



Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Proposed Service Model Elements Adolescent Extended Treatment and Rehabilitation Services (AETRS)	
Attribute	Details
Service Delivered	<p>The aim of this platform of services is to provide medium term, recovery oriented treatment and rehabilitation for young people aged 13 – 17 years with severe and persistent mental health problems, which significantly interfere with social, emotional, behavioural and psychological functioning and development.</p> <p>The AETRS continuum is offered across a range of environments tailored to the individual needs of the young person with regard to safety, security, structure, therapy, community participation, autonomy and family capacity to provide care for the young person.</p> <p>The AETRS functions as part of the broader, integrated continuum of care provided for young Queenslanders, that includes acute inpatient, day program and community mental health services (public, private and other community-based providers).</p>
Over-arching Principles	<p>The delivery of an Adolescent Extended Treatment and Rehabilitation Service continuum will:</p> <ul style="list-style-type: none"> • develop/maintain stable networks • promote wellness and help young people and their families in a youth oriented environment • provide services either in, or as close to, the young person's local community • collaborate with the young person and their family and support people to develop a recovery based treatment plan that promotes holistic wellbeing • collaborate with other external services to offer continuity of care and seamless service delivery, enabling the young person and their family to transition to their community and services with ease • integrate with Child and Youth Mental Health Services (CYMHS), and as required, Adult Mental Health Services • recognise that young people need help with a variety of issues and not just illness • utilise and access community-based supports and services



Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

	<p>where they exist, rather than re-create all supports and services within the mental health setting</p> <ul style="list-style-type: none"> • treat consumers and their families/carers in a supportive therapeutic environment provided by a multidisciplinary team of clinicians and community-based staff • provide flexible and targeted programs that can be delivered across a range of contexts and environments • have the capacity to deliver services in a therapeutic milieu with family members; support and work with the family in their own environment; and keep the family engaged with the young person and the mental health problems they face • have capacity to offer intensive family therapy and family support • have flexible options from 24 hour inpatient care to partial hospitalisation and day treatment with ambulant approaches; step up/step down • acknowledge the essential role that educational/vocational activities and networks have on the recovery process of a young person • engage with a range of educational or vocational support services appropriate to the (deleted 'educational') needs of the young person and the requirements of their treatment environment, and encourage engagement/reengagement of positive and supportive social, family, educational and vocational connections.
<p>Key Distinguishing Features of an AETRS</p>	<p>Services are accessed via a tiered, least-restrictive approach, and may involve combinations of service types across the tiers.</p> <p>Tier 1: Public Community Mental Health Services (Sessional)</p> <ul style="list-style-type: none"> • <u>Existing Locations</u>: All Hospital and Health Services (HHSs). • Access ambulatory care at a public community-based mental health service, within the local area. • Interventions should consider shared-care options with community-based service providers, e.g. General Practitioners and <i>headspace</i>. <p>Tier 2a: Level 5 CSCF. Day Program Services (Mon – Fri business hours).</p> <ul style="list-style-type: none"> • <u>Existing Locations</u>: Townsville (near completion), Mater, Toowoomba, Barrett Adolescent Centre (BAC). • <u>Possible New Locations</u>: Gold Coast, Royal Children’s Hospital CYMHS catchment, Sunshine Coast. Funds from existing



Queensland Government

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	<p>operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process.</p> <ul style="list-style-type: none"> • Individual, family and group therapy, and rehabilitation programs operating throughout (but not limited to) school terms. • Core educational component for each young person – partnership with Education Queensland and vocational services required. This may be provided at the young person’s school/vocational setting, or from the day program site. • Flexible and targeted programs with attendance up to 5 days (during business hours) a week, in combination with integration into school, community and/or vocational programs. • Integrated with local CYMHS (acute inpatient and public community mental health teams). • Programs are delivered in a therapeutic milieu (from a range of settings including day program service location, the family home, school setting etc.). • Programs will support and work with the family, keeping them engaged with the young person's recovery. • Consumers may require admission to Adolescent Acute Inpatient Unit (and attend the Day Program during business hours). • Proposal of 12 - 15 program places per Day Program (final places and budget should be determined as part of formal planning process). <p>Tier 2b:</p> <p>¹Community Residential Service (24h/7d).</p> <ul style="list-style-type: none"> • <u>Existing Locations:</u> Nil services currently. Note: Cairns Time Out House Initiative for 18y+. • <u>Possible New Locations:</u> Sites where Day Programs are currently delivered; Townsville identified as a priority in order to meet the needs of North Queensland families. Funding from existing operational funds of BAC and Redlands Facility. Final locations and budget to be determined through a formal planning process.
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¹ Note: The Department of Health takes a ‘provider agnostic’ view in determining non clinical support and accommodation services. Decisions to contract service providers will be determined by service merit, consumer need and formal planning and procurement processes.



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- Day Program attendance as in Tier 2a during business hours.
- This tier incorporates a bed-based residential and respite service for adolescents after-hours and on weekends (in the community).
- There is potential for one or more of these services to provide 'family rooms', that will temporarily accommodate family members while their young person attends the Day Program or the Adolescent Acute Inpatient Unit (for example, in Townsville).
- Integrated with local CYMHS (acute inpatient, day program and public community mental health teams).
- Residential to be a partnership model for service delivery between a community-based service provider and QH – multidisciplinary staffing profile including clinical (Day Program) and community support staff (community-based provider). Partnership to include clinical governance, training and in-reach by CYMHS.
- Residential component only provides accommodation; it is not the intervention service provider but will work closely with the intervention service provider to maintain consistency in the therapeutic relationship with the young person.
- On-site extended hours visiting service from CYMHS Day Program staff.

Tier 3: Level 6 CSCF.

Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)².

- Possible Location: S.E. Qld. Source of capital funding and potential site not available at current time³. Acknowledge accessibility issues for young people outside S.E. Qld.
- For young people whose needs could not be met by Tiers 1

² The Department of Health acknowledges the dedicated school and expertise provided by the Department of Education Training and Employment (DETE). The Department of Health values and supports partnership with DETE to ensure that adolescents have access to appropriate educational and vocational options to meet their educational/vocational needs.

³ Until funding and location is available for Tier 3, all young people requiring extended treatment and rehabilitation will receive services through Tiers 1 and 2a/b (i.e., utilising existing CYMHS community mental health, Day Programs and Acute Inpatient Units until the new Day Programs and residential service providers are established). It is emphasised that this is not proposed to be a clinically preferred or optimal solution, and significant risks are associated with this interim measure.



Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

	<p>and 2 above, due to risk, severity or need for inpatient extended treatment and care. These young people's needs are not able to be met in an acute setting.</p> <ul style="list-style-type: none"> • In-patient therapeutic milieu, with capacity for family/carer admissions (i.e. family rooms). • All other appropriate and less restrictive interventions considered/tested first. • Proposal for approximately 15 beds – this requires formal planning processes. • Medium term admissions (approximately up to 12 months; however, length of stay will be guided by individual consumer need and will therefore vary). • Delivers integrated care with the local CYMHS of the young person. • Individualised, family and group rehabilitation programs delivered through day and evening sessions, available 7 days/week. These must include activity based programs that enhance the self esteem and self efficacy of young people to aid in their rehabilitation. As symptoms reduce, there is a focus on assisting young people to return to a typical developmental trajectory. • Consumers will only access the day sessions (i.e. Day Program components) of the service if they are an admitted consumer. • Programs maintain family engagement with the young person, and wherever possible adolescents will remain closely connected with their families and their own community. • Young people will have access to a range of educational or vocational support services delivered by on-site school teachers and will be able to continue their current education option⁴. There is an intentional goal that young people are integrated back to mainstream community and educational/vocational activities. • Flexible and targeted programs will be delivered across a range of contexts including individual, school, community, group and family.
<p>Service specifications and other descriptors to illustrate service elements</p>	
<p>Target Age</p>	<ul style="list-style-type: none"> • 13 - 17 years, with flexibility in upper age limit depending on

⁴ The provision of education at this level requires focused consideration; an on-site school and education program is proposed as a priority.



Queensland Government

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	<p>presenting issue and developmental (as opposed to chronological) age.</p>
<p>Diagnostic Profile</p>	<ul style="list-style-type: none"> • Severe and persistent mental health problems that significantly interfere with social, emotional, behavioural and psychological functioning and development. • Treatment refractory/non responsive to treatment - have not been able to remediate with multidisciplinary community, day program or acute inpatient treatment. • Mental illness is persistent and the consumer is a risk to themselves and/or others. • Medium to high level of acuity requiring extended treatment and rehabilitation.
<p>Suggested modelling attributes</p>	
<p>Average duration of treatment</p>	<p>Tier 2a:</p> <p>Level 5 Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. <p>Tier 2b:</p> <p>Community Residential (24h/7d)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Access to a community residential service requires the young person to be actively participating in a program with CYMHS. <p>Tier 3:</p> <p>Level 6 Statewide Inpatient Extended Treatment and Rehabilitation Service (24h/7d)</p> <ul style="list-style-type: none"> • Up to 12 months; flexibility will be essential. • There will be wide variation in individual consumer need and their treatment program; length of stay will need to be responsive to this. • Young people may be discharged from this Service to a Day Program in their local community.



Queensland Government

Barrett Adolescent Strategy

Expert Clinical Reference Group

Staffing Profile	<p>Tier 2a:</p> <p>Level 5 Day Program Services (Mon – Fri business hours)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • Plus staffing from community sector. • DETE. <p>Tier 2b:</p> <p>Community Residential Service (24h/7d)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • Plus staffing from community sector. <p>Tier 3:</p> <p>Level 6 Statewide In-patient Extended Treatment and Rehabilitation Service (24h/7d)</p> <ul style="list-style-type: none"> • Multidisciplinary, clinical. • DETE.
Additional notes	
Referral Sources and Pathways	<p>While service provision across all Tiers of this AETRS continuum is based on interdisciplinary collaboration and cross-agency contribution, a referral to Tiers 2a, 2b and/or 3 will require a CYMHS assessment (i.e., single point of entry).</p> <p>Increased accessibility to AETRS for consumers and their families across the State is a key priority.</p> <p>The Tier 3 statewide service will establish a Statewide Clinical Referral Panel. All referrals will be received and assessed by the Panel, which has statewide representation from multidisciplinary mental health clinicians and the community sector.</p>
Complexities of Presentation	<ul style="list-style-type: none"> • Voluntary and involuntary mental health consumers. • The highest level of risk and complexity.

This document was endorsed by the Expert Clinical Reference Group of the Barrett Adolescent Strategy on **8 May 2013**.

Please read in conjunction with the v5 Preamble.

Dr Leanne Geppert



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Chair, Expert Clinical Reference Group