

Rebuilding intensive mental healthcare for young people election commitment

Issues paper

Incoming request

The Minister for Health has requested information relating to the contemporary evidence based model of care for state-wide adolescent mental health services as it relates the Government's commitment *Rebuilding intensive mental healthcare for young people*.

Response

Issues

1. The Government's commitment *Rebuilding intensive mental healthcare for young people* proposes an expansion of services for young people with serious mental health issues and includes:
 - 1.1. establishment of a tier 3 facility with up to 22 beds including a 20 place day program, step-down accommodation, family accommodation and an integrated school, in south-east Queensland
 - 1.2. expanded adolescent day services
 - 1.3. review the Assertive Mobile Youth Outreach Services (AMYOS) across Queensland
 - 1.4. review youth residential rehabilitation facilities
 - 1.5. establish youth residential rehabilitation facilities for up to eight young people in Townsville
 - 1.6. establish family residential facilities consisting of two two-bedroom units to support out-of-area families of young people receiving care in Townsville
2. Funding has been allocated to support the Government commitment *Rebuilding intensive mental healthcare for young people*: \$22.7 million capital funding and \$5.38 million (2015-16), \$5.92 million (2016-17), and \$6.51 million (2017-18) recurrent operational funding (\$17.81 million recurrent funding for three years, 2015-18).
 - 2.1. Initial estimates developed by the Mental Health Alcohol and Other Drugs Branch for the establishment of a 22 bed, tier 3 adolescent mental health facility (including the day program, special purpose school, step-down and family accommodation) is \$44 million capital and \$23 million recurrent operational costs annually.
 - 2.2. Government commitments 1.5 and 1.6 have been approved in policy submission *Improving mental health outcomes—Rebuilding intensive mental healthcare for young people in North Queensland*. Estimates include \$2.77million recurrent operational costs for the Townsville youth residential facilities and the residential family facility.
 - 2.3. The estimated costs to deliver the tier 3 facility significantly exceed the allocated funding (representing an capital shortfall of \$26 million and a five year output shortfall of \$45 million) presenting a financial risk to the Department of Health and its capacity to deliver on the Government's commitment.
 - 2.4. Government commitments (1.2–1.4) require clarification to estimate costs. Reference is made to using Department of Health funding in addition to allocated election commitment funding.
3. The Government has announced a Commission of Inquiry into the closure of the Barrett Adolescent Centre (BAC) which operated as Queensland's only mental health extended treatment and rehabilitation (ETR) centre for young people, until its closure in January 2014. There has been criticism raised by stakeholders, including past patients, carers, and members of the community, related to its closure. The Office of the State Coroner announced an inquest into the deaths of three ex-BAC patients in 2014

The Commission of

Inquiry is a further opportunity to review related events as well as provide recommendations for the most appropriate service model to support this vulnerable group of young people.

4. The BAC ceased operation due to a number of factors including:
 - 4.1. the capital fabric of the building was deemed no longer suitable
 - 4.2. the model of care no longer met standards associated with contemporary evidence based service models for adolescent extended treatment and rehabilitation, in particular supporting the provision of care as close to home as possible, consistent with state and national mental health reforms for decentralisation of services
 - 4.3. the collocation of the facility on the campus of a dedicated secure forensic service for adults posed a significant risk to adolescent consumers
 - 4.4. the average bed occupancy was 43 percent for the 12 months prior to closure, which was less than half the 15 beds available and not efficient.
5. The Queensland Government funded mental health capital works program proposed an adolescent extended treatment facility to replace the existing 15-bed BAC. The facility was to be located at Redlands within Metro South Hospital and Health Service (HHS). Upon operation of the 15-bed unit, the BAC would be decommissioned. The project encountered multiple delays, a significant budget over-run and unresolvable environmental barriers on site. Sector advice at the time recommended a review of the clinical service model with consideration to the benefits and disadvantages of the existing model of care. The Department of Health ceased the Redlands development in August 2012, redirected the capital funds toward other high priority health initiatives and concurrently commenced consultation and planning across the sector and community to review the existing BAC and service model.
6. Queensland Health progressed work on the development of a contemporary evidence based model of care for state-wide adolescent mental health services. An expert clinical reference group was convened in December 2012 by West Moreton HHS to deliver service options and recommendations for Queensland. The expert clinical reference group recommendations did not include a proposed model of service—rather determined the key components of a service continuum for the identified target group. The service model elements document proposed four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:
 - 6.1. Tier 3—Statewide Adolescent Inpatient Extended Treatment and Rehabilitation Service.
 - 6.2. Tier 2a—Adolescent Day Program Services
 - 6.3. Tier 2b—Adolescent Community Residential Service/s
 - 6.4. Tier 1—Public Community Child and Youth Mental Health Services
7. Since the closure of BAC in January 2014, Queensland Health has progressed work on the development and implementation of a contemporary evidence based model of care, the Adolescent Mental Health Extended Treatment initiative (AMHETI). The AMHETI aims to ensure young people receive contemporary, family-centred services in the least-restrictive environment as close to their home and community as possible. The model of care has translated concepts outlined in the expert clinical reference group recommendations, into a model of service including implementation and funding plans. The AMHETI was developed through broad consultation and formal planning in accordance with the principles and services outlined in the current draft of the evidence based and widely consulted National Mental Health Service Planning Framework. The AMHETI recommends five key service elements:
 - 7.1. adolescent tier 3 sub-acute beds
 - 7.2. adolescent day programs
 - 7.3. youth residential rehabilitation units
 - 7.4. step-up/step-down units
 - 7.5. Assertive mobile Youth Outreach Service (AMYOS).

8. A staged approach to the implementation of AMHETI has been developed with consideration of population need and local mental health service capacity to enhance services in proposed locations.
- 8.1. Within an existing recurrent budget of \$8 million, Children's Health Queensland HHS are delivering services within the AMHETI including four tier 3 sub-acute beds in South Brisbane, nine AMYOS teams across Queensland, two youth residential rehabilitation units in Cairns and South Brisbane and are supporting four adolescent day programs in Toowoomba, Brisbane North, Brisbane South and Townsville.
- 8.2. If approved for 2015/16, estimates for the Townsville service expansion (youth residential facilities and the residential family facility) include \$2.77 million recurrent operational costs funded from the allocated budget.
- 8.3. \$5 million capital and \$76 million output would be required (in addition to those already allocated) to deliver the remainder of the full service model across a five year implementation period. This includes the addition of:
- 8.3.1. six sub-acute beds (with integrated school) at the Lady Cilento Children's Hospital
- 8.3.2. three additional day programs in South Brisbane (Logan), Gold Coast and Sunshine Coast
- 8.3.3. three step-up/step-down facilities in North Brisbane, South Brisbane and North Queensland
- 8.3.4. one youth residential rehabilitation facility in North Brisbane
- 8.3.5. ten AMYOS across the state
- 8.4. The implementation of AMHETI is supported by Children's Health Queensland's existing Child and Youth Mental Health Services, and seven existing child and adolescent acute inpatient units located throughout Queensland (the Lady Cilento Children's Hospital, Royal Brisbane and Women's Hospital, Logan Hospital, Robina Hospital, Toowoomba Hospital and Townsville Hospital).
9. Adolescence is an important time for mental health intervention. The prevalence of adolescent mental health problems in Australia is substantial accounting for more than half of the disease burden in this age group. 2.3% of young people aged between 13 and 18 years will experience severe mental illness in any given year. In Queensland this accounts for 8,060 young people with severe and persistent mental illness.
- 9.1. Primary diagnosis for this vulnerable group of young people is likely to include psychotic illness, severe mood disorder or complex trauma with deficits in psychosocial functioning. This group may also include young people presenting with social avoidance, disorganised behaviour, emerging personality vulnerabilities and risk of self-harm. Some may experience family dysfunction.
- 9.2. Contemporary evidence based practice includes an integrated service system, a continuum of care approach, and treatment of young people in the least restrictive environment. Evidence based service elements include acute adolescent inpatient units, adolescent day programs, youth residential rehabilitation programs, assertive youth mobile outreach services and community clinics.
- 9.3. The BAC represents one service on a continuum of adolescent mental health care provided by the Queensland Government. The BAC provided care, at any one time, for up to 15 young people with severe and persistent mental health issues with an average length of stay of over 12 months. These young people represent 0.002% of the group of 13 to 18 years olds (2.3% of the population) that Queensland Health provides mental health care for across the state. Children's Health Queensland, in developing the AMHETI, has reviewed historical models of care for adolescent extended treatment and rehabilitation in Queensland, and explored ways to enhance the current care options for young people, with the addition of new contemporary services, to address recognised gaps. An estimation of mental health extended treatment and rehabilitation service provision for young people is provided in table one.

Table 1: Estimated daily provision of mental health extended treatment and rehabilitation for young people in Queensland by program (beds/places/cases) at capacity

Program	Young people receiving mental health service
Government commitment	
Tier 3 statewide sub-acute beds with day program, step down and family accommodation	22 <i>(less family accommodation)</i>
Day program associated with sub-acute beds	20
Youth residential rehabilitation facility–Townsville	8
Adolescent Mental Health Extended Treatment Initiative	
AMYOS	TBA
Day program	95
Youth residential rehabilitation facility	23
Step up/step down unit	30
Tier 3 sub-acute bed	6

Issues for consideration

10. Acknowledging approval for the establishment of youth and family residential facilities in Townsville, that the remaining proposal to establish and expand services outlined in the Government's commitment *Rebuilding intensive mental healthcare for young people*, be deferred pending further review.
11. That the Government consider shaping the terms of reference for the Commission of Inquiry into the closure of the BAC to include a review of contemporary evidence based models of care for state-wide adolescent mental health services as it relates the Government's commitment *Rebuilding intensive mental healthcare for young people*.
12. That the Government determine the options for the delivery of the commitment *Rebuilding intensive mental healthcare for young people*, based on the outcomes and recommendations of the Commission of Inquiry.

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