatment
  - psychiatric crisis response and treatment
  - specialist intensive treatment and support for identified 'at risk' individuals (mobile intensive treatment teams)
  - extended inpatient services for treatment and rehabilitation, with services organised around five clinical programmes.

4.3 Mental Health Services for Rural and Remote Communities

Community mental health treatment is an integral component of all District Mental Health Services. In the mental health system of care small rural and remote satellite services are organised in networks, linked to and supported by visiting outreach services from a principal service centre located in a neighbouring major District Health Service. Collaborative networks with other local health services have been established for the provision of ongoing management and support, between visits by specialised mental health professionals.

Access to acute inpatient services is located in the neighbouring principle service centre. Extended treatment and secure facilities are provided on a supra-regional basis.

4.4 Mental Health Services for People Involved in the Criminal Justice System

The *Queensland Forensic Mental Health Policy 2002* seeks to improve service delivery for all mentally ill offenders. This policy targets all people with a mental illness who are involved with the criminal justice system. Strategies target persons (including adults and young people) with mental disorders or severe mental health problems who are also subject to criminal justice processes, including:

- persons charged with an offence (whether remanded in custody or on bail)
- persons appearing before a court (to be charged, for determination of charges, or for trial or sentence)
- persons convicted by a court and sentenced (whether serving a custodial sentence or on a community corrections order)
- persons found to be not criminally responsible (ie of unsound mind) or not fit for trial.

Significant funding has been provided to enhance the care of forensic patients and support the implementation of the policy. Enhancements have focused on ensuring access to specialised treatment for forensic patients and the development of a coordinated system of care, which ensures continuity in treatment and oversight as individuals move between service components and into the community.

Access to secure inpatient treatment has been improved with the opening of a medium and high secure facility in Townsville allowing mentally ill offenders from North Queensland to receive treatment closer to their families and support networks.

Specialised community forensic services have developed active outreach processes to provide closer support to mental health services across the state, which assist in local patient management and ensure compliance with formal monitoring requirements. In North Queensland outreach services extend as far as Papua New Guinea.

The capacity of district mental health services to provide appropriate treatment and care to mentally ill offenders has been enhanced through the appointment of specific clinical forensic mental health workers in 15 major service locations throughout the state. These positions strengthen the linkages between specialised forensic and general mental health services and ensure appropriate transmission of information regarding individual patient needs and management processes. Intensive training has been provided to the district forensic positions to ensure consistency in knowledge and operation across the state.

Specialised services have been established for children and adolescents. A visiting service has been established to the Brisbane Youth Detention Centre integrating both mental health and drug and alcohol workers. In addition, the Child and Youth Forensic Outreach Service facilitates transition from detention to the community for those young people requiring ongoing treatment and care.

Specific training in the assessment of risk in forensic patients has been provided to clinical staff in all areas of the state to enable more consistent evaluation and management of the clinical, personal and community risks associated with the treatment of mentally ill offenders.

4.5 Prison Mental Health Services

The Prison Mental Health Service was established in February 1999, as a joint initiative between the Department of Corrective Services and Queensland Health to provide mental health services to people who have a mental illness and are resident in a correctional centre.

The service is funded by the Department of Corrective Services and private prisons, and is provided by both the Community Forensic Mental Health Service and High Security Inpatient Services at The Park Centre for Mental Health, and Townsville District Mental Health Service.

Services are delivered on a sessional basis to prisoners within correctional centres in South-East Queensland, and are coordinated by the Prison Mental Health Service Team Leader, a position funded through West Moreton Health Service District. A similar service is provided in North Queensland.

The aims of these services are to:

- Ensure that wherever possible people who have mental illness or serious mental health problems and who are resident in a correctional centre have access to the

range and quality of mental health services available to other members of the community

- Facilitate continuity of care to ensure optimal mental health through monitoring movements of patients through the criminal justice system and providing individual discharge plans in order to provide the care that is required.

- Ensure the service provided is effective and efficient through service development and continuous quality improvement.

4.6 Mental Health Interstate Agreements

Mental Health Interstate Agreements have been developing along three lines since the introduction of the *Mental Health Act 2000* in February 2002.

Forensic Apprehension and Return Agreements apply in the following circumstances:

- When Queensland services through the Director of Mental Health, arrange for the apprehension and facilitate the return of Queensland forensic order or classified patients from participating States.
- When participating States request that Queensland apprehend and facilitate the return of interstate forensic patients.

Civil Agreements apply in the following circumstances:

- When Queensland shares a border with a participating State, services can involuntarily treat persons in the community in that State, in circumstances where the treating facility is situated in the home State.
- When Queensland shares a border with the participating State, interstate assessment can occur in urgent circumstance.
- The apprehension of involuntary patients who have absconded into a participating State (not return),
- The interstate transfer of involuntary treatment order patients to and from participating States.

Forensic Transfer Agreements will allow the transfer of forensic order patients between States.

Agreements already in operation are;
- Qld-NSW Forensic Apprehension and Return Agreement,
- Qld-ACT Forensic Apprehension and Return Agreement,
- Qld-VIC Forensic Apprehension and Return Agreement,
- Qld-ACT Civil Agreement,
- Qld-NSW Civil Agreement.

Agreements in draft are:
- Qld-VIC Civil Agreement,
- Qld-TAS Forensic Apprehension and Return Agreement,
- Qld-TAS Civil Agreement,

- Qld-NT Forensic Apprehension and Return Agreement.

Awaiting legislative changes:
- South Australia,
- Western Australia.

5. ACHIEVEMENTS IN MENTAL HEALTH REFORM

Mental Health Act 2000

While the large majority of mental health patients receive their treatment and care on a voluntary basis, a small proportion (approximately 30%) requires the involuntary processes in the *Mental Health Act 2000* (the "Act").

The current Act commenced on 28 February 2002 following a 10-year period of review. It provides for involuntary assessment and treatment of people with mental illness. A key safeguard in the involuntary treatment process is the Mental Health Review Tribunal, which is an independent body (under the Health Portfolio) made up of part-time lawyers, psychiatrists and community members. It is headed by a full-time President. The Tribunal's role is to review involuntary patients routinely and on application.

The Act also provides for people with a mental illness charged with a criminal offence (the "forensic provisions"). The forensic provisions enable people to be transferred from a court or custody to a health facility to receive mental health care. These provisions also include processes for decisions to be made about a person's criminal responsibility. Charges can be discontinued if the person is deemed to be not criminally responsible for their actions. These decisions are made by the Attorney-General and, for more serious charges, by the Mental Health Court, which is constituted by a Supreme Court Judge.

The Act also provides for a Director of Mental Health, whose role is to oversee and facilitate the proper administration of the Act. The Director also plays a significant role in relation to forensic patients. In particular, it provides the interface between the mental health and criminal justice systems.

Implementation of the Act occurs primarily at the mental health service delivery level. Responsibility for implementation rests with the District Health Services.

Within the Mental Health Policy Unit, a number of activities are occurring to facilitate current implementation and to support the administration of the Act. These include an ongoing information/liaison service, examination of legislative amendments, upgrades to the statewide Mental Health Act Information System, an evaluation of the implementation of the Act, development of an audit tool and a Statewide Education and Training Framework and resources.

5.2 Inpatient Treatment

The process of mental health reform in Queensland has focused in the first instance on the decentralisation of inpatient beds from the large psychiatric facilities based in

Toowoomba, Charters Towers and West Moreton. Mental health reform has seen the numbers in these facilities being substantially reduced. Inpatient beds have been relocated to regional centres to ensure a more equitable distribution of resources across the State and to facilitate access. Decentralisation of inpatient beds was completed in 2002.

The establishment of acute inpatient units in the general health system in regional centres has further enhanced the redistribution of inpatient care, enabling the treatment of patients as close as possible to their home environment. Adult acute inpatient units have now been established in 18 districts throughout Queensland, with eight of these located in principal service centres servicing rural and remote communities. Adult acute and psychogeriatric acute treatment programmes operate in most areas as a single programme.

5.3 Inpatient Bed Requirements

The TYMHSQ provided a series of planning guidelines for inpatient beds in all programme areas across the lifespan. These guidelines were developed on the basis of best available information both nationally and internationally at the time. The guidelines for acute facilities were reviewed and endorsed by the *Mullen-Chettleburgh Review (1999)* with no recommendations for change. No other precedent has been established to challenge the guidelines at this stage, however philosophical changes are emerging regarding inpatient care. In particular alternatives to admission and alternatives to acute treatment are being trialled internationally and are reported to achieve good outcomes. Equally, the role of the non-government sector in providing more affordable and possibly more effective options warrants further investigation.

A comprehensive inpatient programme has been developed to include the following range of services; acute inpatient, dual diagnosis, acquired brain injury, medium and high secure services. In addition four community care units in suburban settings have already been established to provide medium term treatment and rehabilitation services with an additional unit in the planning process. Wherever possible extended treatment psychogeriatric services have been collocated with aged care facilities to promote access across both programmes.

Child acute admissions continue to be a contentious issue. Many believe that dislocation from families at such an early age has the potential to do untold damage to an already disturbed child. The preference is for family centred treatment involving the whole family, which is known to provide good outcomes. As a result Queensland has not fully implemented the acute child inpatient programme, preferring the expansion of community child and youth mental health services. Some inpatient beds have been provided in the South East corner. Where inpatient treatment is required in regional centres, the preferred option is within a paediatric setting with admission for short-term stabilisation only.

Acute adolescent inpatient programmes have been established in five new locations, mainly servicing the South-East corner.

The following table provides a summary of inpatient beds provided throughout Queensland:

District Health Service	Acute	Extended Treatment & Rehabilitation	Dual Diagnosis	Acquired Brain Injury	Extended Secure	High Secure	Psycho-geriatric	Adolescent/ Children's
Bundaberg	19							
Fraser Coast	14							
Redcliffe-Caboolture	24	20					8	
Prince Charles	60	20		16	20		16	
Royal Brisbane	75	20						12
Royal Children's								10
Rockhampton	23						7	
Sunshine Coast	48	20					8	
Toowoomba	51	48	24	16	24		44	6
Princess Alexandra	80							
Bayside	23			20			22	
Logan/ Beaudesert	40							10
Gold Coast	54	43					16	11
West Moreton	37	82			34	61	7	15
Mater								12
Cairns	32							
Townsville	36	24		10	21	10	10*	
Charters Towers		27					10	
Mackay	18							
Total	**634**	**304**	**24**	**62**	**99**	**71**	**148**	**76**

5.4 Community Mental Health Services

The TYMHSQ proposed that the decentralisation of the inpatient mental health programme be balanced by the progressive expansion of community mental health services throughout the state during the life of the TYMHSQ. Planning targets were established at 30 per 100,000 total population for adult mental health services, 25 per 100,000 for the under 19 population, 10 per 100,000 of the 65+ population, whilst indigenous workers is set at 5 and 6 per 10,000 for child and youth and adult services respectively.

Queensland has established community mental health services in all district mental health services. In sixteen (16) of the smaller districts combined teams have been established which provide services across the lifespan. Larger districts have established eighteen (18) adult community services, seventeen (17) child and youth mental health services, five (5) aged care community services and three (3) indigenous teams in key areas. While the larger services are described as providing a single community service, the majority provide such services through multiple sites to cover the geographical spread.

The progressive development of community mental health services, particularly in rural and remote areas where no services existed previously, has been a positive step, ensuring that all Queenslanders have access to treatment as close as possible to where people live. The creation of new services in rural and regional areas has had the additional benefit of limiting the demand for outreach services from principal service centres while expanding the need for effective consultation liaison services.

The expansion in the range of services for the adult community mental health programme such as extended hours, Acute Care Teams, Crisis Assessment Teams, Mobile Intensive Treatment Teams, improved intake and assessment, and a single process or point of entry have all contributed to improving access to mental health treatment and provide more timely and effective responses. Criticism remains that a twenty-four hour mobile response should be the ultimate goal. Twenty-four hour access is available through Emergency Departments beyond the extended hours programme.

At the commencement of the National Strategy, Queensland community staffing numbers were reported in the *National Mental Health Report*, 1993/94 as 425. However it is important to note that the Mental Health Programme at that time also included the management of intellectual disability, which is no longer the case. By the year 2004/05 this number has increased to 1336, which represents an increase of over 314%. This increase is likely to be over 350% in real terms when the removal of the intellectual disability programme is factored in. It should also be noted that most of these gains have been made in the period from 1998 onwards, representing a substantial investment by the current State Government.

Despite these investments Queensland continues to have difficulty in reaching community planning targets for the adult population. Media reporting of the Queensland position has been suggestive of a lack of commitment to mental health reform, by drawing attention to the pressures currently experienced by services. This perceived pressure is due in part to the above average population increase experienced by this State. Local Government statistics indicate that in the year 2003 the Queensland population increased by up to 86,000. In community staffing terms this indicates that approximately 30 additional adult community positions and at least 15 acute inpatient beds would be required per annum purely to keep pace with community increase, making progress against the planning targets increasingly difficult. Services also report an increase in demand and violence due to increased use of illicit drugs, which reflects the situation in other jurisdictions.

Child and youth community mental health services have also benefited significantly from the reform. Many new community services have been established, particularly

in rural and regional centres. These teams are also experiencing an increase in illicit drug use and increased presentations with first episode psychosis in younger populations. A number of early intervention and prevention initiatives are being progressed in the State, targeting the 18 –25 age group, which is viewed as the most vulnerable age group.

In some areas mental health reforms have exceeded expectations. Some smaller districts mental health services are providing brief admissions to local general hospitals for stabilisation. Community mental health staff manage these patients effectively, preventing dislocation from family and support networks, and contributing to improved response to treatment and less debilitating outcomes.

5.5 Strategic Plan for People with a Dual Diagnosis (Mental Health and Alcohol and Other Drug Problems)

This Strategic plan was developed jointly by the Mental Health Policy Unit and the Alcohol and Other Drugs Unit of Queensland Health. It sets key objectives for enhancing service provision for people with a dual diagnosis. Each of the objectives represents core components that are widely considered to be essential in establishing and sustaining effective and integrated approaches to services for people with a dual diagnosis. Nine key change management positions have been created in high prevalence areas across the state. A number of demonstration projects are also in progress.

5.6 Suicide Prevention

The State Government allocates annually $2 million to directly support suicide prevention activities in Queensland**.**

- In February 2003 the Queensland Cabinet endorsed *Reducing Suicide: Queensland Government Suicide Prevention Strategy 2003–2008* (QGSPS) and the *Queensland Government Suicide Prevention Action Plan*, which build on the achievements made under the previous *Youth Suicide Prevention Strategy 1997 – 2002*.

- The majority of the QGSPS funds are directed towards the establishment of 19 full-time equivalent Early Intervention Project Officers (Suicide Prevention) across Queensland for a period of two years. This program will be reviewed on the basis of results of a comprehensive program evaluation at the end of the two-year period.

- Strategy funds have also been directed to support two Indigenous-specific initiatives in Brisbane and Cairns piloting culturally appropriate interventions at both an individual and community level.

Additional initiatives targeting suicide prevention in Queensland include:

- The allocation of $175,000 annually to the Australian Institute for Suicide Research and Prevention (AISRAP) to support the ongoing surveillance, monitoring, data collection and publication of suicide rates, recent trends and implications for Queensland and Australia.

- The creation of 6 Life Promotion Officers located in Yarrabah, Wujal Wujal and Hopevale to coordinate and implement suicide prevention initiatives in these Indigenous Communities.

5.7 Directions for Aged Care Strategy 2004-2011

The suite of documents known as the *Directions for Aged Care 2004 -2011* addresses the health and aged care needs of older people and their carers in Queensland. The Strategy consists of 6 stand-alone documents, one of which is *Strategic Directions for Mental Health Care for Older People*.

The *Directions for Aged Care 2004 -2011* identifies numerous mental health initiatives to be implemented over the life of the Strategy. Currently Queensland is undertaking the first phase of implementation. The following initiatives, identified within the Strategy and supported for implementation by the Aged Care Policy Unit, are currently in progress:

- **Infrastructure Enhancement of Collocated Facilities,** this project will address infrastructure issues associated with the integration of mental health and aged care services within all Queensland collocated extended psychogeriatric services in order to strengthen local operationalisation of the Extended Psychogeriatric Model of Service Delivery.

- **Transcultural Issues in Aged Care Mental Health Module,** this project will develop a best practice one-day Train-the-Trainer educational course on *Transcultural Issues in Aged Care Mental Health*. The course will also be able to be delivered directly (i.e. not as a Train-the-Trainer) via a four-hour workshop. Components of the course will also be able to be delivered as stand-alone education sessions of varying timeframes depending on the needs of the requesting service. The course and components of the course will be available to all Queensland Health services throughout Queensland, and will also be made available to non-Queensland Health agencies at a nominal cost-recovery fee.

- **Development of Transcultural audiovisual resources, t**his project will develop audio-visual material in regard to Transcultural Issues in Aged Healthcare in order to support educational and professional development programs.

- **Review of all National and International Psychogeriatric Model of Service Delivery. A** literature review of mental health policy in relation to older people will be undertaken in order to identify effective strategies and models employed both nationally and internationally with potential application for Queensland. The literature review will inform planning for future service delivery.

- **Indigenous Older Persons MH training module.** This project will develop a best practice one-day Train-the-Trainer educational course on *Indigenous Issues in Aged Care Mental Health*.

- **Social Isolation Project.** In 2001, the Queensland Government Ministerial Advisory Council of Older Persons was asked to investigate the issue of social isolation amongst older people in Queensland and to investigate possible actions to increase the social connectiveness of this group. The Advisory Council subsequently established the Mental Health and Social Isolation Working Group to examine social isolation among older people in Queensland and some possible responses to this problem.

- **Redrafting of Older Persons Mental Health Extended Inpatient Model of Service Delivery.** Review and redrafting of the 2001 Older Persons Mental Health Extended Inpatient Model of Service Delivery to reflect current practice and philosophy in this specialist mental health area.

5.8 Partnership Agreement with the Queensland Police Service

The Partnership Project between Queensland Health's Mental Health Services and the Queensland Police Service has improved statewide services for people with a mental illness by addressing cultural differences and sometimes conflicting roles between the two large and complex organisations. A range of reforms at the service delivery, service management and policy development levels has been implemented. These reforms have resulted in the improvement of relationships at all levels and the formalising of procedures in regard to work practice, which have had a significant impact on the coordination and delivery of services across including a more dignified approach to interacting with people with a mental illness, and reduced risk of injury to staff of both agencies, the community and people with a mental illness.

Specifically a statewide Memorandum of Understanding has been in place for four years, and has recently been updated. Local Protocol Agreements exist in 32 districts and joint Operational Liaison Committees in these districts meet monthly to resolve individual and systems issues. More recently crisis intervention protocols between the two services have been developed and a model for crisis intervention has been endorsed.

5.9 Consumer and Carer Participation

A strategic approach has been adopted for the inclusion of consumers and carers in the delivery of mental health services. The *Action Plan for Consumer and Carer Participation in Queensland mental Health Services* is currently being implemented. Consumer consultants are employed in 11 districts. Over 50 Consumer and Carer Advisory Groups operate throughout the state. A new statewide advisory model for consumer and carer participation has been developed and a consultation process will commence in the near future.

5.10 Guidelines

State-wide guidelines have been developed and implemented. These guidelines enhance consistency and quality of mental health service delivery. Guidelines include those targeting Sexual Safety, Hepatitis C, Use of Anti Psychotics, High Dependency Units, Emergency Departments, Violence and Illicit Substance Abuse, Deafness and Suicidal Behaviour and Risk.

5.11 Dual Diagnosis – Mental illness and Intellectual Disability

A two year strategy was undertaken to improve access to services and support to people with a dual diagnosis of mental illness and intellectual disability. This was a joint project with Disability Services Queensland. The model included the development of Guidelines for service provision between Queensland Health, Disability Services Queensland and funded service providers (NGO) and training to develop specialist skills for staff of all these agencies across the state. Queensland Health and Disability Services Queensland have been the first agencies in the country to jointly adopt the use of the *Psychiatric Assessment Schedule for Adults with Developmental Disability (PAS-ADD)*. This model has been implemented in 15 sites across the state where there is a high prevalence of intellectual disability.

5.12 Rehabilitation

Deinstitutionalisation was not a principal goal of mental health reform in Queensland. However, as part of the downsizing of the large institutions, an opportunity presented to assist those people assessed as suitable who were long-term residents of inpatient facilities, to be returned to their communities with appropriate support packages. Project 300 brought together the Government Departments of Housing, Disability Services and Health to ensure that each individual returning to the community had the supports and infrastructure necessary to maximise participation and integration in their chosen community. An initial target of 300 was set, however this number proved to be ambitious with the cost of support packages increasing. To date 260 people have been successfully returned to the community. In some cases the programme has been so successful that a number of packages were no longer required enabling reallocation to assist additional patients. The programme is highly regarded and widely recognised as an outstanding success, representing a successful model for rehabilitation.

5.13 Recovery

The concept of recovery is an emerging paradigm that has significant implications for people with a mental illness, carers, families and service providers. It marks a substantial shift in philosophy from more traditional models of service provision and represents a change in beliefs, services, practices, anticipated outcomes and power relationships.

In recent times the mental health community has expressed a growing interest in the recovery concept and recovery-oriented systems. Research confirms that even people seriously affected by mental illness can and do recover to live productive lives in their community. However, recovery does not necessarily mean cure, or a return to a pre-illness state. Rather, recovery is the journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness; and living well despite any limitations resulting from the illness, its treatment, and personal and environmental conditions.

A position paper has been developed and distributed across government departments and agencies with the specific aims of:

- developing a shared understanding of recovery and recovery-oriented systems;
- initiating discussion between government departments and key stakeholders on agency responsibilities; and
- working towards a consistent and coordinated framework of recovery across government and non-government agencies.

At this point the paper has received universal endorsement. In addition a number of District Mental Health Services are currently participating in pilot studies designed to reorient services towards a Recover Framework. More importantly, this strategy is consumer designed.

5.14 Disability Support

Disability support services are provided by a separate government agency, namely Disability Services Queensland. This department was established in December 1999 to provide a strong focus and set directions for disability including psychiatric disability across the Queensland Government.

DSQ operates on a number of levels and has responsibilities for:

- the provision of services and supports – both direct services (those provided by the Department) and those provided through the non government sector;
- community infrastructure development; and
- Whole of Government leadership and coordination.

5.15 Queensland Transcultural Mental Health Centre (QTMHC)

The QTMHC works with consumers and their families and mental health workers to ensure that mental health services provided are culturally and linguistically appropriate. It does this through the provision of information, resources, training, program development and clinical consultation services across the state. The Centre has a number of programs and services. Services offered include:

- Clinical consultation service
- Resource library
- Education and development
- Health promotion
- Resource development
- Policy and service development.

5.16 Indigenous Mental Health

Indigenous mental health staff responds to Indigenous mental health policy and service implementation issues on a statewide basis.

With Queensland Health's stated commitment to Aboriginal and Torres Strait Islander people as a priority target group and the holistic definition of health and mental health as defined by Aboriginal and Torres Strait Islander people, Indigenous mental health as part of the Mental Health Policy Unit addresses issues raised regarding Aboriginal and Torres Strait Islander social and emotional wellbeing. In addition, Indigenous mental health staff responds to national and state reforms and broader mental health policy involving Aboriginal and Torres Strait Islander people. As an example working relationships have been forged and networks established with the Aboriginal and Torres Strait Islander Health Unit and provided consultation and input towards the following key activities:

- Queensland Health Aboriginal and Torres Strait Islander Workforce Management Strategy;
- Partnership Framework (Working party for ATODS/MH/Chronic Disease);
- Cultural Respect Framework;
- Outcome measures for Mental Health Services;
- National Aboriginal and Torres Strait Islander Framework for Mental Health and Social and Emotional Wellbeing; and
- Recommendations into the Royal Commission into Deaths in Custody.
- Structures have been established on zonal and district levels and these structures/ processes contribute to furthering the implementation of the Queensland Health Mental Health Policy – Aboriginal and Torres Strait Islander People 1996. These structures will also play a part in the implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Well Being 2004-2009 for Queensland.

5.17 Quality Improvement

Queensland Health has undertaken a significant process of review and has progressed a wide range of initiatives aimed at improving the quality of treatment and care through its mental health services. The initiatives are listed below.

5.17.1 Review of Queensland Forensic Mental Health Services 2002 (the Mullen Chettleburgh review)

In January 2002, the Queensland Premier and Minister for Health announced an external review of Queensland Forensic Mental Health Services. The review was undertaken by Professor Paul Mullen (Professor of Forensic Psychiatry, Monash University) and Karlyn Chettleburgh (General Manager, Thomas Embling Hospital, Victoria).

Issues encompassed by this review included limited community treatment, absence without approval and risk assessment. While responses to the recommendations of the review were initiated in 2002, implementation has continued and additional developments demonstrate the ongoing commitment to strengthen existing systems in this area.

5.17.2 Queensland Forensic Mental Health Policy

The *Queensland Forensic Mental Health Policy* was subsequently published in July 2002 following extensive consultation with service providers, consumers and carers, government and non-government agencies. The policy incorporated the recommendations from the Mullen-Chettleburgh Review. The policy has guided the development and management of effective mental health services to mentally ill offenders and has highlighted some of the key principles in the management of this population. These principles include:

- the need to balance the rights of individuals to optimal care, provided in the least restrictive setting, with the rights of the public to protection against risk of harm
- culturally appropriate services that take into account language needs, family and social circumstances
- ensuring a key role for consumers in service planning and evaluation
- services delivered in accordance with international and national covenants relating to mental health services to mentally ill offenders.

Following that review and on the background of the Mullen Chettleburgh review and the *Forensic Mental Health Policy,* Queensland Health has progressed a wide range of initiatives aimed at improving the quality of treatment and care specifically to those patients detained under the Act under forensic orders.

Such initiatives have encompassed policy development in relation to the management of forensic order patients and other high-risk patients; education and training initiatives across a wide range of topics that include clinical risk assessment and management and the Act; monitoring and review processes and service development with the appointment and enhancement of specialised forensic staff.

5.17.3. Mental Health Act 2000 Risk Management Program (2002)

A *Mental Health Act 2000* Risk Management Coordinator position has been in place since 2002 and takes a key role in the review of processes in place throughout the State for the management of involuntary and other high-risk patients. The Coordinator has led the development of best practice guidelines that articulate standards, protocols and processes to monitor and manage these groups of patients.

Initiatives have included:

- The development of standardised processes in relation to Persons of Special Notification (PSNs) with a 'Policy for management, reviews and notifications for a Person of Special Notification' (see below).
- The development of standardised processes in relation to patients absent without permission with a standardised state-wide flipchart to assist clinical staff to appropriately manage an incident when an involuntary patient is absent without permission, taking into account such factors as status under the Act and risk assessment.
- Weekly reconciliation of the Queensland Police Service and Queensland Health databases of involuntary patients absent without permission.

- The development of a risk register and action plan of risk mitigating interventions for patients under the Act, in accordance with Queensland Health strategic direction.
- The development of a working partnership with the district mental health service forensic liaison officers and specialised forensic mental health staff.
- Policy for management, reviews and notifications for a Person of Special Notification (2005).

5.17.4. Policy for management, reviews and notifications for a Person of Special Notification (PSN)

This policy aims to standardise care and treatment provided to forensic order patients who are PSNs. A PSN is a patient on a forensic order who has been found of unsound mind or unfit for trial either temporarily or permanently in relation to certain serious offences. The policy emphasises the need for services to ensure that a high level of oversight of the care of PSNs is provided at all times and all treatment and rehabilitation decisions in relation to PSNs take into account past harm caused, public sensitivity and community safety.

5.17.5. Development of the Queensland Mental Health Statewide Clinical Risk Assessment and Management Guidelines and training in their implementation (2003)

The state-wide clinical risk assessment and management training project (February 2003 to October 2003) aimed to increase the knowledge and skill level of mental health clinicians in risk assessment for violence, suicide and absence without permission. The training provided for a structured approach for conducting risk assessments and management plans for complex mental health clients. The training was delivered through 45 one-day workshops covering close to 600 multidisciplinary staff across the State. Statistical analyses showed a highly significant increase in participant confidence across a variety of target areas after attending training. A multi-media training resource package that included a CD-ROM, presentation material, manuals and a training video was developed for delivery to the district mental health services for use as an ongoing resource.

Ongoing training in risk assessment and management is carried out by the community forensic mental health services in collaboration with the district forensic liaison officers. A further 89 staff were trained from October to December 2003 and 325 staff from January to December 2004.

5.17.6. Appointment of Mental Health Service District Forensic Liaison Officers (2003)

District based community forensic mental health professionals, 'forensic liaison officers', were appointed in early 2003 across the State. These 16 positions within the district mental health services provide support, advice and education to district mental health staff in relation to the management of mentally ill offenders. These forensic liaison officers have developed their role significantly in the two years since their inception. Their main focus is on building the capacity of district mental health staff

to manage high-risk patients. The forensic liaison officers also provide direct case management for some high-risk forensic patients and Persons of Special Notification.

The district forensic liaison officers have formed a network of forensic clinicians – the state-wide forensic network – that enables them to link strongly with specialist forensic services across the state. Yearly workshops and quarterly newsletters, focusing on professional development, are held for those within this network.

5.17.7. Enhancement of Specialised Community Forensic Mental Health Services

The community forensic outreach services across the state continue to assist district mental health services in the management of patients with complex forensic issues. This service is offered via a consultation liaison model and is delivered by a multidisciplinary team that includes social workers, nurses, psychologists and psychiatrists. Additional positions were established following the external forensic review in 2002 that included two team leaders to coordinate the outreach services in rural and remote Queensland, a research and evaluation officer, training and education officer and an indigenous liaison officer.

The assistance can include advice and information regarding forensic mental health issues, joint assessment and / or review of management plans or shared care. The service works collaboratively with the district forensic liaison officers to promote a state-wide forensic network specifically in the area of training for district mental health staff in relation to the assessment and management of mentally ill offenders and high risk patients such as PSNs.

The forensic services in Brisbane and Townsville have developed Court Liaison Officer roles. These staff interact with people who have been brought before the Court and endeavour to identify those with mental illness and provide recommendations in terms of interventions and where necessary transfer to acute mental health services.

5.17.8. Limited Community Treatment for Forensic Order Patients Project approved to commence in 2005

Recruitment is underway for a project to evaluate systems and processes relating to limited community treatment in authorised mental health services throughout the State. The project will:

- Review the literature and consult key stakeholders on processes and protocols for proposing, ordering, approving, providing, monitoring LCT and review processes relating to patients on forensic orders under the Act.

- Develop a state-wide communication policy on the action required to ameliorate risks relating to the care and treatment of patients on forensic orders and the appropriate notification to relevant stakeholders.

- Document evaluation findings, conclusions and recommendations in a report to the Director of Mental Health.

It is expected that the project will develop best practice guidelines in relation to limited community treatment plans encompassing risk assessment and compliance monitoring into any plan development. The project is also expected to review the implementation of the LCTRCs and develop standards and guidelines for these committees.

5.17.9. Mental Health Act 2000 Implementation Review Project

In the two years following the introduction of the *Mental Health Act 2000* (in February 2002) administrative and operational reviews were conducted in authorised mental health services across the State. These reviews looked at a number of aspects in relation to the administration of the Act and encompassed involuntary assessment and treatment provisions, patient rights and various administrative and systems issues. The reviews formed the basis for the Mental Health Act 2000 Implementation Review Project that commenced in late 2004.

The project has undertaken a broad and state-wide evaluation of the implementation of the Act and is in the process of developing a sustainable program for the ongoing state-wide review of compliance by AMHS with the Act. It is expected that the review process will incorporate an audit tool that encompasses all aspects of care and treatment for involuntary patients under the Act and will specifically draw attention to, among other groups, the management of forensic order patients and PSNs.

5.17.10. State- wide Mental Health Act 2000 Education and Training Project

A state-wide MHA education and training project has developed a training and education framework and training resources for the State. An 'on-line' learning management system to improve clinicians' understanding of the Act has been partially completed and will be available to all staff during 2005. Other resources include online and paper based training presentations, fact sheets, self-directed learning packages and a comprehensive *Mental Health Act 2000* Resource Guide.

5.17.11. Mental Health Safety and Quality Framework

This document which is under development will provide a conceptual framework for quality improvement in mental health services in Queensland and identify key strategic initiatives under the *National Mental Health Plan 2003 –2008* to be prioritised in Queensland.

5.17.12 Statewide Mental Health Collaborative

The feasibility of establishing a state-wide mental health collaborative is currently being assessed. Clinical collaboratives have been established in a number of other speciality areas in Queensland Health. Participating services collectively identify key clinical practice or service related concerns and implement evidence based strategies to address them.

5.17.13 State-wide Clinical Review Project

The State-wide Clinical Review Project aims to establish a systematic framework to undertake clinical reviews in all mental health services across the state. The methodology will draw upon clinical review and clinical audit programs operating in other jurisdictions. It is anticipated that the review process will be established and operational in 2005.

5.17.14 Queensland Health Incident Management Policy

The Queensland Health Incident Management Policy was adopted 10 June 2004. It provides a framework for the identification and mitigation of risks inherent in the delivery of health services. The policy makes a number of references to mental health specific events, stating that mental health services are required to report events relating to PSN's absent without permission from an inpatient facility without delay to the District Manager of the Health District and the State-wide Director of Mental Health.

5.17.14 Mental Health Service Accreditation

The Mental Health Unit monitors service accreditation against *National Standards for Mental Health Services* and implementation of accreditation review recommendations. All mental health services have committed to participate in accreditation surveys and develop quality improvement plans addressing audit recommendations. Six monthly reports are forwarded to the Commonwealth regarding progress with implementation of the National Standards. Services are accredited by national bodies such as ACHS.

5.17.13. Queensland Review of Fatal Mental Health Sentinel Events (2004-05)

A Review of Fatal Mental Health Sentinel Events was established in February 2004 to undertake a review of all deaths that occurred in 2002 – 2003 involving people with serious mental illness. The deaths included suicides and unexpected death of people receiving mental health assessment or treatment in inpatient units or emergency departments, homicides where the offenders had a mental illness and people with mental illness who were shot by police. The report from this review was presented to the Director-General Health on 9 March 2005. The report makes a number of recommendations that will inform Queensland Health strategic directions, policy decisions and clinical practice across a wide range of aspects of assessment and management of mentally ill persons. Some of these recommendations relate specifically to the improvement and standardisation of processes for the management of forensic order patients and PSNs.

5.17.14. Establishment of a Queensland Health Victim Support Coordinator (2002)

The Queensland Health position of Mental Health Victim Support Coordinator was developed in 2002. The position operates state-wide and provides services to people and families who are victims of crime (not only homicides) where the perpetrator has a mental illness. This position provides information, court support and direct counselling or referral to other agencies for counselling and support. The service has

developed in response to an identified need and continues to expand in its role. Consideration is currently being given to the need to establish additional positions to adequately cover the State in this regard.

5.18 Outcomes Initiative

The emphasis on health outcomes and information systems to support quality improvement has been gaining momentum in the mental health sector. Increasing responsibility is being placed on health care providers to employ outcome measures as a means of assessing treatment effectiveness and to support the ongoing development of clinical practice. The Second National Mental Health Strategy (1998-2003) provided a mandate for the implementation of a national outcomes and casemix system for Australia. In response to this, the National Outcomes & Classification Collection (NOCC) project was initiated to establish the routine collection and reporting of outcomes and case-mix data for mental health consumers. It is anticipated that this information will drive clinical decision making processes, provide information on consumer outcomes, and meet data reporting requirements for the Commonwealth.

In Queensland, the NOCC is referred to as the Outcomes Initiative. This initiative is being supported by four broad strategies, which include service readiness, development and implementation of an information system, staff training and follow up support. Statewide training was completed in December 2003 and all Queensland mental health services have commenced collection of mental health outcome measures. Compliance rates for the collection of mental health outcome measures are currently approximately 55%. As services are now beginning to realise the potential of this information to inform clinical practice, service planning and policy compliance rates are improving.

5.19 Non-Government Organisations

The role of Non-Government Organisations (NGOs) in providing non-clinical mental health services is seen as a vital aspect of policy and program development.
NGOs receive funding for the provision of mental health specific services that meet the needs of people with mental illness, their carers and families. Funding is granted on the basis of services provided, rather than to generally support an organisation. Services and activities eligible for funding under the current arrangements include:

- personal and development activities;
- non-clinical counselling and crisis support;
- information and referral services;
- community education awareness activities;
- peer support services;
- family support;
- training; and
- rehabilitation and living skills programs.

The total funds allocated to NGOs and some research institutions are $6.9 million.

5.20 Consultation/Liaison Services

Following research undertaken within Queensland hospitals, it was identified that a significant number of individuals within general hospital inpatient services experienced mental health problems, related to their physical illness.

Queensland Health recognises that these problems negatively impact upon the treatment and rehabilitation of individuals and resulted in a high rate of readmission to general hospital services. As a consequence, a project is in progress to develop a model of mental health consultation liaison to general hospital inpatient services, out patient services and primary care physicians.

6 CAPITAL WORKS PROGRAMME

The TYMHSQ outlines a capital works programme to downsize the large psychiatric institutions and decentralise inpatient beds to regional and rural centres. The cost of this project was originally estimated at $100M, however additional costs were incurred as a result of unforeseen circumstances, such as the disposal of asbestos, with a final cost of $114M. The construction of new acute facilities in regional and provincial centres mainstreamed in the general system is also indicated in the strategy, however the cost of this work was incorporated in the general health capital works programme and did not feature in the predicted costs for mental health capital works. Since this time a further $8.3M has been provided to fund a number of smaller developments and alterations required to meet consumer needs, particularly in relation to safety and security issues.

In summary the total capital works invested by Queensland Health is estimated at $232.65M. This represents an annual average investment of $33.24M in mental health capital works during the period of implementation of the TYMHSQ, which represents a substantial investment in new mental health facilities in Queensland.

7. MENTAL HEALTH WORKFORCE

The achievements with regard to the mental health workforce are considered within the following core program areas:

Workforce Planning and Analysis

Significant developments with regard to the workforce in Queensland Health inpatient and community mental health services including revised staffing profiles, new roles and changing work practices in accordance with the new models of service delivery and structural reforms identified in the *Ten Year Mental Health Strategy for Queensland 1996.*

Publication of the *Framework for the Development of the Future Mental Health Workforce* in 2000.

Policy and Industrial Framework

Successful negotiation of changes to human resource/industrial relations framework (for example, policies, awards and agreements) associated with key structural reforms identified in the *Ten Year Mental Health Strategy for Queensland 1996.*

Publication of *Workforce Issues in Mental Health Services 1996* as a set of industrial policy guidelines to complement endorsed mental health policy and service development with particular emphasis on service single point accountability and new team leader and service development coordinator positions.

Performance and Culture

Identification in the *Framework for the Development of the Future Mental Health Workforce 2000* of key mechanisms for assessing and improving organisational climate (including flexible workforce practices) in District Mental Health Services.

Workforce Capability

Introduction in 2000 of a Mental Health Scholarship Scheme that targets Queensland Health clinicians undertaking post-graduate studies that will assist in meeting future workforce requirements relevant to mental health service delivery, for example, to attain endorsement as mental health nurse.

Development of a model for the statewide coordination of mental health education and training and continued planning for the Centre for Mental Health Learning identified in the *Queensland Health Strategic Plan 2004-2010*.

Commencement of the first phase of a Case Management *Plus* Project will design a consistent but flexible framework and methodology that can be applied to case management related practices at each of the three levels of care coordinator, team leader and Service Director/Manager.

Development of a Professional Development Program for Mental Health Workers that comprises the development of a Certificate IV and Graduate Diploma in Mental Health.

Workforce Partnerships

Queensland Health in conjunction with a consortium of other agencies such the Royal Flying Doctors, non-government organisations, mining companies and other parties has established a collective to address the development of a Centre of rural and mental health. It is anticipated that this centre will be based in Cairns but will have the support of Queensland University, James Cook University and other organisations within the community. The Centre will be linked to other sites in Queensland with a goal of improving delivery of services to rural and remote areas, improving care and recruitment and retention of staff.

Psychiatric Registrar Training Programme

The Queensland Government has recognised the need for increased number of specialists in the area of Mental Health. Queensland Health is funding the Director of Training (psychiatry). The Director of Training's position has in the provision of information to those doctors, desirous of entrant specialists training in psychiatry and assist in the development of training processes within the state. The state-wide position has assisted in the recruitment of registrars within Queensland. Recruitment towards training positions has demonstrated growth and is in contrast to other jurisdictions that are experiencing a decline in applicants.

8. MENTAL HEALTH PROGRAMME FUNDING

Queensland Health is required to report on mental health expenditure to the Commonwealth under the *National Mental Health Plan* through the *Australian Health Care Agreement*. At the commencement of the Strategy, expenditure on mental health could not be differentiated in the financial system. The need to clarify the existing level of expenditure was recognised as a key component in planning, ensuring accountability and ultimately providing a better quality of service to consumers.

In 1991/92, Queensland Health began the process of identifying and monitoring expenditure, resource distribution and service level. The commitment to quarantining or protecting the mental health budget was formalised in August 1993, and a commitment made to:

- maintain the current level of expenditure on specialised mental health services;

- redeploy any resources released from the closure or rationalisation of mental health services back into the mental health programme.

In keeping with the principle of social justice, a commitment was made to improve equity of access services throughout Queensland, to be achieved by enabling regions to become more self-sufficient for the provision of health services, and by providing services as close as possible to where people live. This was to be achieved through a more equitable distribution of resources across the state, taking account of specific geographic and population needs.

An analysis of service utilisation at that time indicated that over 90% of people with mental disorder lived in the community with only a small percentage requiring hospitalisation at any one time. However, 79% of all existing resources were directed to inpatient care. Queensland had a higher reliance on inpatient services than any other state or territory in Australia. As a result the goal of achieving a 50:50 ratio of expenditure on inpatient services and non inpatient services by 2001 was established, and continues to be a target throughout the life of the *National Mental Health Strategy*.

There was recognition that existing financial resources would be insufficient to improve service outcomes for consumers in line with policy priorities. The

Government of the day agreed that it would be necessary for additional funds to be sought through the state budget process.

Total funding for the Mental Health Programme is estimated at $418M, which represents approximately 11.2% of the total Queensland Health budget of $5.1 billion. The *National Mental Health Report 2004* indicates that in the financial year 2001-02 Queensland expenditure on mental health was 69.4% higher than 1992/93 at the commencement of the strategy. This report notes that, while Queensland is now recording the lowest per capita expenditure, it also entered with the lowest per capita expenditure. When reviewing growth over the full period of the *National Mental Health Strategy*, growth in Queensland has been significant (42%) bringing the State closer to the national per capita average.

Responsibility for monitoring the distribution of all resources was vested in the Mental Health Unit, Queensland Health for the period of mental health reform. The recent internal review of mental health expenditure indicated that funds continue to be clearly identifiable within the health system. The level of expansion and development that has taken place is a clear indication that new funding provided has been used for the purposes intended to substantially expand and develop the system of care in this state.

9. MENTAL HEALTH PROMOTION AND PREVENTION PROGRAMS AND STRATEGIES

Queensland Health is progressing mental health promotion, prevention and early intervention in this State under the *National Mental Health Plan 2003-2008*. Three levels of investment are being targeted including:

- Building the mental health promotion, prevention and early intervention (PPEI) evidence-base through initiatives that address the needs of the priority groups identified in the Queensland Health implementation framework.

- Increasing partnerships to foster strong mental health PPEI activity across Queensland and to ensure sustainability of initiatives (i.e. "value-adding" to existing initiatives within government, non-government and private sectors).

- Developing an overarching broad-based mental health promotion strategy, which will increase the understanding and knowledge of mental health and mental ill health, and the importance of maintaining mental health within environments and settings.

Queensland Health is also working with other sectors and interest groups to build communities that support social and emotional well-being. This is being undertaken through both partnerships and through core programs.

A range of initiatives have been developed which include:

Future Families Project. Future Families offers a collaborative infant and early childhood mental health program with a multi-agency focus to service delivery. It has a prevention and early intervention framework which works in partnership with

families that have infants or young children from conception to three years of age, who have severe and complex needs. These families are typically those who are experiencing parent-infant relationship or attachment difficulties.

Resiliency in Schools Project. The Mental Health Unit in partnership with Health Promotion Queensland are funding two consortia (led by University of Queensland and Queensland University of Technology) to produce a multi-strategy health promotion project which promotes resiliency in children of primary school age in school, family and community settings. The consortia are measuring the elements which promote resiliency in individual children of primary school age within the school, family and community context, and piloting a multi strategy approach to promoting resiliency to positively influence these elements.

Resiliency in Children & Young People from Culturally and Linguistically Diverse Backgrounds. This project represents the first structured approach in Australia to promoting and supporting resilience in young children from culturally diverse backgrounds, including those who are refugees or living in refugee families. It builds on the "BRiTA" Program (Building Resilience in Transcultural Adolescents), a group-based psycho-educational resilience enhancement program that has been developed by Queensland Transcultural Mental Health Centre (QTMHC) for secondary school-aged children.

School-Based Youth Health Nurse Program. This is a joint program of Queensland health and Education Queensland. 114 school-based youth health nurses service 265 secondary state schools, including Schools of distance Education. They support students in relation to social, emotional and mental health issues.

Changing Minds. Mental Health Unit and Public Health are jointly developing a marketing and communication strategy to encompass a coordinated multi-strategic approach to increase understanding of strategies to promote and protect mental health as well as address stigma and discrimination experienced by people with mental disorders and mental health problems in Queensland. The project will combine a broad communication strategy to promote a climate for change in attitudes and behaviours, with specific strategies to influence attitudes and support behaviour change of key opinion leaders.

The long term goal of the strategy is to:

- Increase the level of knowledge and understanding of pro-active strategies to promote and protect mental health and emotional well-being at the individual and population levels; and
- Reduce the stigma and discrimination experienced by people with mental disorders and serious mental health problems;
- In crease the active involvement of people with mental disorders and serious mental health problems in all aspects of community life.

The Family CARE Home visiting Programme. The Parenting Support initiative and the Young Parent's support Program are joint initiatives with Mental Health and Child and Youth Health aimed at reducing key risk factors through environmental and

family interventions early in the development of children. These programs have been integrated into core child health business in 16 districts.

The Early Intervention and Parenting Support Programme. Throughout the State, Child Health Nurses and Allied Health Professionals, have been trained and accredited in Primary Care and Group Triple P, enhancing staff knowledge and skills in early detection of child behaviour problems and providing a tool and resources for management. The recruitment, and training in Enhanced Triple P, of community based Early Intervention Specialist Child Psychologist/Social Workers, provides specialised intensive family and individual or group intervention programs for families with higher needs.

Queensland Health's parenting and family support programs recognise that social and physical wellbeing are critical to sustaining healthy communities and economic prosperity. The programs are based on evidence that supports early intervention and are an investment in the future health of children and families. Evidence shows that outcomes related to early intervention programs are most likely to be demonstrated in the long term. For example, children are more likely to complete school, less likely to become dependent on welfare and less likely to become involved in criminal activities. The benefits of the program will be most significant when these children become parents and effectively rear their children, demonstrating an intergenerational outcome.

Child Protection. In March 2004 the Queensland Government published a Blueprint to guide the development of the Department of Child Safety for the care and protection of children in Queensland. New services are being established throughout the State in accordance with the Blueprint. These developments include new and revised SCAN (Suspected Child Abuse and Neglect) teams and the establishment of treatment teams for those children and young people who have experienced child maltreatment.

9. INFORMATION AND DATA COLLECTION

Unit record patient data for Queensland public community mental health services is required to be provided to the Commonwealth Department of Health and Aged Care (DHAC) on an annual basis as specified in the Australian Health Care Agreement. The Australian Institute of Health and Welfare (AIHW) also requires identical data under the National Health Information Agreement between the State of Queensland and the AIHW. Data collection systems operate as follows:

The Outcomes Information System (OIS) is an important component of the mental health information system infrastructure. The system supports the collection of mental health consumer outcome measures as set out in the Queensland Health Information Development Plan (2000-2003) and formalised under the National Mental Health Information Development Funding Agreement (5 February 2001).

CESA is an interim application utilised across all Queensland public mental health services to support clinical and business processes. CESA also collects National Minimum Data Set – Community Mental Health Care data that Queensland is

required to supply to the Australian Government under the current Health Care Agreement. CESA plays a pivotal role in mental health service provision in Queensland from a clinical, management, statutory, and Commonwealth reporting perspective.

The Mental Health Act Information System supports the administration of the Mental Health Act 2000 and the functions and responsibilities of the Director of Mental Health.

10. COMMENTARY

There can be no doubt that the mental health system in Queensland today bears no resemblance to the system that existed prior to the TYMHSQ. The structure of the current mental health system has experienced major growth in both funding terms and development of new services on the ground. The expansion of services and complexity of the mental health programme now provided has clearly contributed to better provision of mental health care in this state. In adopting a highly structured approach, Queensland has established a solid foundation for continued development.

Recent community consultations indicated that there is broad recognition in the community that the extent of mental health service reform has been significant and has brought improved care to consumers. Conversely this is qualified by substantial complaints of unmet need and poor quality of services provided. This can be attributed in part to the expansion and increased visibility of services, coupled with improved access, resulting in increased community expectations of the service system. Increased recognition and acceptance that people do have mental health problems, which can be treated, has been an additional contributor. Demand for service is further exacerbated by increased acuity resulting from increased illicit drug use, which, despite its known harm, has a degree of community acceptance. This has also lead to a marked increase in violence, presenting serious management problems for mental health services and Emergency Departments.

As a result mental health services do consistently report a sense of being overwhelmed and under pressure despite increased staffing numbers. It is of note that other jurisdictions report similar circumstances.

In summary, the commitment of the Queensland Government to mental health reform has been demonstrated in the progressive roll out of reforms over the last ten years and annual enhancement of the mental health budget. Indeed it is widely recognised that Queensland has established a well structured system of care which can accommodate reforms and quality improvement in an organised and transparent fashion.

The commitment to a staged expansion of community mental health services as new money becomes available has continued to be honoured in this state. However the community itself has not understood the implications of a staged development and appears to have anticipated an automatic capacity to provide the full range of services. This has been compounded to some extent by changes to the inpatient system. There is an expectation of shorter lengths of stay with community follow-up, which in turn

assigns expectations and responsibilities to the community mental health sector, without the capacity to carry such a workload.

As a result the community mental health workforce perceive themselves as being under great pressure to meet demand, receiving constant criticism, facing increased levels of acuity and violence as a result of illicit drug use, which in combination do impact negatively on morale. There is a need to recognise that the issues and problems faced today are more complex than at the commencement of the National Mental Health Strategy. Increasingly mental health services are taking responsibility for treatment of illicit drug use, placing additional pressures on a workforce, which already deals with the most complex and difficult population. Such factors need to be reflected at the National level with strategies adopted to address the issues, including debate about the role of the Alcohol, Tobacco and Other Drugs sector.